| Patient Information | Specimen Information | Client Information |
|---|---|---|
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**COMMENTS:** FASTING:YES

| Test Name | In Range | Out Of Range | Reference Range | Lab |
|---|---|---|---|---|
| LIPID PANEL, STANDARD | | | | |
| CHOLESTEROL, TOTAL | 134 | | <200 mg/dL | CB |
| HDL CHOLESTEROL | 64 | | > OR = 40 mg/dL | CB |
| TRIGLYCERIDES | 70 | | <150 mg/dL | CB |
| LDL-CHOLESTEROL | 55 | | mg/dL (calc) | CB |
| 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 | 2.1 | | <5.0 (calc) | CB |
| NON HDL CHOLESTEROL | 70 | | <130 mg/dL (calc) | CB |
| 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. | | | | |
| **HOMOCYSTEINE** | | **16.6 H** | <11.4 umol/L | CB |
| 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. Selhub J, et al., Ann Intern Med. 1999;131(5):331-9. | | | | |
| COMPREHENSIVE METABOLIC PANEL | | | | CB |
| **GLUCOSE** | | **130 H** | 65-99 mg/dL<br>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. | | | | |
| UREA NITROGEN (BUN) | 12 | | 7-25 mg/dL | |
| CREATININE | 1.03 | | 0.70-1.35 mg/dL | |
| EGFR | 82 | | > OR = 60 mL/min/1.73m2 | |
| The eGFR is based on the CKD-EPI 2021 equation. To calculate the new eGFR from a previous Creatinine or Cystatin C result, go to https://www.kidney.org/professionals/kdoqi/gfr%5Fcalculator | | | | |
| BUN/CREATININE RATIO | NOT APPLICABLE | | 6-22 (calc) | |
| SODIUM | 142 | | 135-146 mmol/L | |
| POTASSIUM | 4.2 | | 3.5-5.3 mmol/L | |

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| Test Name | In Range | Out Of Range | Reference Range | Lab |
|---|---|---|---|---|
| CHLORIDE | 104 | | 98-110 mmol/L | |
| CARBON DIOXIDE | 31 | | 20-32 mmol/L | |
| CALCIUM | 9.6 | | 8.6-10.3 mg/dL | |
| PROTEIN, TOTAL | 6.5 | | 6.1-8.1 g/dL | |
| ALBUMIN | 4.8 | | 3.6-5.1 g/dL | |
| **GLOBULIN** | | **1.7 L** | 1.9-3.7 g/dL (calc) | |
| **ALBUMIN/GLOBULIN RATIO** | | **2.8 H** | 1.0-2.5 (calc) | |
| BILIRUBIN, TOTAL | 1.0 | | 0.2-1.2 mg/dL | |
| **ALKALINE PHOSPHATASE** | | **28 L** | 35-144 U/L | |
| **AST** | | **41 H** | 10-35 U/L | |
| **ALT** | | **50 H** | 9-46 U/L | |
| MAGNESIUM, RBC | 5.0 | | 4.0-6.4 mg/dL | AMD |
| This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes. | | | | |
| HISTAMINE, PLASMA | <1.5 | | < OR = 1.8 ng/mL | EZ |
| This test was performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. This test should not be used for diagnosis without confirmation by other medically established means. | | | | |
| CBC (INCLUDES DIFF/PLT) | | | | CB |
| WHITE BLOOD CELL COUNT | 5.6 | | 3.8-10.8 Thousand/uL | |
| RED BLOOD CELL COUNT | 4.63 | | 4.20-5.80 Million/uL | |
| HEMOGLOBIN | 15.7 | | 13.2-17.1 g/dL | |
| HEMATOCRIT | 44.5 | | 38.5-50.0 % | |
| MCV | 96.1 | | 80.0-100.0 fL | |
| **MCH** | | **33.9 H** | 27.0-33.0 pg | |
| MCHC | 35.3 | | 32.0-36.0 g/dL | |
| RDW | 12.9 | | 11.0-15.0 % | |
| PLATELET COUNT | 187 | | 140-400 Thousand/uL | |
| MPV | 10.4 | | 7.5-12.5 fL | |
| ABSOLUTE NEUTROPHILS | 3052 | | 1500-7800 cells/uL | |
| ABSOLUTE LYMPHOCYTES | 1994 | | 850-3900 cells/uL | |
| ABSOLUTE MONOCYTES | 330 | | 200-950 cells/uL | |
| ABSOLUTE EOSINOPHILS | 162 | | 15-500 cells/uL | |
| ABSOLUTE BASOPHILS | 62 | | 0-200 cells/uL | |
| NEUTROPHILS | 54.5 | | % | |
| LYMPHOCYTES | 35.6 | | % | |
| MONOCYTES | 5.9 | | % | |
| EOSINOPHILS | 2.9 | | % | |
| BASOPHILS | 1.1 | | % | |
| **CERULOPLASMIN** | | **17 L** | 18-36 mg/dL | CB |
| **VITAMIN B6, PLASMA** | | **143.5 H** | 2.1-21.7 ng/mL | Z3E |
| (Note) VITAMIN SUPPLEMENTATION WITHIN 24 HOURS PRIOR TO BLOOD DRAW MAY AFFECT THE ACCURACY OF RESULTS. | | | | |

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|---|---|---|---|---|
| **COPPER** | | **69 L** | 70-175 mcg/dL | CB |

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| | | | | |
|---|---|---|---|---|
| ZINC | 89 | | 60-130 mcg/dL | CB |

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