

Patient Information	Specimen Information	Client Information

COMMENTS:

Test Name	In Range	Out Of Range	Reference Range	Lab
ALBUMIN, RANDOM URINE W/O CREATININE ALBUMIN, URINE	1.3 Reference Range Not established		mg/dL	Z99
The ADA defines abnormalities in albumin excretion as follows:				
Albuminuria Category	Result (mcg/mg creatinine)			
Normal to Mildly increased	<30			
Moderately increased	30-299			
Severely increased	> OR = 300			
The ADA recommends that at least two of three specimens collected within a 3-6 month period be abnormal before considering a patient to be within a diagnostic category.				
COMPREHENSIVE METABOLIC PANEL				Z99
GLUCOSE	80		65-99 mg/dL	
			Fasting reference interval	
UREA NITROGEN (BUN)	14		7-25 mg/dL	
CREATININE	0.71		0.50-0.96 mg/dL	
EGFR	118		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	SEE NOTE:		6-22 (calc)	
	Not Reported: BUN and Creatinine are within reference range.			
SODIUM	140		135-146 mmol/L	
POTASSIUM	4.6		3.5-5.3 mmol/L	
CHLORIDE	107		98-110 mmol/L	
CARBON DIOXIDE	28		20-32 mmol/L	
CALCIUM	9.7		8.6-10.2 mg/dL	
PROTEIN, TOTAL	6.6		6.1-8.1 g/dL	
ALBUMIN	4.4		3.6-5.1 g/dL	
GLOBULIN	2.2		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	2.0		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.4		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	64		31-125 U/L	
AST	15		10-30 U/L	
ALT	10		6-29 U/L	
PTH, INTACT WITHOUT CALCIUM				Z99
PARATHYROID HORMONE, INTACT	46		16-77 pg/mL	
Interpretive Guide	Intact PTH	Calcium		

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Normal Parathyroid	Normal	Normal			
Hypoparathyroidism	Low or Low Normal	Low			
Hyperparathyroidism					
Primary	Normal or High	High			
Secondary	High	Normal or Low			
Tertiary	High	High			
Non-Parathyroid					
Hypercalcemia	Low or Low Normal	High			
PHOSPHATE (AS PHOSPHORUS)	3.7		2.5-4.5 mg/dL	Z99	
PROTEIN, TOTAL AND PROTEIN ELECTROPHORESIS					
PROTEIN, TOTAL, SERUM				Z99	
PROTEIN, TOTAL	6.6		6.1-8.1 g/dL		
PROTEIN ELECTROPHORESIS				Z99	
ALBUMIN	4.3		3.8-4.8 g/dL		
ALPHA 1 GLOBULIN	0.2		0.2-0.3 g/dL		
ALPHA 2 GLOBULIN	0.6		0.5-0.9 g/dL		
BETA 1 GLOBULIN	0.5		0.4-0.6 g/dL		
BETA 2 GLOBULIN	0.3		0.2-0.5 g/dL		
GAMMA GLOBULIN		0.7 L	0.8-1.7 g/dL		
INTERPRETATION	Consistent with hypogammaglobulinemia. Serum free light chains or urine immunofixation should be considered if plasma cell dyscrasias are a possible clinical diagnosis.				
PROTEIN, TOTAL W/CREAT, RANDOM URINE				Z99	
CREATININE, RANDOM URINE	104		20-275 mg/dL		
PROTEIN/CREATININE RATIO	106		24-184 mg/g creat		
PROTEIN/CREATININE RATIO	0.106		0.024-0.184 mg/mg creat		
PROTEIN, TOTAL, RANDOM UR	11		5-24 mg/dL		
CREATINE KINASE, TOTAL		203 H	29-143 U/L	Z99	
CBC (INCLUDES DIFF/PLT)				Z99	
WHITE BLOOD CELL COUNT	7.2		3.8-10.8 Thousand/uL		
RED BLOOD CELL COUNT	4.20		3.80-5.10 Million/uL		
HEMOGLOBIN	12.2		11.7-15.5 g/dL		
HEMATOCRIT	37.1		35.0-45.0 %		
MCV	88.3		80.0-100.0 fL		
MCH	29.0		27.0-33.0 pg		
MCHC	32.9		32.0-36.0 g/dL		
RDW	12.5		11.0-15.0 %		
PLATELET COUNT	307		140-400 Thousand/uL		
MPV	10.6		7.5-12.5 fL		
ABSOLUTE NEUTROPHILS	3996		1500-7800 cells/uL		
ABSOLUTE LYMPHOCYTES	2628		850-3900 cells/uL		
ABSOLUTE MONOCYTES	367		200-950 cells/uL		
ABSOLUTE EOSINOPHILS	137		15-500 cells/uL		
ABSOLUTE BASOPHILS	72		0-200 cells/uL		
NEUTROPHILS	55.5		%		
LYMPHOCYTES	36.5		%		
MONOCYTES	5.1		%		
EOSINOPHILS	1.9		%		
BASOPHILS	1.0		%		

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Test Name	In Range	Out Of Range	Reference Range	Lab
URINALYSIS, COMPLETE				Z99
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.019		1.001-1.035	
PH	6.5		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
OCCULT BLOOD		2+	NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	
WBC	0-5		< OR = 5 /HPF	
RBC		3-10	< OR = 2 /HPF	
SQUAMOUS EPITHELIAL CELLS		10-20	< OR = 5 /HPF	
BACTERIA	NONE SEEN		NONE SEEN /HPF	
HYALINE CAST	NONE SEEN		NONE SEEN /LPF	
This urine was analyzed for the presence of WBC, RBC, bacteria, casts, and other formed elements. Only those elements seen were reported.				

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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	26 L	30-100 ng/mL	Z99
Vitamin D Status 25-OH Vitamin D: Deficiency: <20 ng/mL Insufficiency: 20 - 29 ng/mL Optimal: > or = 30 ng/mL 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:

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