Quest Diagnostics

Report Status: Final

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

Test Name	In Range	Out Of Range	Reference Range	Lab
HEMOGLOBIN A1c	5.4		<5.7 % of total Hgb	

For the purpose of screening for the presence of diabetes:

<5.7% Consistent with the absence of diabetes
5.7-6.4% Consistent with increased risk for diabetes (prediabetes)
> or =6.5% Consistent with diabetes

This assay result is consistent with a decreased risk of diabetes.

Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.

According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).

TSH	2.36		0.40-4.50 mIU/L
T4, FREE	1.4		0.8-1.8 ng/dL
IGF 1, LC/MS	150		53-331 ng/mL
Z SCORE (MALE)	0.1		-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.

CORTISOL, TOTAL	11.8		mcg/dL

Reference Range: For 8 a.m.(7-9 a.m.) Specimen: 4.0-22.0
Reference Range: For 4 p.m.(3-5 p.m.) Specimen: 3.0-17.0
* Please interpret above results accordingly *

DHEA SULFATE	441		106-464 mcg/dL
FSH	3.1		1.6-8.0 mIU/mL
GROWTH HORMONE (GH)	<0.1		< OR = 7.1 ng/mL

Because of a pulsatile secretion pattern, random (unstimulated) growth hormone (GH) levels are frequently undetectable in normal children and adults and are not reliable for diagnosing GH deficiency. Regarding suppression tests, failure to suppress GH is diagnostic of acromegaly.

Typical GH response in healthy subjects:
Using the glucose tolerance (GH suppression) test, acromegaly is ruled out if the patient's GH level is <1.0 ng/mL at any point in the timed sequence.

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[Katznelson L, Laws Jr ER, Melmed S, et al. Acromegaly: an Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab 2014; 99: 3933-3951]. Using GH stimulation testing, the following result at any point in the timed sequence makes GH deficiency unlikely: Adults (> or = 20 years): Insulin Hypoglycemia > or = 5.1 ng/mL Arginine/GHRH > or = 4.1 ng/mL Glucagon > or = 3.0 ng/mL Children (< 20 years): All Stimulation Tests > or = 10.0 ng/mL				
INSULIN	9.7		2.0-19.6 uIU/mL	
This insulin assay shows strong cross-reactivity for some insulin analogs (lispro, aspart, and glargine) and much lower cross-reactivity with others (detemir, glulisine).				
LH	1.9		1.5-9.3 mIU/mL	
PROGESTERONE	0.7		<1.4 ng/mL	
PROLACTIN	5.6		2.0-18.0 ng/mL	
ESTRADIOL	38		< OR = 39 pg/mL	
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 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.				
PSA, TOTAL	0.6		< OR = 4.0 ng/mL	
The total PSA value from this assay system is standardized against the WHO standard. The test result will be approximately 20% lower when compared to the equimolar-standardized total PSA (Beckman Coulter). Comparison of serial PSA results should be interpreted with this fact in mind. This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.				
TESTOSTERONE, FREE (DIALYSIS) AND TOTAL,MS				

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Test Name	In Range	Out Of Range	Reference Range	Lab
TESTOSTERONE, TOTAL, MS	507		250-1100 ng/dL	
TESTOSTERONE, FREE	66.9		35.0-155.0 pg/mL	

**Data from J Clin Invest 1974:53:819-828 and J Clin Endocrinol Metab 1973;36:1132-1142. Men with clinically significant hypogonadal symptoms and testosterone values repeatedly in the range of the 200-300 ng/dL or less, may benefit from testosterone treatment after adequate risk and benefits counseling.

For additional information, please refer to http://education.questdiagnostics.com/faq/FAQ165 (This link is being provided for informational/ educational purposes only.)

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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	22 L	30-100 ng/mL	

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Vitamin D Status          25-OH Vitamin D:

Deficiency:                     <20 ng/mL
Insufficiency:            20 - 29 ng/mL
Optimal:                  > or = 30 ng/mL
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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 more information on this test, go to: http://education.questdiagnostics.com/faq/FAQ163 (This link is being provided for informational/ educational purposes only.)

Physician Comments:

PERFORMING SITE: