

Patient Information	Specimen Inform	ation	Client Information
DOB: AGE	Specimen: Requisition: Lab Ref #:		
Gender: Phone: Patient ID:	Collected: Received: Reported:		
COMMENTS: FASTI	NG:YES		
Test Name LIPID PANEL, STANI CHOLESTEROL, TOT HDL CHOLESTEROL TRIGLYCERIDES			Reference RangeLa<200 mg/dL
LDL-CHOLESTEROL Reference rai	82 nge: <100	r	ng/dL (calc)
<70 mg/dL fo	nge <100 mg/dL for primary p r patients with CHD or diabe 2 CHD risk factors.		
calculation, better accur estimation o Martin SS et (http://educ CHOL/HDLC RATIO NON HDL CHOLESTE For patients factor, trea (LDL-C of <7 option.	al. JAMA. 2013;310(19): 200 ation.QuestDiagnostics.com/: 2.5	method providing ation in the 51-2068 Eag/FAQ164) ASCVD risk <100 mg/dL erapeutic	<5.0 (calc) <130 mg/dL (calc)
HS CRP		34.5 H r Verified by rep	ng/L peat analysis.
	levation, upon retesting, ma on and inflammation accordin		
For ages >17 hs-CRP mg/L <1.0 1.0-3.0 3.1-10.0 >10.0	Risk According to AHA/CDC (Lower relative cardiovascu Average relative cardiovascu Higher relative cardiovascu Consider retesting in 1 to exclude a benign transient in the baseline CRP value a to infection or inflammatic Persistent elevation, upon	lar risk. cular risk. lar risk. 2 weeks to elevation secondary on. retesting,	
	may be associated with infe inflammation.		
folate or vi differentiat of increased antagonists	is increased by functional tamin B12. Testing for meth es between these deficiencie homocysteine include renal such as methotrexate and phe nitrous oxide.	deficiency of nylmalonic acid es. Other causes failure, folate	<10.4 umol/L
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SPECIMEN:

CLIENT SERVICES: 866.697.8378



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PERFORMING SITE: