

| Patient Information | Specimen Information | Client Information |
|---------------------|----------------------|--------------------|
| | | |

COMMENTS: FASTING: YES

| Test Name | In Range | Out Of Range | Reference Range | Lab |
|------------------------|----------|--------------|-----------------|-----|
| LIPID PANEL, STANDARD | | | | |
| CHOLESTEROL, TOTAL | 175 | | <200 mg/dL | IG |
| HDL CHOLESTEROL | | 39 L | > OR = 40 mg/dL | IG |
| TRIGLYCERIDES | | 380 H | <150 mg/dL | IG |

If a non-fasting specimen was collected, consider repeat triglyceride testing on a fasting specimen if clinically indicated.
 Jacobson et al. J. of Clin. Lipidol. 2015;9:129-169.

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|-----------------------|----|--|--------------|----|
| LDL-CHOLESTEROL | 85 | | mg/dL (calc) | IG |
| 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>)

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|----------------------------|-----|--------------|-------------------|----|
| CHOL/HDL C RATIO | 4.5 | | <5.0 (calc) | IG |
| NON HDL CHOLESTEROL | | 136 H | <130 mg/dL (calc) | IG |

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.

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|----------------|--|--------------|-------------|----|
| GLUCOSE | | 127 H | 65-99 mg/dL | IG |
|----------------|--|--------------|-------------|----|

Fasting reference interval

For someone without known diabetes, a glucose value >125 mg/dL indicates that they may have diabetes and this should be confirmed with a follow-up test.

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|-----------------------|--|--------------|---------------------|----|
| HEMOGLOBIN A1c | | 7.0 H | <5.7 % of total Hgb | IG |
|-----------------------|--|--------------|---------------------|----|

For someone without known diabetes, a hemoglobin A1c value of 6.5% or greater indicates that they may have diabetes and this should be confirmed with a follow-up test.

For someone with known diabetes, a value <7% indicates that their diabetes is well controlled and a value greater than or equal to 7% indicates suboptimal control. A1c targets should be individualized based on duration of diabetes, age, comorbid conditions, and other considerations.

Currently, no consensus exists regarding use of

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| hemoglobin A1c for diagnosis of diabetes for children. | | | | |

PERFORMING SITE:

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Walk-In Lab