

Patient Information	Specimen Information	Client Information
EPSTEIN, JEFFREY DOB: 01/20/1953 AGE: 63 Gender: M Phone: 561.366.0084 Patient ID: 19530120MJE Health ID: 8573003290851249	Specimen: MR911482U Requisition: 0021277 Collected: 06/24/2016 Received: 06/27/2016 / 10:03 EDT Reported: 06/27/2016 / 16:51 EDT	Client #: 17436 56W5265 MOSKOWITZ, BRUCE W UCA/MOSKOWITZ BRUCE MD Attn: **P GR/UNIV.CLINICAL 1411 N FLAGLER DR STE 7100 WEST PALM BEACH, FL 33401

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL				
CHOLESTEROL, TOTAL	184		125-200 mg/dL	MI
HDL CHOLESTEROL		29 L	> OR = 40 mg/dL	MI
TRIGLYCERIDES		375 H	<150 mg/dL	MI
LDL-CHOLESTEROL	80		<130 mg/dL (calc)	MI
Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.				
CHOL/HDLRATIO		6.3 H	< OR = 5.0 (calc)	MI
NON HDL CHOLESTEROL	155		mg/dL (calc)	MI
Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target.				
HS CRP	1.1		mg/L	MI
Average 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.			
HOMOCYSTEINE		14.2 H	<11.4 umol/L	MI
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.				
COMPREHENSIVE METABOLIC PANEL				MI
GLUCOSE	90		65-99 mg/dL	
Fasting reference interval				
UREA NITROGEN (BUN)	24		7-25 mg/dL	
CREATININE	0.99		0.70-1.25 mg/dL	
For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.				
eGFR NON-AFR. AMERICAN	81		> OR = 60 mL/min/1.73m2	

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eGFR AFRICAN AMERICAN	94		> OR = 60 mL/min/1.73m ²	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	138		135-146 mmol/L	
POTASSIUM	4.3		3.5-5.3 mmol/L	
CHLORIDE	104		98-110 mmol/L	
CARBON DIOXIDE		16 L	19-30 mmol/L	
CALCIUM	9.6		8.6-10.3 mg/dL	
PROTEIN, TOTAL	6.8		6.1-8.1 g/dL	
ALBUMIN	4.3		3.6-5.1 g/dL	
GLOBULIN	2.5		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.7		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.8		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	56		40-115 U/L	
AST	19		10-35 U/L	
ALT	18		9-46 U/L	
HEMOGLOBIN A1c		6.2 H	<5.7 % of total Hgb	MI
<p>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</p> <p>For the purpose of screening for the presence of diabetes</p> <p><5.7% Consistent with the absence of diabetes</p> <p>5.7-6.4% Consistent with increased risk for diabetes (prediabetes)</p> <p>>or=6.5% Consistent with diabetes</p> <p>This assay result is consistent with a higher risk of diabetes.</p> <p>Currently, no consensus exists for use of hemoglobin A1c for diagnosis of diabetes for children.</p>				
URIC ACID	7.4		4.0-8.0 mg/dL	MI
<p>Therapeutic target for gout patients: <6.0 mg/dL</p>				
TSH	2.26		0.40-4.50 mIU/L	MI
T4 (THYROXINE), TOTAL	7.4		4.5-12.0 mcg/dL	MI
FREE T4 INDEX (T7)	2.4		1.4-3.8	
T3 UPTAKE	32		22-35 %	MI
SED RATE BY MODIFIED WESTERGREN	9		< OR = 20 mm/h	MI
CBC (INCLUDES DIFF/PLT)				MI
WHITE BLOOD CELL COUNT	7.5		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.24		4.20-5.80 Million/uL	
HEMOGLOBIN	14.8		13.2-17.1 g/dL	
HEMATOCRIT	44.5		38.5-50.0 %	
MCV	84.9		80.0-100.0 fL	
MCH	28.2		27.0-33.0 pg	
MCHC	33.2		32.0-36.0 g/dL	
RDW	14.4		11.0-15.0 %	
PLATELET COUNT	266		140-400 Thousand/uL	
MPV	8.0		7.5-11.5 fL	
ABSOLUTE NEUTROPHILS	4050		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2438		850-3900 cells/uL	

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Test Name	In Range	Out Of Range	Reference Range	Lab
ABSOLUTE MONOCYTES	480		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	495		15-500 cells/uL	
ABSOLUTE BASOPHILS	38		0-200 cells/uL	
NEUTROPHILS	54.0		⊘	
LYMPHOCYTES	32.5		⊘	
MONOCYTES	6.4		⊘	
EOSINOPHILS	6.6		⊘	
BASOPHILS	0.5		⊘	
URINALYSIS, COMPLETE				MI
See Endnote 1				
FOLATE, SERUM	12.7		ng/mL Reference Range Low: <3.4 Borderline: 3.4-5.4 Normal: >5.4	MI
C-REACTIVE PROTEIN	0.10		<0.80 mg/dL	MI
Please be advised that patients taking Carboxypenicillins may exhibit falsely decreased C-Reactive Protein levels due to an analytical interference in this assay.				
PROLACTIN	3.7		2.0-18.0 ng/mL	MI
TESTOSTERONE, TOTAL, MALES (ADULT), IA		149 L	250-827 ng/dL	MI
Men with clinically significant hypogonadal symptoms and testosterone values repeatedly less than approximately 300 ng/dL may benefit from testosterone treatment after adequate risk and benefits counseling. In hypogonadal males, Testosterone, Total, LC/MS/MS, is the recommended assay due to the diminished accuracy of immunoassay at levels below 250 ng/dL. This test code (15983) must be collected in a red-top tube with no gel. Two morning (8-10 a.m.) specimens obtained on different days are recommended by The Endocrine Society for screening for hypogonadism.				
PSA, TOTAL	0.5		< OR = 4.0 ng/mL	MI
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.				

Endnote 1

 * Test not performed. *
 * No specimen received. *

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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	36	30-100 ng/mL	MI

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:

Infectious Diseases

Test Name	Result	Reference Range	Lab
HIV 1/2 ANTIGEN/ANTIBODY, FOURTH GENERATION W/RFL			MI
HIV AG/AB, 4TH GEN	NON-REACTIVE	NON-REACTIVE	

HIV-1 antigen and HIV-1/HIV-2 antibodies were not detected. There is no laboratory evidence of HIV infection.

PLEASE NOTE: This information has been disclosed to you from records whose confidentiality may be protected by state law. If your state requires such protection, then the state law prohibits you from making any further disclosure of the information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

For additional information please refer to
<http://education.questdiagnostics.com/faq/FAQ106>
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The performance of this assay has not been clinically validated in patients less than 2 years old.

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Infectious Diseases

Test Name	Result	Reference Range	Lab
Physician Comments:			

Infectious Diseases

Test Name	Result	Reference Range	Lab
HEPATITIS PANEL, ACUTE W/REFLEX TO CONFIRMATION			
HEPATITIS A IGM	NON-REACTIVE	NON-REACTIVE	MI
HEPATITIS B SURFACE ANTIGEN W/REFL CONFIRM			
HEPATITIS B SURFACE ANTIGEN	NON-REACTIVE	NON-REACTIVE	MI
HEPATITIS B CORE ANTIBODY (IGM)	NON-REACTIVE	NON-REACTIVE	MI
HEPATITIS C AB W/REFL TO HCV RNA, QN, PCR			
HEPATITIS C ANTIBODY	NON-REACTIVE	NON-REACTIVE	MI
SIGNAL TO CUT-OFF	0.02	<1.00	

Physician Comments:

PENDING TESTS:

TESTOSTERONE, FREE, LC/MS/MS

PERFORMING SITE:

MI QUEST DIAGNOSTICS-MIAMI, 10200 COMMERCE PARKWAY, MIRAMAR, FL 33025-3938 Laboratory Director: GLEN L. HORTIN MD PHD, CLIA: 10D0277334