PATIENT INFORMATION

REPORT STATUS: FINAL

SPECIMEN INFORMATION

SPECIMEN:
REQUISITION:
LAB REF NO:

DOB:
AGE:
GENDER:
FASTING:

Clinical Info:

ORDERING PHYSICIAN

CLIENT INFORMATION

COLLECTED:
RECEIVED:
REPORTED:



| Test Name | Result | Flag | Reference Range | Lab |
|---|---|---|---|---|
| **LIPID PANEL** | | | | |
| CHOLESTEROL, TOTAL | 372 | HIGH | 125-200 mg/dL | TP |
| HDL CHOLESTEROL | 68 | | > OR = 40 mg/dL | TP |
| TRIGLYCERIDES | 108 | | <150 mg/dL | TP |
| LDL-CHOLESTEROL | 282 | HIGH | <130 mg/dL (calc) | TP |
| Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease. | | | | |
| CHOL/HDLC RATIO | 5.5 | HIGH | < OR = 5.0 (calc) | TP |
| NON HDL CHOLESTEROL | 304 | HIGH | mg/dL (calc) | TP |
| Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target. | | | | |
| **COMPREHENSIVE METABOLIC PANEL** | | | | |
| GLUCOSE | 102 | HIGH | 65-99 mg/dL | TP |
| Fasting reference interval | | | | |
| UREA NITROGEN (BUN) | 14 | | 7-25 mg/dL | TP |
| CREATININE | 1.06 | | 0.60-1.35 mg/dL | TP |
| eGFR NON-AFR. AMERICAN | 89 | | > OR = 60 mL/min/1.73m2 | TP |
| eGFR AFRICAN AMERICAN | 103 | | > OR = 60 mL/min/1.73m2 | TP |
| BUN/CREATININE RATIO | NOT APPLICABLE | | 6-22 (calc) | TP |
| SODIUM | 140 | | 135-146 mmol/L | TP |
| POTASSIUM | 4.6 | | 3.5-5.3 mmol/L | TP |
| CHLORIDE | 103 | | 98-110 mmol/L | TP |
| CARBON DIOXIDE | 30 | | 19-30 mmol/L | TP |
| CALCIUM | 9.9 | | 8.6-10.3 mg/dL | TP |
| PROTEIN, TOTAL | 7.2 | | 6.1-8.1 g/dL | TP |
| ALBUMIN | 4.6 | | 3.6-5.1 g/dL | TP |
| GLOBULIN | 2.6 | | 1.9-3.7 g/dL (calc) | TP |
| ALBUMIN/GLOBULIN RATIO | 1.8 | | 1.0-2.5 (calc) | TP |
| BILIRUBIN, TOTAL | 0.8 | | 0.2-1.2 mg/dL | TP |
| ALKALINE PHOSPHATASE | 45 | | 40-115 U/L | TP |
| AST | 18 | | 10-40 U/L | TP |
| ALT | 21 | | 9-46 U/L | TP |
| **CBC (INCLUDES DIFF/PLT)** | | | | |
| WHITE BLOOD CELL COUNT | 5.8 | | 3.8-10.8 Thousand/uL | TP |
| RED BLOOD CELL COUNT | 4.95 | | 4.20-5.80 Million/uL | TP |
| HEMOGLOBIN | 15.2 | | 13.2-17.1 g/dL | TP |
| HEMATOCRIT | 45.9 | | 38.5-50.0 % | TP |
| MCV | 92.7 | | 80.0-100.0 fL | TP |
| MCH | 30.7 | | 27.0-33.0 pg | TP |
| MCHC | 33.1 | | 32.0-36.0 g/dL | TP |
| RDW | 14.0 | | 11.0-15.0 % | TP |
| PLATELET COUNT | 314 | | 140-400 Thousand/uL | TP |
| MPV | DNR | | 7.5-11.5 fL | TP |
| ABSOLUTE NEUTROPHILS | 3132 | | 1500-7800 cells/uL | TP |
| ABSOLUTE BAND NEUTROPHILS | DNR | | 0-750 cells/uL | TP |
| ABSOLUTE METAMYELOCYTES | DNR | | 0 cells/uL | TP |

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|---|---|---|---|---|
| ABSOLUTE MYELOCYTES | DNR | | 0 cells/uL | TP |
| ABSOLUTE PROMYELOCYTES | DNR | | 0 cells/uL | TP |
| ABSOLUTE LYMPHOCYTES | 2169 | | 850-3900 cells/uL | TP |
| ABSOLUTE MONOCYTES | 354 | | 200-950 cells/uL | TP |
| ABSOLUTE EOSINOPHILS | 139 | | 15-500 cells/uL | TP |
| ABSOLUTE BASOPHILS | 6 | | 0-200 cells/uL | TP |
| ABSOLUTE BLASTS | DNR | | 0 cells/uL | TP |
| ABSOLUTE NUCLEATED RBC | DNR | | 0 cells/uL | TP |
| NEUTROPHILS | 54.0 | | % | TP |
| BAND NEUTROPHILS | DNR | | % | TP |
| METAMYELOCYTES | DNR | | % | TP |
| MYELOCYTES | DNR | | % | TP |
| PROMYELOCYTES | DNR | | % | TP |
| LYMPHOCYTES | 37.4 | | % | TP |
| REACTIVE LYMPHOCYTES | DNR | | 0-10 % | TP |
| MONOCYTES | 6.1 | | % | TP |
| EOSINOPHILS | 2.4 | | % | TP |
| BASOPHILS | 0.1 | | % | TP |
| BLASTS | DNR | | % | TP |
| NUCLEATED RBC | DNR | | 0 /100 WBC | TP |
| COMMENT(S) | DNR | | | TP |
| **QUESTASSURED 25-OH VIT D, (D2,D3), LC/MS/MS** | | | | |
| VITAMIN D, 25-OH, TOTAL | 69 | | 30-100 ng/mL | TP |

25-OHD3 indicates both endogenous production and supplementation. 25-OHD2 is an indicator of exogenous sources, such as diet or supplementation. Therapy is based on measurement of Total 25-OHD, with levels <20 ng/mL indicative of Vitamin D deficiency, while levels between 20 ng/mL and 30 ng/mL suggest insufficiency. Optimal levels are > or = 30 ng/mL.

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|---|---|---|---|---|
| VITAMIN D, 25-OH, D3 | 69 | | See Note: ng/mL | TP |

Reference Range:

Reference Range
Not established

| | | | | |
|---|---|---|---|---|
| VITAMIN D, 25-OH, D2 | <4 | | See Note: ng/mL | TP |

Reference Range:

Reference Range
Not established

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|---|---|---|---|---|
| **TESTOSTERONE,FR(DIALYSIS) AND TOTAL(LC/MS/MS)** | | | | |
| TESTOSTERONE, TOTAL, LC/MS/MS | 781 | | 250-1100 ng/dL | AMD |
| FREE TESTOSTERONE | 105.4 | | 35.0-155.0 pg/mL | AMD |
| **HEMOGLOBIN A1c** | | | | |
| HEMOGLOBIN A1c | 5.7 | HIGH | <5.7 % of total Hgb | TP |

According to 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-2013. Diabetes Care. 2013;36:s11-s66

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 an increased risk

of diabetes.

Currently, no consensus exists for use of hemoglobin A1c for diagnosis of diabetes for children.

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**Performing Laboratory Information:**