

Sample results. Actual results may vary.

PATIENT INFORMATION

REPORT STATUS: FINAL

ORDERING PHYSICIAN

CLIENT INFORMATION

SPECIMEN INFORMATION

SPECIMEN:

DOB:

REQUISITION:

AGE:

LAB REF NO:

GENDER:

FASTING:

COLLECTED:

Clinical Info:

RECEIVED:

REPORTED:



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Test Name	Result	Flag	Reference Range	Lab
CARDIO IQ(R) LIPID PANEL				
CHOLESTEROL, TOTAL	198		<200 mg/dL	01
HDL CHOLESTEROL	58		>40 mg/dL	01
TRIGLYCERIDES	74		<150 mg/dL	01
LDL-CHOLESTEROL	123	HIGH	<100 mg/dL	01
<p>Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.</p> <p>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)</p>				
CHOL/HDL-C RATIO	3.4		<5.0 calc	01
NON HDL CHOLESTEROL	140	HIGH	<130 mg/dL (calc)	01
<p>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.</p>				
OMEGA 3 AND 6 FATTY ACIDS				
OMEGA 3 (EPA+DHA) INDEX	3.1		1.4-4.9 %	01
<p>Risk: Optimal > 3.2%; Moderate 2.2-3.2%; High < 2.2%</p> <p>Cardiovascular event risk category cut points for Omega3 index (optimal, moderate, high) are based on quartiles of adult U.S reference population. Association between Omega3 index and cardiovascular events is based on Albert et al. NEJM. 2002;346:1113.</p>				
RISK	Moderate			01
<p>The Omega-3 Index is associated with a moderate risk of cardiovascular disease because it is in the central two population quartiles. The Omega-3 Index categories are based on the top (75th percentile) and bottom (25th percentile) quartiles of the reference population. Consumption of foods high in omega-3 fatty acids (EPA and DHA) or supplements containing omega-3 fatty acids can increase the Omega-3 Index.</p> <p>Index <2.2: High Index 2.2-3.2: Moderate Index >3.2: Optimal</p>				
OMEGA 6/OMEGA 3 RATIO	7.7		5.7-21.3	01
EPA/ARACHIDONIC ACID RATIO	<0.1		0.2 OR LESS	01
ARACHIDONIC ACID	10.7		5.2-12.9 %	01
EPA	0.8		0.2-1.5 %	01
DHA	2.3		1.2-3.9 %	01

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.

HS CRP

HS CRP 0.3 mg/L 02

Lower 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.

LIPOPROTEIN FRACTIONATION ION MOBILITY

LDL PARTICLE NUMBER 1274 1016-2185 nmol/L 01

Risk: Optimal <1260; Moderate 1260-1538; High >1538

LDL SMALL 141 123-441 nmol/L 01

Risk: Optimal <162; Moderate 162-217; High >217

LDL MEDIUM 275 167-465 nmol/L 01

Risk: Optimal <201; Moderate 201-271; High >271

HDL LARGE 6314 4334-10815 nmol/L 01

Risk: Optimal >9386; Moderate 9386-6996; High <6996

LDL PATTERN A A Pattern 01

Risk: Optimal Pattern A; High Pattern B

LDL PEAK SIZE 221.7 > OR = 218.2 Angstrom 01

Risk: Optimal >222.5; Moderate 222.5-218.2; High <218.2

Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on adult U.S. reference population. Association between lipoprotein subfractions and cardiovascular events is based on Musunuru et al. ATVB. 2009;29:1975.

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CARDIO IQ(R) APOLIPOPROTEIN B

APOLIPOPROTEIN B 84 52-109 mg/dL 01

Risk: Optimal < 80 mg/dL; Moderate 80-119 mg/dL; High > or = 120 mg/dL Cardiovascular event risk category cut points (optimal, moderate, high) are based on National Lipid Association recommendations - Davidson et al. J Clin

CARDIO IQ(R) LIPOPROTEIN (a)

LIPOPROTEIN (a)	95	HIGH	<75 nmol/L	01
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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 Marcovina et al. Clin Chem. 2003;49:1785 and Nordestgaard et al. European Heart J. 2010;31:2844 (results of meta-analysis and expert panel recommendations).

HOMOCYSTEINE

HOMOCYSTEINE	9.7		<11.4 umol/L	02
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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.

B TYPE NATRIURETIC PEPTIDE (BNP)

B TYPE NATRIURETIC PEPTIDE (BNP)	<4		<100 pg/mL	02
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BNP levels increase with age in the general population with the highest values seen in individuals greater than 75 years of age.
Reference: J. Am. Coll. Cardiol. 2002; 40:976-982.

Performing Laboratory Information: