

atient Information	Specimen Informatio	on	Client Information	
Test Name	In Range	Out Of Range	Reference Range	Lal
COMPREHENSIVE METABOLIC PANEL GLUCOSE		120 н	65-99 mg/dL	RG
		Fas	sting reference interval	
For someone without kr between 100 and 125 mg prediabetes and should follow-up test.	g/dL is consistent wi	lth	0	
UREA NITROGEN (BUN) <b>CREATININE</b>	21	1.62 н	7-25 mg/dL 0.70-1.30 mg/dL	
EGFR BUN/CREATININE RATIO	13	50 L	> OR = 60 mL/min/1.73m2 6-22 (calc)	
SODIUM	137		135-146 mmol/L	
POTASSIUM	3.9		3.5-5.3 mmol/L	
CHLORIDE CARBON DIOXIDE	103 24		98-110 mmol/L 20-32 mmol/L	
CALCIUM	9.3		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.5		6.1-8.1 g/dL	
ALBUMIN	4.5		3.6-5.1 g/dL	
GLOBULIN	3.0		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.5 0.8		1.0-2.5 (calc) 0.2-1.2 mg/dL	
BILIRUBIN, TOTAL ALKALINE PHOSPHATASE	116		35-144  U/L	
AST	20		10-35 U/L	
ALT	29		9-46 U/L	
PTH, INTACT WITHOUT				RG
CALCIUM				
PARATHYROID HORMONE, INTACT	34		16-77 pg/mL	
Interpretive Guide	Intact PTH	Calcium		
Normal Parathyroid	Normal	Normal		
Hypoparathyroidism	Low or Low Normal	Low		
Hyperparathyroidism				
Primary	Normal or High	High Normal an Ion		
Secondary Tertiary	High High	Normal or Low High		
Non-Parathyroid	IIIgII	IIIgII		
Hypercalcemia	Low or Low	High		
	Normal			DC
				RG
CBC (INCLUDES DIFF/PLT) WHITE BLOOD CELL COUNT	4.7		3.8-10.8 Thousand/uL 4.20-5.80 Million/uL	RG



Patient Information	Specimen Informa	tion	Client Information	
Test Name HEMOGLOBIN	In Range	Out Of Range 19.0 H	Reference Range 13.2-17.1 g/dL	Lab
		Verified by r	epeat analysis.	
HEMATOCRIT MCV MCH MCHC RDW PLATELET COUNT MPV ABSOLUTE NEUTROPHILS ABSOLUTE LYMPHOCYTES ABSOLUTE MONOCYTES ABSOLUTE BASOPHILS NEUTROPHILS LYMPHOCYTES MONOCYTES EOSINOPHILS BASOPHILS URINALYSIS, COMPLETE COLOR APPEARANCE SPECIFIC GRAVITY PH GLUCOSE BILIRUBIN KETONES	91.0 30.5 33.5 13.4 183 10.6 2881 1368 385 38 28 61.3 29.1 8.2 0.8 0.6 YELLOW CLEAR 1.014 6.5 NEGATIVE NEGATIVE NEGATIVE	56.7 н	38.5-50.0 % 80.0-100.0 fL 27.0-33.0 pg 32.0-36.0 g/dL 11.0-15.0 % 140-400 Thousand/uL 7.5-12.5 fL 1500-7800 cells/uL 200-950 cells/uL 200-950 cells/uL 15-500 cells/uL 0-200 cells/uL % % % % % % % % % % % % % % % % % % %	RGA
OCCULT BLOOD <b>PROTEIN</b> NITRITE LEUKOCYTE ESTERASE WBC RBC SQUAMOUS EPITHELIAL CELLS BACTERIA HYALINE CAST This urine was analyzed fo RBC, bacteria, casts, and Only those elements seen w	other formed el		NEGATIVE NEGATIVE NEGATIVE < OR = 5 /HPF < OR = 2 /HPF < OR = 5 /HPF NONE SEEN /HPF NONE SEEN /LPF	



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Endocrinology

Test Name		Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA		51	30-100 ng/mL	RGA
Vitamin D Status	25-OH Vitamin D:			
Deficiency: Insufficiency: Optimal:	<pre>&lt;20 ng/mL 20 - 29 ng/mL &gt; or = 30 ng/mL</pre>			

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 additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ199 (This link is being provided for informational/ educational purposes only.)

Physician Comments:

## **PERFORMING SITE:**

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