

Patient Information	Specimen Information	Client Information

COMMENTS: FASTING: YES

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL	163		<200 mg/dL	IG
HDL CHOLESTEROL	75		> OR = 50 mg/dL	IG
TRIGLYCERIDES	42		<150 mg/dL	IG
LDL-CHOLESTEROL	76		mg/dL (calc)	IG

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	2.2		<5.0 (calc)	IG
NON HDL CHOLESTEROL	88		<130 mg/dL (calc)	IG

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.

HOMOCYSTEINE	10.0		<10.4 umol/L	IG
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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
antagonists such as methotrexate and phenytoin, and
exposure to nitrous oxide.

Selhub J, et al., Ann Intern Med. 1999;131(5):331-9.

APOLIPOPROTEIN B	69		mg/dL	EZ
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Reference Range: <90

Risk Category:

Optimal <90
Moderate 90-119
High > or = 120

Cardiovascular event risk category cut points (optimal,
moderate, high) are based on National Lipid Association
recommendations - Jacobson TA et al. J of Clin Lipid.
2015;9:129-169 and Jellinger PS et al. Endocr Pract.
2017;23(Suppl 2):1-87.

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LIPOPROTEIN (a)	12		<75 nmol/L	EZ
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Risk: Optimal < 75 nmol/L; Moderate 75-125 nmol/L; High > 125 nmol/L

Cardiovascular event risk category cut points (optimal, moderate, high) are based on Tsimikas S.JACC 2017;69:692-711.

PERFORMING SITE: