

Patient Information	Specimen Information	Client Information

<pre>IPID PANEL, STANDARD</pre>		TING:YES				-
CHOLESTEROL, TOTAL 198 <200 mg/dL E HDL CHOLESTEROL 44 > 0 R = 40 mg/dL E TRIGLYCERIDES 206 H <150 mg/dL E TRIGLYCERIDES 206 H <150 mg/dL E TRIGLYCERIDES 206 H <150 mg/dL E 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. LDL-CHOLESTEROL 122 H mg/dL (calc) E 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 4.5 <5.0 (calc) E NON HDL CHOLESTEROL 5154 H <130 mg/dL (calc) E 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. S CRP 1.1 mg/L E Reference Range Optimal <1.0 Average relative cardiovascular risk. 3.1-10.0 Higher relative cardiovascular risk. 3.1-10.0 Higher relative cardiovascular risk. 3.1-10.0 Higher relative cardiovascular risk. 3.1-10.0 Higher relative cardiovascular risk. 3.1-10.0 Fersistent elevation, upon retesting, may be associated with infection and inflammation. OMPREHENSIVE METABOLIC P			n Range	Out Of Range	Reference Range	La
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	GLUCOSE	R	18		65-99 mg/dL	

## CLIENT SERVICES: 866.697.8378



Patient Information	Specimen Informat	tion	<b>Client Information</b>	
Test Name	In Range	Out Of Range	Reference Range	Lab
UREA NITROGEN (BUN) CREATININE EGFR The eGFR is based on the CM the new eGFR from a previou result, go to https://www.k kdoqi/gfr%5Fcalculator BUN/CREATININE RATIO SODIUM POTASSIUM CHLORIDE CARBON DIOXIDE CALCIUM PROTEIN, TOTAL ALBUMIN GLOBULIN ALBUMIN/GLOBULIN RATIO BILIRUBIN, TOTAL ALKALINE PHOSPHATASE AST ALT	ns Creatinine of NOT APPLICA 136 4.6 100 29 9.9 7.4 4.8 2.6 1.8 0.5 42 37	or Cystatin C essionals/	6-22 (calc) 135-146 mmol/L 3.5-5.3 mmol/L 98-110 mmol/L 20-32 mmol/L 8.6-10.3 mg/dL 6.1-8.1 g/dL 3.6-5.1 g/dL 1.9-3.7 g/dL (calc) 1.0-2.5 (calc) 0.2-1.2 mg/dL 36-130 U/L 10-40 U/L 9-46 U/L	
<pre>HEMOGLOBIN A1c For the purpose of screenir diabetes: &lt;5.7% Consistent with 5.7-6.4% Consistent with         (prediabetes) &gt; or =6.5% Consistent with This assay result is consist of diabetes. Currently, no consensus exi hemoglobin A1c for diagnosi According to American Diabe guidelines, hemoglobin A1c control in non-pregnant dia metrics may apply to specif Standards of Medical Care i </pre>	the absence of increased ris diabetes stent with a de sts regarding s of diabetes etes Association <7.0% represent abetic patients fic patient pop	of diabetes sk for diabetes ecreased risk use of in children. on (ADA) ats optimal s. Different oulations.	<5.7 % of total Hgb	EN
GGT TSH TESTOSTERONE, TOTAL, MALES (ADULT), IA	24 1.82 429		3-90 U/L 0.40-4.50 mIU/L 250-827 ng/dL	EN EN EN

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Specimen Information	Client Information
	Specimen Information

Endocrinology

Test Name		Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA		23 L	30-100 ng/mL	EN
Vitamin D Status	25-OH Vitamin D:			
Deficiency: Insufficiency: Optimal:	<pre>&lt;20 ng/mL 20 - 29 ng/mL &gt; or = 30 ng/mL</pre>			

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 additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ199 (This link is being provided for informational/ educational purposes only.)

Physician Comments:

## **PERFORMING SITE:**

EN QUEST DIAGNOSTICS-WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91304-3226 Laboratory Director: TAB TOOCHINDA, MD, CLIA: 05D0642827