Quest Diagnostics

Report Status: Final

Patient Information	Specimen Information	Client Information
DOB: **AGE:** Gender: Phone: Patient ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

COMMENTS: FASTING:YES

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL		**212 H**	<200 mg/dL	
HDL CHOLESTEROL	62		>50 mg/dL	
TRIGLYCERIDES	52		<150 mg/dL	
LDL-CHOLESTEROL		**136 H**	mg/dL (calc)	
Reference range: <100				
Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.				
LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C. Martin SS et al. JAMA. 2013;310(19): 2061-2068 (http://education.QuestDiagnostics.com/faq/FAQ164)				
CHOL/HDLC RATIO	3.4		<5.0 (calc)	
NON HDL CHOLESTEROL		**150 H**	<130 mg/dL (calc)	
For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.				
HS CRP	0.9		mg/L	
Lower relative cardiovascular risk according to AHA/CDC guidelines.				
For ages >17 Years: hs-CRP mg/L Risk According to AHA/CDC Guidelines <1.0 Lower relative cardiovascular risk. 1.0-3.0 Average relative cardiovascular risk. 3.1-10.0 Higher relative cardiovascular risk. Consider retesting in 1 to 2 weeks to exclude a benign transient elevation in the baseline CRP value secondary to infection or inflammation. >10.0 Persistent elevation, upon retesting, may be associated with infection and inflammation.				
HOMOCYSTEINE	9.8		<10.4 umol/L	
Homocysteine is increased by functional deficiency of folate or vitamin B12. Testing for methylmalonic acid differentiates between these deficiencies. Other causes of increased homocysteine include renal failure, folate antagonists such as methotrexate and phenytoin, and exposure to nitrous oxide.				
COMPREHENSIVE METABOLIC PANEL				
GLUCOSE	73		65-99 mg/dL	

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			Fasting reference interval	
UREA NITROGEN (BUN)	20		7-25 mg/dL	
CREATININE	0.83		0.50-1.10 mg/dL	
eGFR NON-AFR. AMERICAN	89		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	104		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	138		135-146 mmol/L	
POTASSIUM	4.0		3.5-5.3 mmol/L	
CHLORIDE	103		98-110 mmol/L	
CARBON DIOXIDE	29		20-32 mmol/L	
CALCIUM	9.2		8.6-10.2 mg/dL	
PROTEIN, TOTAL	6.5		6.1-8.1 g/dL	
ALBUMIN	4.5		3.6-5.1 g/dL	
GLOBULIN	2.0		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	2.3		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.6		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	41		33-115 U/L	
AST	18		10-30 U/L	
ALT	13		6-29 U/L	
HEMOGLOBIN A1c	4.9		<5.7 % of total Hgb	

For the purpose of screening for the presence of diabetes:

<5.7%	Consistent with the absence of diabetes
5.7-6.4%	Consistent with increased risk for diabetes (prediabetes)
> or =6.5%	Consistent with diabetes

This assay result is consistent with a decreased risk of diabetes.

Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.

According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).

Test Name	In Range	Out Of Range	Reference Range	Lab
TSH	0.74		mIU/L Reference Range > or = 20 Years 0.40-4.50 Pregnancy Ranges First trimester 0.26-2.66 Second trimester 0.55-2.73 Third trimester 0.43-2.91	
FIBRINOGEN ACTIVITY, CLAUSS	225		175-425 mg/dL	
CBC (INCLUDES DIFF/PLT)				
WHITE BLOOD CELL COUNT		**3.3 L**	3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.60		3.80-5.10 Million/uL	

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HEMOGLOBIN	14.3		11.7-15.5 g/dL	
HEMATOCRIT	42.0		35.0-45.0 %	
MCV	91.2		80.0-100.0 fL	
MCH	31.0		27.0-33.0 pg	
MCHC	34.0		32.0-36.0 g/dL	
RDW	13.3		11.0-15.0 %	
PLATELET COUNT	206		140-400 Thousand/uL	
MPV	9.0		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	1627		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	1422		850-3900 cells/uL	
ABSOLUTE MONOCYTES		**149 L**	200-950 cells/uL	
ABSOLUTE EOSINOPHILS	89		15-500 cells/uL	
ABSOLUTE BASOPHILS	13		0-200 cells/uL	
NEUTROPHILS	49.3		%	
LYMPHOCYTES	43.1		%	
MONOCYTES	4.5		%	
EOSINOPHILS	2.7		%	
BASOPHILS	0.4		%	
DHEA SULFATE	129		23-266 mcg/dL	
ESTRADIOL	61		pg/mL	

Reference Range
Follicular Phase: 19-144
Mid-Cycle: 64-357
Luteal Phase: 56-214
Postmenopausal: < or = 31

Reference range established on post-pubertal patient population. No pre-pubertal reference range established using this assay. For any patients for whom low Estradiol levels are anticipated (e.g. males, pre-pubertal children and hypogonadal/post-menopausal females), the Quest Diagnostics Nichols Institute Estradiol, Ultrasensitive, LCMSMS assay is recommended (order code 30289).

Please note: patients being treated with the drug fulvestrant (Faslodex(R)) have demonstrated significant interference in immunoassay methods for estradiol measurement. The cross reactivity could lead to falsely elevated estradiol test results leading to an inappropriate clinical assessment of estrogen status. Quest Diagnostics order code 30289-Estradiol, Ultrasensitive LC/MS/MS demonstrates negligible cross reactivity with fulvestrant.

TESTOSTERONE, FREE (DIALYSIS) AND TOTAL,MS				
TESTOSTERONE, TOTAL, MS		**59 H**	2-45 ng/dL	
TESTOSTERONE, FREE	4.3		0.1-6.4 pg/mL	

**Data from J Clin Invest 1974:53:819-828 and J Clin Endocrinol Metab 1973;36:1132-1142. Men with clinically significant hypogonadal symptoms and testosterone values repeatedly in the range of the 200-300 ng/dL or less, may benefit from testosterone treatment after adequate risk and benefits counseling.

For additional information, please refer to

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http://education.questdiagnostics.com/faq/FAQ165 (This link is being provided for informational/ educational purposes only.)

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Valencia. It has not been cleared or approved by the US Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	16 L	30-100 ng/mL	

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Vitamin D Status          25-OH Vitamin D:

Deficiency:                     <20 ng/mL
Insufficiency:            20 - 29 ng/mL
Optimal:                  > or = 30 ng/mL
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For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code 92888 (patients >2yrs).

For more information on this test, go to: http://education.questdiagnostics.com/faq/FAQ163 (This link is being provided for informational/ educational purposes only.)

Physician Comments:

PERFORMING SITE: