

Sample results. Actual results may vary.

PATIENT INFORMATION

REPORT STATUS: FINAL

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CLIENT INFORMATION



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SPECIMEN INFORMATION

SPECIMEN:

DOB:

REQUISITION:

AGE:

LAB REF NO:

GENDER:

FASTING:

COLLECTED:

Clinical Info:

RECEIVED:

REPORTED:

Test Name	Result	Flag	Reference Range	Lab
LIPID PANEL				
CHOLESTEROL, TOTAL	203	HIGH	125-200 mg/dL	EN
HDL CHOLESTEROL	45		> OR = 40 mg/dL	EN
TRIGLYCERIDES	77		<150 mg/dL	EN
LDL-CHOLESTEROL	143	HIGH	<130 mg/dL (calc)	EN
Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.				
CHOL/HDL C RATIO	4.5		< OR = 5.0 (calc)	EN
NON HDL CHOLESTEROL	158		mg/dL (calc)	EN
Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target.				
COMPREHENSIVE METABOLIC PANEL				
GLUCOSE	98		65-99 mg/dL	EN
Fasting reference interval				
UREA NITROGEN (BUN)	22		7-25 mg/dL	EN
CREATININE	1.31		0.60-1.35 mg/dL	EN
eGFR NON-AFR. AMERICAN	68		> OR = 60 mL/min/1.73m ²	EN
eGFR AFRICAN AMERICAN	78		> OR = 60 mL/min/1.73m ²	EN
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	EN
SODIUM	139		135-146 mmol/L	EN
POTASSIUM	4.8		3.5-5.3 mmol/L	EN
CHLORIDE	105		98-110 mmol/L	EN
CARBON DIOXIDE	26		19-30 mmol/L	EN
CALCIUM	9.6		8.6-10.3 mg/dL	EN
PROTEIN, TOTAL	6.8		6.1-8.1 g/dL	EN
ALBUMIN	4.8		3.6-5.1 g/dL	EN
GLOBULIN	2.0		1.9-3.7 g/dL (calc)	EN
ALBUMIN/GLOBULIN RATIO	2.4		1.0-2.5 (calc)	EN
BILIRUBIN, TOTAL	0.5		0.2-1.2 mg/dL	EN
ALKALINE PHOSPHATASE	61		40-115 U/L	EN
AST	34		10-40 U/L	EN
ALT	37		9-46 U/L	EN
CBC (INCLUDES DIFF/PLT)				
WHITE BLOOD CELL COUNT	TNP		Thousand/uL	EN
RED BLOOD CELL COUNT	DNR		Million/uL	EN
HEMOGLOBIN	DNR		g/dL	EN
HEMATOCRIT	DNR		%	EN
MCV	DNR		fL	EN
MCH	DNR		pg	EN
MCHC	DNR		g/dL	EN
RDW	DNR		%	EN

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PLATELET COUNT	DNR	Thousand/uL	EN
MPV	DNR	fL	EN
ABSOLUTE NEUTROPHILS	DNR	cells/uL	EN
ABSOLUTE BAND NEUTROPHILS	DNR	cells/uL	EN
ABSOLUTE METAMYELOCYTES	DNR	cells/uL	EN
ABSOLUTE MYELOCYTES	DNR	cells/uL	EN
ABSOLUTE PROMYELOCYTES	DNR	cells/uL	EN
ABSOLUTE LYMPHOCYTES	DNR	cells/uL	EN
ABSOLUTE MONOCYTES	DNR	cells/uL	EN
ABSOLUTE EOSINOPHILS	DNR	cells/uL	EN
ABSOLUTE BASOPHILS	DNR	cells/uL	EN
ABSOLUTE BLASTS	DNR	cells/uL	EN
ABSOLUTE NUCLEATED RBC	DNR	cells/uL	EN
NEUTROPHILS	DNR	%	EN
BAND NEUTROPHILS	DNR	%	EN
METAMYELOCYTES	DNR	%	EN
MYELOCYTES	DNR	%	EN
PROMYELOCYTES	DNR	%	EN
LYMPHOCYTES	DNR	%	EN
REACTIVE LYMPHOCYTES	DNR	%	EN
MONOCYTES	DNR	%	EN
EOSINOPHILS	DNR	%	EN
BASOPHILS	DNR	%	EN
BLASTS	DNR	%	EN
NUCLEATED RBC	DNR	/100 WBC	EN
COMMENT(S)	DNR		EN

DHEA SULFATE

DHEA SULFATE	216	45-245 mcg/dL	EN
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TSH

TSH	1.02	0.40-4.50 mIU/L	EN
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SEX HORMONE BINDING GLOBULIN

SEX HORMONE BINDING GLOBULIN	13	10-50 nmol/L	EN
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PSA (FREE AND TOTAL)

TOTAL PSA	0.2	< OR = 4.0 ng/mL	EN
FREE PSA	0.1	ng/mL	EN
% FREE PSA	50	>25 % (calc)	EN

PSA (ng/mL)	Free PSA (%)	Estimated(x) Probability of Cancer (as%)
0-2.5	(*)	Approx. 1
2.6-4.0 (1)	0-27 (2)	24 (3)
4.1-10 (4)	0-10	56
	11-15	28
	16-20	20
	21-25	16
	>or = 26	8
>10 (+)	N/A	>50

References: (1) Catalona et al.:Urology 60: 469-474 (2002)
 (2) Catalona et al.:J.Urol 168: 922-925 (2002)

Free PSA (%)	Sensitivity(%)	Specificity(%)
< or = 25	85	19
< or = 30	93	9

(3) Catalona et al.:JAMA 277: 1452-1455 (1997)
 (4) Catalona et al.:JAMA 279: 1542-1547 (1998)

(x) These estimates vary with age, ethnicity, family and DRE results.

(*) The diagnostic usefulness of % Free PSA has not been established in patients with total PSA below 2.6 ng/mL

(+) In men with PSA above 10 ng/mL, prostate cancer risk is determined by total PSA alone.

PSA was performed using the Beckman Coulter Immunoassay method. Values obtained from different

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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.

HEMOGLOBIN A1c

HEMOGLOBIN A1c 5.5 <5.7 % of total Hgb EN

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 a decreased risk of diabetes.

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

TESTOSTERONE,FR(DIALYSIS) AND TOTAL(LC/MS/MS)

TESTOSTERONE, TOTAL, LC/MS/MS 200 LOW 250-1100 ng/dL SLI
FREE TESTOSTERONE 48.2 35.0-155.0 pg/mL SLI

QUESTASSURED 25-OH VIT D, (D2,D3), LC/MS/MS

VITAMIN D, 25-OH, TOTAL 29 LOW 30-100 ng/mL SLI

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.

VITAMIN D, 25-OH, D3 29 See Below ng/mL SLI

Reference Range: Not established

VITAMIN D, 25-OH, D2 <4 See Below ng/mL SLI

Reference Range: Not established

Performing Laboratory Information: