

Patient Information	Specimen Information	Client Information		

COMMENTS:

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Test Name		In Range	Out Of R	ange	Reference Range	Lab
THYROID PANEL WITH THYROID PANEL	H TSH					NL1
T3 UPTAKE T4 (THYROXINE) FREE T4 INDEX TSH		28 7.1 2.0 1.01		Ref	22-35 % 5.1-11.9 mcg/dL 1.4-3.8 mIU/L erence Range	NL1
				> 0	r = 20 Years 0.40-4.50	
HS CRP Reference Ra Optimal <1.0		<0.3		Fir Sec	Pregnancy Ranges st trimester 0.26-2.66 ond trimester 0.55-2.73 rd trimester 0.43-2.91 mg/L	NL1
	et al. Endocr Pr	act.2017;23(Suppl 2):1	L-87.		
For ages >17 hs-CRP mg/L <1.0 1.0-3.0 3.1-10.0 >10.0	Years: Risk According to Lower relative Average relative Higher relative Consider retestive exclude a benign in the baseline to infection or Persistent eleva may be associate inflammation.	ardiovascula cardiovascul ng in 1 to 2 transient e CRP value se inflammation tion, upon r	r risk. lar risk. ar risk. weeks to levation condary etesting,			
folate or vi differentiat of increased antagonists exposure to	is increased by tamin Bl2. Testir es between these homocysteine inc such as methotres nitrous oxide. al., Ann Intern	ng for methyl deficiencies clude renal f cate and pheny	malonic ad . Other ca ailure, fo ytoin, and	cid auses plate d	<10.4 umol/L	NLl
COMPREHENSIVE META PANEL	ABOLIC					NL1
GLUCOSE		95			65-99 mg/dL	
				Fa	sting reference interval	
UREA NITROGEN (E CREATININE EGFR	BUN)	9 0.74 95			7-25 mg/dL 0.50-1.03 mg/dL > OR = 60 mL/min/1.73m2	
	based on the CKD- from a previous				ulate	



result, go to https://www.kidney.org/professionals/ kdogi/gfrs%focdulator BUN/CREATININE RATIO SODIUM POTASSIUM 4.6 CALCON CHLORIDE CALCON CON CALCO		Specimen Information	Client Information	
result, go to https://www.kidney.org/professionals/ kdcgi/gfr\$FScalulator BUW/CREATININE RATIO SODIUM 4.6 SODIUM 4.6 CAREON DICKIDE 6.22 (calc) SODIUM 4.6 CAREON DICKIDE 108 CAREON DICKIDE 2.8 CAREON DICKIDE 2.8 COLUMN 4.4 CLOBULIN ATTO 1.6 DILINUSIN, TOTAL 0.4 CAREON DICKIDE 2.8 COLUMN 4.5 CAREON DICKIDE 2.8 COLUMN 4.5 For someone without known diabetes, a hemoglobin Alc value between 5.78 and 6.48 is consistent with prediabetes and should be confirmed with a follow-up test. For someone with known diabetes, a value <7% indicates that their diabetes is well controlled. Alc targets should be individualized based on duration of diabetes. age. comorbid conditions, and other considerations. This assay result is consistent with an increased risk of diabetes. Currently, no consensus exists regarding use of hemoglobin Alc for diagnosis of diabetes for children. HOSPHATE (AS PHOSPHORUS) 3.8 FIE AS DICKIDE 4.1 D STT 8 STT 8 KIT 8				
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VITAMIN A (RETINOL)4138-98 mcg/dLAVitamin supplementation within 24 hours prior to blood draw may affect the accuracy of the results.This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.	targets should be indivi diabetes, age, comorbid considerations. This assay result is con of diabetes. Currently, no consensus hemoglobin Alc for diagn PHOSPHATE (AS PHOSPHORUS) JRIC ACID Therapeutic target for g	dualized based on duration of conditions, and other sistent with an increased risk exists regarding use of osis of diabetes for children. 3.8 4.1 rout patients: <6.0 mg/dL 148 8	2.5-4.5 mg/dL 2.5-7.0 mg/dL 120-250 U/L 3-70 U/L	N N N
Vitamin supplementation within 24 hours prior to blood draw may affect the accuracy of the results. This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.	targets should be indivi diabetes, age, comorbid considerations. This assay result is con of diabetes. Currently, no consensus hemoglobin Alc for diagn PHOSPHATE (AS PHOSPHORUS) JRIC ACID Therapeutic target for g	dualized based on duration of conditions, and other sistent with an increased risk exists regarding use of osis of diabetes for children. 3.8 4.1 rout patients: <6.0 mg/dL 148 8 1.0	2.5-4.5 mg/dL 2.5-7.0 mg/dL 120-250 U/L 3-70 U/L 0.8-1.8 ng/dL	N N N N
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.	<pre>targets should be indivi diabetes, age, comorbid considerations. This assay result is con of diabetes. Currently, no consensus hemoglobin Alc for diagn PHOSPHATE (AS PHOSPHORUS) URIC ACID Therapeutic target for g CD GGT 24, FREE 23, FREE</pre>	dualized based on duration of conditions, and other sistent with an increased risk exists regarding use of osis of diabetes for children. 3.8 4.1 rout patients: <6.0 mg/dL 148 8 1.0 2.8	2.5-4.5 mg/dL 2.5-7.0 mg/dL 120-250 U/L 3-70 U/L 0.8-1.8 ng/dL 2.3-4.2 pg/mL	N N N N N
characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.	<pre>targets should be indivi diabetes, age, comorbid considerations. This assay result is con of diabetes. Currently, no consensus hemoglobin Alc for diagn PHOSPHATE (AS PHOSPHORUS) JRIC ACID Therapeutic target for g CD GGT T4, FREE T3, FREE VITAMIN A (RETINOL) Vitamin supplementation</pre>	dualized based on duration of conditions, and other sistent with an increased risk exists regarding use of cosis of diabetes for children. 3.8 4.1 out patients: <6.0 mg/dL 148 8 1.0 2.8 41 within 24 hours prior to	2.5-4.5 mg/dL 2.5-7.0 mg/dL 120-250 U/L 3-70 U/L 0.8-1.8 ng/dL 2.3-4.2 pg/mL	N N N N
	<pre>targets should be indivi diabetes, age, comorbid considerations. This assay result is con of diabetes. Currently, no consensus hemoglobin Alc for diagn PHOSPHATE (AS PHOSPHORUS) URIC ACID Therapeutic target for g CD GGT T4, FREE T3, FREE VITAMIN A (RETINOL) Vitamin supplementation blood draw may affect th</pre>	dualized based on duration of conditions, and other sistent with an increased risk exists regarding use of cosis of diabetes for children. 3.8 4.1 rout patients: <6.0 mg/dL 148 8 1.0 2.8 41 within 24 hours prior to e accuracy of the results.	2.5-4.5 mg/dL 2.5-7.0 mg/dL 120-250 U/L 3-70 U/L 0.8-1.8 ng/dL 2.3-4.2 pg/mL 38-98 mcg/dL	N N N N N A
	<pre>targets should be indivi diabetes, age, comorbid considerations. This assay result is con of diabetes. Currently, no consensus hemoglobin Alc for diagn PHOSPHATE (AS PHOSPHORUS) JRIC ACID Therapeutic target for g CD GGT F4, FREE F3, FREE /ITAMIN A (RETINOL) Vitamin supplementation blood draw may affect th This test was developed characteristics have bee Diagnostics Nichols Inst not been cleared or appr Administration. This ass to the CLIA regulations</pre>	dualized based on duration of conditions, and other sistent with an increased risk exists regarding use of osis of diabetes for children. 3.8 4.1 out patients: <6.0 mg/dL 148 8 1.0 2.8 41 within 24 hours prior to e accuracy of the results. and its analytical performance n determined by Quest itute Chantilly, VA. It has oved by the U.S. Food and Drug ay has been validated pursuant	2.5-4.5 mg/dL 2.5-7.0 mg/dL 120-250 U/L 3-70 U/L 0.8-1.8 ng/dL 2.3-4.2 pg/mL 38-98 mcg/dL	N N N N
	<pre>targets should be indivi diabetes, age, comorbid considerations. This assay result is con of diabetes. Currently, no consensus hemoglobin Alc for diagn PHOSPHATE (AS PHOSPHORUS) JRIC ACID Therapeutic target for g CD GGT C4, FREE C3, FREE VITAMIN A (RETINOL) Vitamin supplementation blood draw may affect th This test was developed characteristics have bee Diagnostics Nichols Inst not been cleared or appr Administration. This ass to the CLIA regulations</pre>	dualized based on duration of conditions, and other sistent with an increased risk exists regarding use of osis of diabetes for children. 3.8 4.1 out patients: <6.0 mg/dL 148 8 1.0 2.8 41 within 24 hours prior to e accuracy of the results. and its analytical performance n determined by Quest itute Chantilly, VA. It has oved by the U.S. Food and Drug ay has been validated pursuant	2.5-4.5 mg/dL 2.5-7.0 mg/dL 120-250 U/L 3-70 U/L 0.8-1.8 ng/dL 2.3-4.2 pg/mL 38-98 mcg/dL	N N N N N



atient Information	Specimen Information	Client Information	
Test Name	In Range Out	Of Range Reference Range	La
Reference Ranges for Tot	al Estrogen:		
	-590 pg/mL -460 pg/mL -170 pg/mL		
The total estrogen assay pre-pubertal children.	v is not recommended for	cuse in	
IGF 1, LC/MS Z SCORE (FEMALE)	123 -0.2	50-317 ng/mL -2.0 - +2.0 SD	ΕZ
This test was developed characteristics have bee Nichols Institute San Ju cleared or approved by I pursuant to the CLIA reg purposes.	en determined by Quest I aan Capistrano. It has r TDA. This assay has beer	Diagnostics not been n validated	
CBC (INCLUDES DIFF/PLT) WHITE BLOOD CELL COUNT	4.4	3.8-10.8 Thousand/uL	NL
RED BLOOD CELL COUNT HEMOGLOBIN HEMATOCRIT MCV MCH	3.99 12.2 35.2 88.2 30.6	3.80-5.10 Million/uL 11.7-15.5 g/dL 35.0-45.0 % 80.0-100.0 fL 27.0-33.0 pg	
MCHC RDW PLATELET COUNT MPV	34.7 13.0 200 9.7	32.0-36.0 g/dL 11.0-15.0 % 140-400 Thousand/uL 7.5-12.5 fL	
ABSOLUTE NEUTROPHILS ABSOLUTE LYMPHOCYTES ABSOLUTE MONOCYTES	2658 1329 330	1500-7800 cells/uL 850-3900 cells/uL 200-950 cells/uL	
ABSOLUTE EOSINOPHILS ABSOLUTE BASOPHILS NEUTROPHILS LYMPHOCYTES	62 22 60.4 30.2	15-500 cells/uL 0-200 cells/uL % %	
MONOCYTES EOSINOPHILS BASOPHILS	7.5 1.4 0.5	२ २ २ २	
URINALYSIS, COMPLETE COLOR	YELLOW	YELLOW	NL
APPEARANCE SPECIFIC GRAVITY PH	CLEAR 1.004 5.5	CLEAR 1.001-1.035 5.0-8.0	
GLUCOSE BILIRUBIN	NEGATIVE NEGATIVE	NEGATIVE NEGATIVE	
KETONES	NEGATIVE	NEGATIVE	
OCCULT BLOOD	NEGATIVE	NEGATIVE	
PROTEIN	NEGATIVE	NEGATIVE	
NITRITE LEUKOCYTE ESTERASE	NEGATIVE NEGATIVE	NEGATIVE NEGATIVE	
	NONE SEEN	< OR = 5 / HPF	
WBC	NONE SEEN	$\langle OK = J / HFF$	



Patient Information	Specimen Information	Client Information	
Test Name BACTERIA HYALINE CAST This urine was analyzed for RBC, bacteria, casts, and o Only those elements seen we	ther formed elements.	Reference Range NONE SEEN /HPF NONE SEEN /LPF	Lab
IRON AND TOTAL IRON BINDING CAPACITY			NL1
IRON, TOTAL IRON BINDING CAPACITY % SATURATION	65 346 19	45-160 mcg/dL 250-450 mcg/dL (calc) 16-45 % (calc)	
VITAMIN B12	254	200-1100 pg/mL	NL1
5 and 10% of patients with pg/mL may experience neurop abnormalities due to occult	as been reported that between values between 200 and 400		
FOLATE, SERUM	23.3	ng/mL Reference Range Low: <3.4 Borderline: 3.4-5.4 Normal: >5.4	NL1
	10.4 (7-9 a.m.) Specimen: 4.0-22.0 (3-5 p.m.) Specimen: 3.0-17.0 results accordingly *		NL1
DHEA SULFATE	92	5-167 mcg/dL	NL1
DHEA-S values fall with adv For reference, the reference old patients are: Male: 93-415 mcg/dL			
Female: 19-237 mcg/dL	101 1		NTT 1
FSH Referen	101.1 ce Range	mIU/mL	NL1
Follicular Pha Mid-cycle Peak Luteal Phase Postmenopausal	3.1-17.7 1.5- 9.1		
GROWTH HORMONE (GH)	0.8	< OR = 7.1 ng/mL	NL1
Because of a pulsatile secretion (unstimulated) growth hormony frequently undetectable in a and are not reliable for dia Regarding suppression tests	ne (GH) levels are normal children and adults agnosing GH deficiency.		



atient Information	Specimen Information	Client Information	
Test Name is diagnostic of acro		Of Range Reference Range	Lal
acromegaly is ruled is <1.0 ng/mL at ar [Katznelson L, Laws Acromegaly: an Endo Guideline. J Clin F 3951]. Using GH stimulatio	olerance (GH suppression out if the patient's GH y point in the timed seq Jr ER, Melmed S, et al. crine Society Clinical P ndocrinol Metab 2014; 99 on testing, the following	level uence. ractice : 3933- result	
at any point in the deficiency unlikely Adults (> or = 20			
	cemia > or = 5.1 ng/mL > or = 4.1 ng/mL > or = 3.0 ng/mL		
All Stimulation	Tests > or = 10.0 ng/mL 36.1	mIU/mL	NL
		Reference Range Follicular Phase 1.9-12.5 Mid-Cycle Peak 8.7-76.3 Luteal Phase 0.5-16.9 Postmenopausal 10.0-54.7	
PROGESTERONE	<0.5	ng/mL Reference Ranges Female	NLI
		Follicular Phase < 1.0 Luteal Phase 2.6-21.5 Post menopausal < 0.5 Pregnancy	
ESTRADIOL	<15	1st Trimester 4.1-34.0 2nd Trimester 24.0-76.0 3rd Trimester 52.0-302.0 pg/mL	NL
ESTRADIOL		Reference Range Follicular Phase: 19-144 Mid-Cycle: 64-357 Luteal Phase: 56-214 Postmenopausal: < or = 31	
population. No pre-pu established using thi whom low Estradiol le pre-pubertal childrer females), the Quest I	blished on post-pubertal bertal reference range s assay. For any patient evels are anticipated (e. and hypogonadal/post-me biagnostics Nichols Insti tive, LCMSMS assay is re	patient s for g. males, nopausal tute	
fulvestrant (Faslodes interference in immur measurement. The cros	being treated with the (R)) have demonstrated s coassay methods for estra s reactivity could lead est results leading to an	ignificant diol to falsely	



Detionst Information	Cracimor T f	tion	Client Information	
Patient Information	Specimen Informa	tion	Client Information	
Test Name inappropriate clinical asse Quest Diagnostics order cod	e 30289-Estra	diol,	Reference Range	Lab
Ultrasensitive LC/MS/MS dem reactivity with fulvestrant		ligible cross		
SEX HORMONE BINDING	•			NL1
GLOBULIN		129 H	17-124 nmol/L	
TESTOSTERONE, FREE (DIALYSIS) AND TOTAL,MS				AMD
TESTOSTERONE, TOTAL, MS	22		2-45 ng/dL	
For additional information, http://education.questdiagn TotalTestosteroneLCMSMSFAQ1 (This link is being provide educational purposes only.)	ostics.com/fa 65 d for informa	q/		
This test was developed and characteristics have been d Diagnostics Nichols Institu not been cleared or approve Administration. This assay to the CLIA regulations and purposes.	etermined by te Chantilly, d by the U.S. has been vali	Quest VA. It has Food and Drug dated pursuant		
TESTOSTERONE, FREE	1.1		0.1-6.4 pg/mL	
This test was developed and characteristics have been d Diagnostics Nichols Institu not been cleared or approve Administration. This assay to the CLIA regulations and purposes.	etermined by te Chantilly, d by the U.S. has been valid	Quest VA. It has Food and Drug dated pursuant		



Patient Information	Specimen Information	Client Information

Endocrinology

Test Name	9	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA		35	30-100 ng/mL	NL1
Vitamin D Status	25-OH Vitamin D:			
Deficiency: Insufficiency: Optimal:	<pre><20 ng/mL 20 - 29 ng/mL > 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:



Patient Information	Specimen Information	Client Information		

Cardio IQ®							
Current Risk/Reference Interv				erval		Historical	
Test Name	Resul Optimal	t & Risk Non-Optimal	Optimal	Moderate	High	Units	Result & Risk
LIPID PANEL				-			
CHOLESTEROL, TOTAL		292	<200	N/A	>=200	mg/dL	
HDL CHOLESTEROL	83		>=50	N/A	<50	mg/dL	
TRIGLYCERIDES	53		<150	150-199	>=200	mg/dL	
LDL-CHOLESTEROL		194	<100	100-129	>129	mg/dL (calc)	
CHOL/HDLC RATIO	3.5		<=3.5	3.6-5.0	>5.0	calc	
NON-HDL CHOLESTEROL		209	<130	130-189	>=190	mg/dL (calc)	
LIPOPROTEIN FRACTIO	NATION, IC	N MOBILI					
LDL PARTICLE NUMBER		2322	<1138	1138-1409	>1409	nmol/L	
LDL SMALL		260	<142	142-219	>219	nmol/L	
LDL MEDIUM		324	<215	215-301	>301	nmol/L	
HDL LARGE	7547		>6729	6729-5353	<5353	nmol/L	
LDL PATTERN	A		А	N/A	В	Pattern	
LDL PEAK SIZE	226.1		>222.9	222.9-217.4	<217.4	Angstrom	
APOLIPOPROTEINS							
APOLIPOPROTEIN B		121	<90	90-119	>=120	mg/dL	
LIPOPROTEIN (a)	<10		<75	75-125	>125	nmol/L	

For details on reference ranges please refer to the reference range/comment section of the report.



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Patient Information	Specimen Information	Client Information		

4myheart Diet & Exercise Coaching Program: Need help achieving and maintaining an optimal weight? Managing stress? Trying to improve physical fitness levels? The 4myheart program provides support and personalized lifestyle guidance to help improve heart health. Please talk to your provider, visit 4myheart.com or call 1-800-432-7889 opt 2 to learn more.

Medical Information For Healthcare Providers: If you have questions about any of the tests in our Cardio IQ offering, please call Client Services at our Quest Diagnostics-Cleveland HeartLab Cardiometabolic Center of Excellence. They can be reached at 866.358.9828, option 1 to arrange a consult with our clinical education team.

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Patient Information	Specimen Information	Client Information		

	Refere	ence Range/Com	ments			
Analyte Name	In Range	Out Range	Reference Range	Lab		
APOLIPOPROTEIN B		121	<90 mg/dL	Z4M		
Risk: Optimal <90 mg/dL; Moderate 90-119 mg/dL; H Association recommendations- Jacobson TA et al. J			sk category cut points (optimal, moderate, high) are base er PS et al. Endocr Pract. 2017;23(Suppl 2):1-87.	ed on National Lipid		
CHOLESTEROL, TOTAL		292	<200 mg/dL	Z4M		
LDL MEDIUM		324	<215 nmol/L	Z4M		
Relative Risk: Optimal <215; Moderate 215-301; High >301. Reference Range: <215 nmol/L.						
LDL PARTICLE NUMBER		2322	<1138 nmol/L	Z4M		
Relative Risk: Optimal <1138; Moderate 1138-1409; High >1409. Reference Range: <1138 nmol/L.						
LDL SMALL		260	<142 nmol/L	Z4M		
Relative Risk: Optimal <142; Moderate 142-219; High >219. Reference Range: <142 nmol/L.						
LDL-CHOLESTEROL		194	<100 mg/dL (calc)	Z4M		
interventions to reduce the cumulative LDL-C burder at 1.866.GENE.INFO. Jacobson T, et al. J National I Lipidology 2015;9(2), 129-169. Cuchel, M. et al. (201 clinical management. European Heart Journal, 35(32 patients with >= 2 CHD risk factors. LDL-C is now ca	n from birth. For quest Lipid Association Reco (4). Homozygous fami 2), 2146-2157. Desiral Ilculated using the Ma	ions about testing for ommendations for Pal ilial hypercholesterola ble range <100 mg/dL rtin-Hopkins calculation	nortality. Patients should be identified early and provided familial hypercholesterolemia, please call Quest Genom ient-Centered Management of Dyslipidemia: Part 1 Jour memia: new insights and guidance for clinicians to improv for primary prevention; <70 mg/dL for patients with CHE on, which is a validated novel method providing better ac 58 (http://education.QuestDiagnostics.com/faq/FAQ164)	ics Client Services nal of Clinical e detection and O or diabetic		
NON HDL CHOLESTEROL		209	<130 mg/dL (calc)	Z4M		
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.						
CHOL/HDLC RATIO	3.5		<3.6 calc	Z4M		
HDL CHOLESTEROL	83		>49 mg/dL	Z4M		
HDL LARGE	7547		>6729 nmol/L	Z4M		
Relative Risk: Optimal >6729; Moderate 6729-5353;	High <5353. Referen	ce Range: >6729 nmo	bl/L.			
LDL PATTERN	Α		A Pattern	Z4M		
Relative Risk: Optimal Pattern A; High Pattern B. Reference Range: Pattern A.						
LDL PEAK SIZE	226.1		>222.9 Angstrom	Z4M		
moderate, high) are based on an adult U.S. reference events is based on Musunuru et al. ATVB.2009;29:1 provided for informational/educational purposes only	e population plus two 975. For additional inf .)This test was develo HeartLab. It has not be	large cohort study po formation, please refe oped and its analytical een cleared or approv	Angstrom. Adult cardiovascular event risk category cut p pulations. Association between lipoprotein subfractions a r to http://education.QuestDiagnostics.com/faq/FAQ134 performance characteristics have been determined by C ed by the U.S. Food and Drug Administration. This assa	and cardiovascular (This link is being Quest Diagnostics		
LIPOPROTEIN (a)	<10		<75 nmol/L	Z4M		
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 Tsimika S. JACC 2017;69:692-711.						
TRIGLYCERIDES	53		<150 mg/dL	Z4M		