

Client Information Client #: 90403473 MAIL0000 2701 OCEAN PARK BLVD STE 119 SANTA MONICA, CA 90405-5213		Specimen Information Specimen: EN029092M Requisition: 000504		Patient Information DOB: 11/16/1979 AGE: 39 Gender: M Fasting: Y Phone: 310.710.9176 Patient ID: 11161979JN Health ID: 8573017617743871	
Comments: FASTING-YRS					

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL	252 H		<200 mg/dL	EN
HDL CHOLESTEROL	34 L		>40 mg/dL	EN
TRIGLYCERIDES	91		<150 mg/dL	EN
LDL-CHOLESTEROL	197 H		mg/dL (calc)	EN

LDL-C levels > or = 190 mg/dL may indicate familial hypercholesterolemia (FH). Clinical assessment and measurement of blood lipid levels should be considered for all first degree relatives of patients with an FH diagnosis.

For questions about testing for familial hypercholesterolemia, please call Quest Genomics Client Services at 1.866.GENE.INFO.

Jacobson T, et al. J National Lipid Association Recommendations for Patient-Centered Management of Dyslipidemia: Part 1 Journal of Clinical Lipidology 2015;9(2), 129-169.

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 Martin et al. JAMA. 2013;310(19): 2061-2068 (<http://education.questdiagnostics.com/faq/FAQ164>)

7.4 H

218 H

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.

Test Name	In Range	Out Of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL				
GLUCOSE	74		65-99 mg/dL	EN

Test Name	In Range	Out Of Range	Reference Range	Lab
UREA NITROGEN (BUN)	10		7-25 mg/dL	
CREATININE	0.92		0.60-1.35 mg/dL	
eGFR NON-AFR. AMERICAN	104		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	121		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	138		135-146 mmol/L	
POTASSIUM	4.8		3.5-5.3 mmol/L	
CHLORIDE	101		98-110 mmol/L	
CARBON DIOXIDE	25		20-32 mmol/L	
CALCIUM	10.1		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.8		6.1-8.1 g/dL	

Fasting reference interval

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Test Name In Range Out Of Range Reference Range Lab

ALBUMIN	5.0		3.6-5.1 g/dL	
GLOBULIN	2.8		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.8		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.7		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	40	32 L	40-115 U/L	
AST	42		10-40 U/L	
ALT	5.3		9-46 U/L	
HEMOGLOBIN A1C			<5.7 % of total Hgb	BN

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).

GGT	21		3-90 U/L	BN
TSH	1.67		0.40-4.50 mIU/L	BN
T4 (THYROXINE), TOTAL	7.3		4.9-10.5 mcg/dL	BN
T4, FREE	1.3		0.8-1.8 ng/dL	BN
T3, FREE	3.1		2.3-4.2 pg/mL	BN
T3, TOTAL	79		76-181 ng/dL	BN
IGF 1, LC/MS	144		53-331 ng/mL	EZ
Z SCORE (MALE)	0.0		-2.0 - +2.0 SD	

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

DIIHYDROTESTOSTERONE				EZ
DIIHYDROTESTOSTERONE, LC/MS/MS	<5 L		16-79 ng/dL	

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Test Name	In Range	Out Of Range	Reference Range	Lab
CBC (INCLUDES DIFF/PLT)				
WHITE BLOOD CELL COUNT	6.2		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.31		4.20-5.80 Million/uL	
HEMOGLOBIN	16.0		13.2-17.1 g/dL	
HEMATOCRIT	46.7		38.5-50.0 %	
MCV	87.9		80.0-100.0 fL	
MCH	30.1		27.0-33.0 pg	
MCHC	34.3		32.0-36.0 g/dL	
RDW	12.9		11.0-15.0 %	
PLATELET COUNT	350		140-400 Thousand/uL	
MPV	9.3		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	3912		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	1500		850-3900 cells/uL	
ABSOLUTE MONOCYTES	484		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	242		15-500 cells/uL	
ABSOLUTE BASOPHILS	62		0-200 cells/uL	
ABSOLUTE NUCLEATED RBC	0		0 cells/uL	
NEUTROPHILS	63.1		%	
LYMPHOCYTES	24.2		%	
MONOCYTES	7.8		%	
EOSINOPHILS	3.9		%	
BASOPHILS	1.0		%	
DHBA, UNCONJUGATED	175		147-1760 ng/dL	EZ

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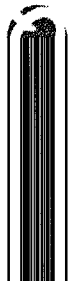
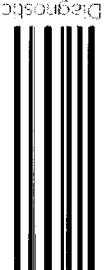
Test Name	Result	Reference Range	Lab
DHBA SULFATE	357	106-464 mcg/dL	EN
PROLACTIN	4.5	2.0-18.0 ng/mL	EN
ESTRADIOL	16	< OR = 39 pg/mL	EN

Reference range established on post-pubertal patient population. No pre-pubertal reference range established using this assay. For any patients for whom low estradiol levels are anticipated (e.g. males, pre-pubertal children and hypogonadal/post-menopausal females), the Quest Diagnostics Nichols Institute Estradiol, UltraSensitive, LCMSMS assay is recommended (order code 30289).

Please note: patients being treated with the drug Fulvestrant (Faslodex(R)) have demonstrated significant interference in immunoassay methods for estradiol measurement. The cross reactivity could lead to falsely elevated estradiol test results leading to an inappropriate clinical assessment of estrogen status. Quest Diagnostics order code 30289-Estradiol, UltraSensitive LC/MS/MS demonstrates negligible cross reactivity with Fulvestrant.

Test Name	Result	Reference Range	Lab
PSA, TOTAL	0.6	< OR = 4.0 ng/mL	EN

The total PSA value from this assay system is standardized against the WHO standard. The test result will be approximately 20% lower when compared



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to the equimolar-standardized total PSA (Beckman Coulter). Comparison of serial PSA results should be interpreted with this fact in mind.

This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

MAGNESIUM, RBC 5.3
 4.0-6.4 mg/dL
 SLI

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TESTOSTERONE, FREE
 (DIALYSIS) AND TOTAL, MS
 TESTOSTERONE, TOTAL, MS
 81 L
 250-1100 ng/dL
 35.0-155.0 pg/mL
 SLI

*Data from J Clin Invest 1974;53:819-828 and J Clin Endocrinol Metab 1973;36:1132-1142. Men with clinically significant hypogonadal symptoms and testosterone values repeatedly in the range of the 200-300 ng/dL or less, may benefit from testosterone treatment after adequate risk and benefits counseling.

For additional information, please refer to <http://education.questdiagnostics.com/fag/FAQ165> (This link is being provided for informational/ educational purposes only.)

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Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	18 L	30-100 ng/mL	EN
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:

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