

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		36 H	22-35 %	
T4 (THYROXINE), TOTAL	9.7		5.1-11.9 mcg/dL	
FREE T4 INDEX (T7)	3.5		1.4-3.8	
TSH	1.10		0.40-4.50 mIU/L	
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL		201 H	<200 mg/dL	
HDL CHOLESTEROL	74		>50 mg/dL	
TRIGLYCERIDES	93		<150 mg/dL	
LDL-CHOLESTEROL		108 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	2.7		<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.				
HS CRP	1.7		mg/L	
Average relative cardiovascular risk according to AHA/CDC guidelines.				
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.	
COMPREHENSIVE METABOLIC PANEL				
GLUCOSE		102 H	65-99 mg/dL	

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Fasting reference interval

For someone without known diabetes, a glucose value between 100 and 125 mg/dL is consistent with prediabetes and should be confirmed with a follow-up test.

UREA NITROGEN (BUN)	22	7-25 mg/dL
CREATININE	0.90	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	68	> OR = 60 mL/min/1.73m ²
eGFR AFRICAN AMERICAN	78	> OR = 60 mL/min/1.73m ²
BUN/CREATININE RATIO	NOT APPLICABLE	6-22 (calc)
SODIUM	142	135-146 mmol/L
POTASSIUM	4.4	3.5-5.3 mmol/L
CHLORIDE	106	98-110 mmol/L
CARBON DIOXIDE	26	20-32 mmol/L
CALCIUM	9.6	8.6-10.4 mg/dL
PROTEIN, TOTAL	6.6	6.1-8.1 g/dL
ALBUMIN	4.4	3.6-5.1 g/dL
GLOBULIN	2.2	1.9-3.7 g/dL (calc)
ALBUMIN/GLOBULIN RATIO	2.0	1.0-2.5 (calc)
BILIRUBIN, TOTAL	0.6	0.2-1.2 mg/dL
ALKALINE PHOSPHATASE	68	33-130 U/L
AST	14	10-35 U/L
ALT	14	6-29 U/L
HEMOGLOBIN A1c	5.2	<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).

PHOSPHATE (AS PHOSPHORUS)	3.5	2.5-4.5 mg/dL
URIC ACID	6.4	2.5-7.0 mg/dL

Therapeutic target for gout patients: <6.0 mg/dL

LD	134	120-250 U/L
GGT	18	3-65 U/L

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CBC (INCLUDES DIFF/PLT)				
WHITE BLOOD CELL COUNT	6.9		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.46		3.80-5.10 Million/uL	
HEMOGLOBIN	14.1		11.7-15.5 g/dL	
HEMATOCRIT	40.3		35.0-45.0 %	
MCV	90.4		80.0-100.0 fL	
MCH	31.6		27.0-33.0 pg	
MCHC	35.0		32.0-36.0 g/dL	
RDW	13.0		11.0-15.0 %	
PLATELET COUNT	244		140-400 Thousand/uL	
MPV	11.1		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	4947		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	1332		850-3900 cells/uL	
ABSOLUTE MONOCYTES	435		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	138		15-500 cells/uL	
ABSOLUTE BASOPHILS	48		0-200 cells/uL	
NEUTROPHILS	71.7		%	
LYMPHOCYTES	19.3		%	
MONOCYTES	6.3		%	
EOSINOPHILS	2.0		%	
BASOPHILS	0.7		%	
URINALYSIS, COMPLETE				
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.021		1.001-1.035	
PH	6.0		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
OCCULT BLOOD	NEGATIVE		NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE		1+	NEGATIVE	
WBC	0-5		< OR = 5 /HPF	
RBC	NONE SEEN		< OR = 2 /HPF	
SQUAMOUS EPITHELIAL CELLS	0-5		< OR = 5 /HPF	
BACTERIA	NONE SEEN		NONE SEEN /HPF	
HYALINE CAST	NONE SEEN		NONE SEEN /LPF	
IRON, TOTAL	89		45-160 mcg/dL	

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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	55	30-100 ng/mL	
Vitamin D Status 25-OH Vitamin D: Deficiency: <20 ng/mL Insufficiency: 20 - 29 ng/mL Optimal: > or = 30 ng/mL 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: