Patient Information	Specimen Information	Client Information

COMMENTS: FASTING:YES

Test Name	In Range	Out Of Range	Reference Range	Lab
THYROID PANEL WITH TSH				
THYROID PANEL				NL1
T3 UPTAKE	34		22-35 %	
T4 (THYROXINE), TOTAL	7.0		4.9-10.5 mcg/dL	
FREE T4 INDEX (T7)	2.4		1.4-3.8	
TSH	1.52		0.40-4.50 mIU/L	NL1
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL	183		<200 mg/dL	NL1
HDL CHOLESTEROL		**30 L**	> OR = 40 mg/dL	NL1
TRIGLYCERIDES	117		<150 mg/dL	NL1
LDL-CHOLESTEROL		**131 H**	mg/dL (calc)	NL1
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		**6.1 H**	<5.0 (calc)	NL1
NON HDL CHOLESTEROL		**153 H**	<130 mg/dL (calc)	NL1
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		**3.8 H**	mg/L	NL1
Reference Range Optimal <1.0 Jellinger PS et al. Endocr Pract.2017;23(Suppl 2):1-87.				
For ages >17 Years:				
hs-CRP mg/L	Risk According to AHA/CDC Guidelines			
<1.0	Lower relative cardiovascular risk.			
1.0-3.0	Average relative cardiovascular risk.			
3.1-10.0	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		**13.4 H**	<11.4 umol/L	NL1
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				

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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				NL1
GLUCOSE	84		65-99 mg/dL Fasting reference interval	
UREA NITROGEN (BUN)	15		7-25 mg/dL	
CREATININE	1.05		0.60-1.24 mg/dL	
EGFR	99		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	SEE NOTE: Not Reported: BUN and Creatinine are within reference range.		6-22 (calc)	
SODIUM	137		135-146 mmol/L	
POTASSIUM	4.5		3.5-5.3 mmol/L	
CHLORIDE	101		98-110 mmol/L	
CARBON DIOXIDE	28		20-32 mmol/L	
CALCIUM	9.1		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.6		6.1-8.1 g/dL	
ALBUMIN	4.3		3.6-5.1 g/dL	
GLOBULIN	3.3		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.3		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.7		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	65		36-130 U/L	
AST	25		10-40 U/L	
ALT	26		9-46 U/L	
T4, FREE	1.3		0.8-1.8 ng/dL	NL1
T3, FREE	4.2		2.3-4.2 pg/mL	NL1
IGF 1, LC/MS		**380 H**	63-373 ng/mL	EZ
Z SCORE (MALE)	2.0		-2.0 - +2.0 SD	
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.				
DHEA SULFATE	183		74-617 mcg/dL	NL1
ESTRADIOL		**74 H**	< OR = 39 pg/mL	NL1
Reference range established on post-pubertal patient population. No pre-pubertal reference range established using this assay. For any patients for whom low Estradiol levels are anticipated (e.g. males, pre-pubertal children and hypogonadal/post-menopausal females), the Quest Diagnostics Nichols Institute Estradiol, Ultrasensitive, LCMSMS assay is recommended (order code 30289). Please note: patients being treated with the drug fulvestrant (Faslodex(R)) have demonstrated significant interference in immunoassay methods for estradiol measurement. The cross reactivity could lead to falsely				

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elevated estradiol test results leading to an inappropriate clinical assessment of estrogen status. Quest Diagnostics order code 30289-Estradiol, Ultrasensitive LC/MS/MS demonstrates negligible cross reactivity with fulvestrant.				
TESTOSTERONE, FREE (DIALYSIS) AND TOTAL,MS				AMD
TESTOSTERONE, TOTAL, MS		**1243 H**	250-1100 ng/dL	
For additional information, please refer to http://education.questdiagnostics.com/faq/TotalTestosteroneLCMSMSFAQ165 (This link is being provided for informational/educational purposes only.)				
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.				
TESTOSTERONE, FREE		**324.4 H**	35.0-155.0 pg/mL	
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.				

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