

LabCorp
Laboratory Corporation of America

LabCorp Raritan
69 First Avenue
Raritan, NJ 08869-1800

Phone: 800-631-5250

Specimen Number 292-401-3880-0		Patient ID		Control Number 10416405675	Account Number 31981645	Account Phone Number 212-517-3300	Route 68
Patient Last Name Epstein				Account Address Sebastian Lighvani MD			
Patient First Name Jeffrey		Patient Middle Name		261 E 78th St 4th Fl NEW YORK NY 10075			
Patient SS#		Total Volume					
Age (Y/M/D) 63/08/28	Date of Birth 01/20/53	Sex M	Fasting Yes				
Patient Address 9 E 71ST ST NEW YORK NY 10021				Additional Information UPIN: H32269			
Date and Time Collected 10/18/16 17:56	Date Entered 10/18/16	Date and Time Reported 10/24/16 20:06ET	Physician Name LIGHVANI, S	NPI 1407879885	Physician ID		

Tests Ordered
CBC/Diff Ambiguous Default; Pneumococcal Ab (23 Serotype); Immunoglobulins A/G/M, Qn, Ser; Tetanus/Diphtheria Ab; Complement C4, Serum; TSH; Tryptase; Vitamin D, 25-Hydroxy; Cl Esterase Inhibitor, Func; Histamine, Plasma; TSH Rfx on Abnormal to Free T4; Antinuclear Antibodies Direct; Sedimentation Rate-Westergren; Thyroid Antibodies; Vitamin B12; C-Reactive Protein, Quant; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC/Diff Ambiguous Default					
WBC	6.5		x10E3/uL	3.4 - 10.8	01
RBC	4.96		x10E6/uL	4.14 - 5.80	01
Macrocytes present. Marked anisocytosis.					
Hemoglobin	14.6		g/dL	12.6 - 17.7	01
Hematocrit	41.3		%	37.5 - 51.0	01
MCV	83		fL	79 - 97	01
MCH	29.4		pg	26.6 - 33.0	01
MCHC	35.4		g/dL	31.5 - 35.7	01
RDW	14.1		%	12.3 - 15.4	01
Platelets	247		x10E3/uL	150 - 379	01
Neutrophils	47		%		01
Lymphs	39		%		01
Monocytes	8		%		01
Eos	5		%		01
Basos	1		%		01
Neutrophils (Absolute)	3.1		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	2.5		x10E3/uL	0.7 - 3.1	01
Monocytes(Absolute)	0.5		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.4		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%		01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
Hematology Comments:					01
Note:					
Verified by microscopic examination.					
A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have assigned CBC with Differential/Platelet, Test Code #005009 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/					

Epstein, Jeffrey	292-401-3880-0	Seq # 0393
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TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB		

Technical Services Department to clarify the test order. We appreciate your business.

Pneumococcal Ab (23 Serotype)

Pneumo Ab Type 1*	0.8	Low	ug/mL	>1.3	02
Pneumo Ab Type 3*	2.4		ug/mL	>1.3	02
Pneumo Ab Type 4*	0.6	Low	ug/mL	>1.3	02
Pneumo Ab Type 8*	0.8	Low	ug/mL	>1.3	02
Pneumo Ab Type 9 (9N)*	0.5	Low	ug/mL	>1.3	02
Pneumo Ab Type 12 (12F)*	0.2	Low	ug/mL	>1.3	02
Pneumo Ab Type 14*	23.9		ug/mL	>1.3	02
Pneumo Ab Type 17 (17F)*	1.0	Low	ug/mL	>1.3	02
Pneumo Ab Type 19 (19F)*	2.5		ug/mL	>1.3	02
Pneumo Ab Type 2*	1.0	Low	ug/mL	>1.3	02
Pneumo Ab Type 20*	5.4		ug/mL	>1.3	02
Pneumo Ab Type 22 (22F)*	<0.1	Low	ug/mL	>1.3	02
Pneumo Ab Type 23 (23F)*	0.2	Low	ug/mL	>1.3	02
Pneumo Ab Type 26 (6B)*	0.9	Low	ug/mL	>1.3	02
Pneumo Ab Type 34 (10A)*	6.9		ug/mL	>1.3	02
Pneumo Ab Type 43 (11A)*	0.7	Low	ug/mL	>1.3	02
Pneumo Ab Type 5*	6.4		ug/mL	>1.3	02
Pneumo Ab Type 51 (7F)*	1.3	Low	ug/mL	>1.3	02
Pneumo Ab Type 54 (15B)*	3.4		ug/mL	>1.3	02
Pneumo Ab Type 56 (18C)*	2.0		ug/mL	>1.3	02
Pneumo Ab Type 57 (19A)*	2.7		ug/mL	>1.3	02
Pneumo Ab Type 68 (9V)*	0.5	Low	ug/mL	>1.3	02
Pneumo Ab Type 70 (33F)*	3.6		ug/mL	>1.3	02

*10/24
Bordoloni*

*This test was developed and its performance characteristics determined by Viracor-IBT Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration.

Immunoglobulins A/G/M, Qn, Ser

Immunoglobulin G, Qn, Serum	996	mg/dL	700 - 1600	01
Immunoglobulin A, Qn, Serum	216	mg/dL	61 - 437	01
Immunoglobulin M, Qn, Serum	41	mg/dL	20 - 172	01

Tetanus/Diphtheria Ab

Tetanus Antitoxoid IgG Ab	1.01	IU/mL	<0.10	03
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Interpretation:
 Non-Protective <0.10
 Protective >=0.10

Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the

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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB		

diagnosis by another medically established diagnostic product or procedure.

Diphtheria Antitoxoid Ab 0.15 ✓ IU/mL <0.10 03

Interpretation:
 Non-Protective <0.10
 Protective >=0.10

For research use only.

Complement C4, Serum 26 ✓ mg/dL 14 - 44 01

TSH 1.740 ✓ uIU/mL 0.450 - 4.500 01

Tryptase 5.0 ✓ ug/L 2.2 - 13.2 03

Vitamin D, 25-Hydroxy 31.0 ✓ 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).

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.

C1 Esterase Inhibitor, Func
 C1 Est.Inhib.Funct. 109 ✓ %mean normal 03

Abnormal <41
 Equivocal 41 - 67
 Normal >67

Histamine, Plasma 1.41 High ✓ ng/mL <1.00 03

Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.

TSH Rfx on Abnormal to Free T4
 TSH 1.700 ✓ uIU/mL 0.450 - 4.500 01

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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Antinuclear Antibodies Direct					
ANA Direct	Negative			Negative	01
Sedimentation Rate-Westergren					
	20	✓	mm/hr	0 - 30	01
Thyroid Antibodies					
Thyroid Peroxidase (TPO) Ab	8	✓	IU/mL	0 - 34	01
Thyroglobulin Antibody	<1.0	✓	IU/mL	0.0 - 0.9	01
Thyroglobulin Antibody measured by Beckman Coulter Methodology					
Vitamin B12	755	✓	pg/mL	211 - 946	01
C-Reactive Protein, Quant	1.7	✓	mg/L	0.0 - 4.9	01

01	RN	LabCorp Raritan 69 First Avenue, Raritan, NJ 08869-1800	Dir: Araceli B Reyes, MD
02	NEWXW	Viracor IBT Laboratories Inc 1001 NW Technology Drive, Lees Summit, MO 64086-5603	Dir: Michelle Altrich, PhD
03	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	Dir: William F Hancock, MD

For inquiries, the physician may contact Branch: 800-631-5250 Lab: 800-631-5250

*10/25/16
Discussed c pt
will consider premed
Re histamine levels
@ that time
P4-c*

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