

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

COMMENTS: FASTING: YES

| Test Name | In Range | Out Of Range | Reference Range | Lab |
|--|----------------|---------------|-------------------------------------|-----|
| THYROID PANEL WITH TSH | | | | |
| THYROID PANEL | | | | |
| T3 UPTAKE | 30 | | 22-35 % | |
| T4 (THYROXINE), TOTAL | | 14.5 H | 5.1-11.9 mcg/dL | |
| FREE T4 INDEX (T7) | | 4.4 H | 1.4-3.8 | |
| TSH | | 0.11 L | 0.40-4.50 mIU/L | |
| LIPID PANEL, STANDARD | | | | |
| CHOLESTEROL, TOTAL | 168 | | <200 mg/dL | |
| HDL CHOLESTEROL | | 41 L | >50 mg/dL | |
| TRIGLYCERIDES | 114 | | <150 mg/dL | |
| LDL-CHOLESTEROL | | 106 H | 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 | 4.1 | | <5.0 (calc) | |
| NON HDL CHOLESTEROL | 127 | | <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. | | | | |
| COMPREHENSIVE METABOLIC PANEL | | | | |
| GLUCOSE | 96 | | 65-99 mg/dL | |
| | | | Fasting reference interval | |
| UREA NITROGEN (BUN) | 13 | | 7-25 mg/dL | |
| CREATININE | 0.63 | | 0.50-0.99 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 | 95 | | > OR = 60 mL/min/1.73m ² | |
| eGFR AFRICAN AMERICAN | 111 | | > OR = 60 mL/min/1.73m ² | |
| BUN/CREATININE RATIO | NOT APPLICABLE | | 6-22 (calc) | |
| SODIUM | 141 | | 135-146 mmol/L | |
| POTASSIUM | 4.1 | | 3.5-5.3 mmol/L | |
| CHLORIDE | 104 | | 98-110 mmol/L | |
| CARBON DIOXIDE | 26 | | 20-32 mmol/L | |
| CALCIUM | 9.1 | | 8.6-10.4 mg/dL | |
| PROTEIN, TOTAL | 7.5 | | 6.1-8.1 g/dL | |
| ALBUMIN | 4.2 | | 3.6-5.1 g/dL | |
| GLOBULIN | 3.3 | | 1.9-3.7 g/dL (calc) | |

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| ALBUMIN/GLOBULIN RATIO | 1.3 | | 1.0-2.5 (calc) | |
| BILIRUBIN, TOTAL | 0.4 | | 0.2-1.2 mg/dL | |
| ALKALINE PHOSPHATASE | 50 | | 33-130 U/L | |
| AST | 24 | | 10-35 U/L | |
| ALT | 13 | | 6-29 U/L | |
| PHOSPHATE (AS PHOSPHORUS) | 3.6 | | 2.5-4.5 mg/dL | |
| URIC ACID | 5.0 | | 2.5-7.0 mg/dL | |
| Therapeutic target for gout patients: <6.0 mg/dL | | | | |
| LD | 176 | | 120-250 U/L | |
| GGT | 21 | | 3-65 U/L | |
| SED RATE BY MODIFIED WESTERGREIN | | 55 H | < OR = 30 mm/h | |
| CBC (INCLUDES DIFF/PLT) | | | | |
| WHITE BLOOD CELL COUNT | 8.8 | | 3.8-10.8 Thousand/uL | |
| RED BLOOD CELL COUNT | 4.54 | | 3.80-5.10 Million/uL | |
| HEMOGLOBIN | 12.6 | | 11.7-15.5 g/dL | |
| HEMATOCRIT | 38.0 | | 35.0-45.0 % | |
| MCV | 83.7 | | 80.0-100.0 fL | |
| MCH | 27.8 | | 27.0-33.0 pg | |
| MCHC | 33.2 | | 32.0-36.0 g/dL | |
| RDW | 13.1 | | 11.0-15.0 % | |
| PLATELET COUNT | 187 | | 140-400 Thousand/uL | |
| MPV | 11.8 | | 7.5-12.5 fL | |
| ABSOLUTE NEUTROPHILS | 6292 | | 1500-7800 cells/uL | |
| ABSOLUTE LYMPHOCYTES | 1654 | | 850-3900 cells/uL | |
| ABSOLUTE MONOCYTES | 458 | | 200-950 cells/uL | |
| ABSOLUTE EOSINOPHILS | 334 | | 15-500 cells/uL | |
| ABSOLUTE BASOPHILS | 62 | | 0-200 cells/uL | |
| NEUTROPHILS | 71.5 | | % | |
| LYMPHOCYTES | 18.8 | | % | |
| MONOCYTES | 5.2 | | % | |
| EOSINOPHILS | 3.8 | | % | |
| BASOPHILS | 0.7 | | % | |
| IRON, TOTAL | | 31 L | 45-160 mcg/dL | |
| RHEUMATOID FACTOR | <14 | | <14 IU/mL | |
| C-REACTIVE PROTEIN | | 22.4 H | <8.0 mg/L | |

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Immunology

| Test Name | Result | Reference Range | Lab |
|---|----------|-----------------|-----|
| ANA SCREEN, IFA, W/REFL TITER AND PATTERN | | | |
| ANA SCREEN, IFA | NEGATIVE | NEGATIVE | |
| ANA IFA is a first line screen for detecting the presence of up to approximately 150 autoantibodies in various autoimmune diseases. A negative ANA IFA result suggests ANA-associated autoimmune diseases are not present at this time. Visit Physician FAQs for interpretation of all antibodies in the Cascade, prevalence, and association with diseases at http://education.QuestDiagnostics.com/faq/FAQ177 | | | |
| Physician Comments: | | | |

PERFORMING SITE: