

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

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL	161		<200 mg/dL	
HDL CHOLESTEROL		46 L	>50 mg/dL	
TRIGLYCERIDES	106		<150 mg/dL	
LDL-CHOLESTEROL	95		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/HDL-C RATIO	3.5		<5.0 (calc)	
NON HDL CHOLESTEROL	115		<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	1.6		mg/L	
Average relative cardiovascular risk according to AHA/CDC guidelines.				
For ages >17 Years:				
hs-CRP mg/L				
<1.0				
1.0-3.0				
3.1-10.0				
Risk According to AHA/CDC Guidelines				
Lower relative cardiovascular risk.				
Average relative cardiovascular risk.				
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		12.1 H	<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	89		65-99 mg/dL	

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			Fasting reference interval	
UREA NITROGEN (BUN)	10		7-25 mg/dL	
CREATININE	0.70		0.50-1.05 mg/dL	
For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.				
eGFR NON-AFR. AMERICAN	96		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	111		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	144		135-146 mmol/L	
POTASSIUM	4.5		3.5-5.3 mmol/L	
CHLORIDE	108		98-110 mmol/L	
CARBON DIOXIDE	25		20-32 mmol/L	
CALCIUM	9.3		8.6-10.4 mg/dL	
PROTEIN, TOTAL	6.7		6.1-8.1 g/dL	
ALBUMIN	4.3		3.6-5.1 g/dL	
GLOBULIN	2.4		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.8		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.5		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	60		33-130 U/L	
AST	18		10-35 U/L	
ALT	12		6-29 U/L	
LIPOPROTEIN (a)		119 H	<75 nmol/L	

PERFORMING SITE: