

General Comments & Additional Information
Total Volume: Not Provided

Fasting: No

Ordered Items

CBC/Diff Ambiguous Default; Comp. Metabolic Panel (14); Lipid Panel; Hemoglobin A1c; DHEA-Sulfate; Testosterone, Serum; TSH; Estradiol; Vitamin D, 25-Hydroxy; Testosterone, Free, Direct; Ambig Abbrev CMP14 Default; Ambig Abbrev LP Default; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC/Diff Ambiguous Default					
WBC	7.4		x10E3/uL	3.4 - 10.8	01
RBC	5.36		x10E6/uL	4.14 - 5.80	01
Hemoglobin	16.6		g/dL	13.0 - 17.7	01
Hematocrit	49.6		%	37.5 - 51.0	01
MCV	93		fL	79 - 97	01
MCH	31.0		pg	26.6 - 33.0	01
MCHC	33.5		g/dL	31.5 - 35.7	01
RDW	13.6		%	12.3 - 15.4	01
Platelets	228		x10E3/uL	150 - 379	01
Neutrophils	67		%	Not Estab.	01
Lymphs	22		%	Not Estab.	01
Monocytes	8		%	Not Estab.	01
Eos	2		%	Not Estab.	01
Basos	1		%	Not Estab.	01
Neutrophils (Absolute)	5.1		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	1.6		x10E3/uL	0.7 - 3.1	01
Monocytes (Absolute)	0.6		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%	Not Estab.	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
Comp. Metabolic Panel (14)					
Glucose, Serum	90		mg/dL	65 - 99	01
BUN	15		mg/dL	6 - 24	01
Creatinine, Serum	0.87		mg/dL	0.76 - 1.27	01
eGFR If NonAfricn Am	106		mL/min/1.73	>59	
eGFR If Africn Am	123		mL/min/1.73	>59	
BUN/Creatinine Ratio	17			9 - 20	

Patient ID:

 Specimen ID: Date
 collected: 02/23/2018

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Sodium, Serum	140		mmol/L	134 - 144	01
Potassium, Serum	4.8		mmol/L	3.5 - 5.2	01
Chloride, Serum	97		mmol/L	96 - 106	01
Carbon Dioxide, Total	27		mmol/L	18 - 29	01
Calcium, Serum	9.7		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	7.0		g/dL	6.0 - 8.5	01
Albumin, Serum	4.7		g/dL	3.5 - 5.5	01
Globulin, Total	2.3		g/dL	1.5 - 4.5	
A/G Ratio	2.0			1.2 - 2.2	
Bilirubin, Total	0.5		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	68		IU/L	39 - 117	01
AST (SGOT)	26		IU/L	0 - 40	01
ALT (SGPT)	38		IU/L	0 - 44	01
Lipid Panel					
Cholesterol, Total	229	High	mg/dL	100 - 199	01
Triglycerides	87		mg/dL	0 - 149	01
HDL Cholesterol	54		mg/dL	>39	01
VLDL Cholesterol Cal	17		mg/dL	5 - 40	
LDL Cholesterol Calc	158	High	mg/dL	0 - 99	
Hemoglobin A1c					
Hemoglobin A1c	4.8		%	4.8 - 5.6	01
Please Note:					01
	Pre-diabetes: 5.7 - 6.4				
	Diabetes: >6.4				
	Glycemic control for adults with diabetes: <7.0				
DHEA-Sulfate	311.3		ug/dL	102.6 - 416.3	01
Testosterone, Serum	1023	High	ng/dL	264 - 916	01
	Adult male reference interval is based on a population of healthy nonobese males (BMI <30) between 19 and 39 years old. Travison, et.al. JCEM 2017,102;1161-1173. PMID: 28324103.				
TSH	1.400		uIU/mL	0.450 - 4.500	01
Estradiol	67.4	High	pg/mL	7.6 - 42.6	01
	Roche ECLIA methodology				
Vitamin D, 25-Hydroxy	41.7		ng/mL	30.0 - 100.0	01
	Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).				

Patient ID:

Control ID: 10006145350

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1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.					
2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.					

Testosterone, Free, Direct

Free Testosterone(Direct)	28.9	High	pg/mL	6.8 - 21.5	01
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Ambig Abbrev CMP14 Default

01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

Ambig Abbrev LP Default

01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

01
