

| Patient Information | Specimen Information | Client Information |
|---|--|---|
| EPSTEIN, JEFFREY DOB: 01/20/1953 AGE: 65 Gender: M Phone: 561.366.0084 Patient ID: 19530120MJE Health ID: 8573003290851249 | Specimen: MR839110N Requisition: 0006872 Collected: 11/23/2018 Received: 11/23/2018 / 21:23 EST Reported: 11/24/2018 / 06:36 EST | Client #: 78300020 56W5265 MOSKOWITZ, BRUCE W BRUCE MOSKOWITZ, MD Attn: NATIONWIDE ACCOUNT 1411 N FLAGLER DR STE 7100 WEST PALM BEACH, FL 33401-3418 |

| Test Name | In Range | Out Of Range | Reference Range | Lab |
|--|----------|--------------|-----------------|-----|
| PROTEIN, TOTAL AND PROTEIN ELECTROPHORESIS | | | | |
| PROTEIN, TOTAL, SERUM | | | | MI |
| PROTEIN, TOTAL | 7.1 | | 6.1-8.1 g/dL | |
| LIPID PANEL, STANDARD | | | | |
| CHOLESTEROL, TOTAL | | 216 H | <200 mg/dL | MI |
| HDL CHOLESTEROL | | 23 L | >40 mg/dL | MI |
| TRIGLYCERIDES | | 935 H | <150 mg/dL | MI |
| LDL-CHOLESTEROL | | | mg/dL (calc) | MI |

LDL cholesterol not calculated. Triglyceride levels greater than 400 mg/dL invalidate calculated LDL results.

Reference range: <100

Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.

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>)

| | | | | |
|----------------------------|--|--------------|-------------------|----|
| CHOL/HDL C RATIO | | 9.4 H | <5.0 (calc) | MI |
| NON HDL CHOLESTEROL | | 193 H | <130 mg/dL (calc) | MI |

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.

| | | | | |
|-------------------------------|--|--------------|-------------|----|
| COMPREHENSIVE METABOLIC PANEL | | | | |
| GLUCOSE | | 111 H | 65-99 mg/dL | MI |

Fasting reference interval

For someone without known diabetes, a glucose value between 100 and 125 mg/dL is consistent with prediabetes and should be confirmed with a follow-up test.

| | | | |
|---------------------|------|--|-----------------|
| UREA NITROGEN (BUN) | 20 | | 7-25 mg/dL |
| CREATININE | 0.95 | | 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 | 84 | | > OR = 60 mL/min/1.73m2 |
| eGFR AFRICAN AMERICAN | 97 | | > OR = 60 mL/min/1.73m2 |
| BUN/CREATININE RATIO | NOT APPLICABLE | | 6-22 (calc) |
| SODIUM | 138 | | 135-146 mmol/L |
| POTASSIUM | 4.4 | | 3.5-5.3 mmol/L |
| CHLORIDE | 105 | | 98-110 mmol/L |

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| Test Name | In Range | Out Of Range | Reference Range | Lab |
|---|----------|--------------|----------------------|-----|
| CARBON DIOXIDE | 24 | | 20-32 mmol/L | |
| CALCIUM | 9.9 | | 8.6-10.3 mg/dL | |
| PROTEIN, TOTAL | 7.1 | | 6.1-8.1 g/dL | |
| ALBUMIN | 4.4 | | 3.6-5.1 g/dL | |
| GLOBULIN | 2.7 | | 1.9-3.7 g/dL (calc) | |
| ALBUMIN/GLOBULIN RATIO | 1.6 | | 1.0-2.5 (calc) | |
| BILIRUBIN, TOTAL | 0.7 | | 0.2-1.2 mg/dL | |
| ALKALINE PHOSPHATASE | 60 | | 40-115 U/L | |
| AST | 23 | | 10-35 U/L | |
| ALT | 36 | | 9-46 U/L | |
| HEMOGLOBIN A1c | | 5.7 H | <5.7 % of total Hgb | MI |
| <p>For someone without known diabetes, a hemoglobin A1c value between 5.7% and 6.4% is consistent with prediabetes and should be confirmed with a follow-up test.</p> <p>For someone with known diabetes, a value <7% indicates that their diabetes is well controlled. A1c targets should be individualized based on duration of diabetes, age, comorbid conditions, and other considerations.</p> <p>This assay result is consistent with an increased risk of diabetes.</p> <p>Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes for children.</p> | | | | |
| URIC ACID | 6.9 | | 4.0-8.0 mg/dL | MI |
| Therapeutic target for gout patients: <6.0 mg/dL | | | | |
| TSH | 2.44 | | 0.40-4.50 mIU/L | MI |
| T4 (THYROXINE), TOTAL | 7.6 | | 4.9-10.5 mcg/dL | MI |
| FREE T4 INDEX (T7) | 2.3 | | 1.4-3.8 | |
| T3 UPTAKE | 30 | | 22-35 % | MI |
| SED RATE BY MODIFIED WESTERGREN | 11 | | < OR = 20 mm/h | MI |
| CBC (INCLUDES DIFF/PLT) | | | | MI |
| WHITE BLOOD CELL COUNT | 6.0 | | 3.8-10.8 Thousand/uL | |
| RED BLOOD CELL COUNT | 5.28 | | 4.20-5.80 Million/uL | |
| HEMOGLOBIN | 15.4 | | 13.2-17.1 g/dL | |
| HEMATOCRIT | 44.3 | | 38.5-50.0 % | |
| MCV | 83.9 | | 80.0-100.0 fL | |
| MCH | 29.2 | | 27.0-33.0 pg | |
| MCHC | 34.8 | | 32.0-36.0 g/dL | |
| RDW | 13.0 | | 11.0-15.0 % | |
| PLATELET COUNT | 273 | | 140-400 Thousand/uL | |
| MPV | 10.6 | | 7.5-12.5 fL | |
| ABSOLUTE NEUTROPHILS | 2892 | | 1500-7800 cells/uL | |
| ABSOLUTE LYMPHOCYTES | 2298 | | 850-3900 cells/uL | |
| ABSOLUTE MONOCYTES | 492 | | 200-950 cells/uL | |
| ABSOLUTE EOSINOPHILS | 270 | | 15-500 cells/uL | |
| ABSOLUTE BASOPHILS | 48 | | 0-200 cells/uL | |
| NEUTROPHILS | 48.2 | | % | |
| LYMPHOCYTES | 38.3 | | % | |
| MONOCYTES | 8.2 | | % | |

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|--------------------------------------|----------|--------------|-----------------------|-----|
| EOSINOPHILS | 4.5 | | % | |
| BASOPHILS | 0.8 | | % | |
| IRON AND TOTAL IRON BINDING CAPACITY | | | | MI |
| IRON, TOTAL | 91 | | 50-180 mcg/dL | |
| IRON BINDING CAPACITY | 336 | | 250-425 mcg/dL (calc) | |
| % SATURATION | 27 | | 15-60 % (calc) | |
| PSA, TOTAL | 0.6 | | < OR = 4.0 ng/mL | MI |

The total PSA value from this assay system is standardized against the WHO standard. The test result will be approximately 20% lower when compared to the equimolar-standardized total PSA (Beckman Coulter). Comparison of serial PSA results should be interpreted with this fact in mind.

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.

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Endocrinology

| Test Name | Result | Reference Range | Lab |
|---|-------------|-----------------|-----|
| VITAMIN D,25-OH,TOTAL,IA | 24 L | 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: | | | |

PENDING TESTS:

| | |
|-------------------------|--|
| PROTEIN ELECTROPHORESIS | FERRITIN |
| HS CRP | VITAMIN B12 |
| HOMOCYSTEINE | C-REACTIVE PROTEIN |
| CALCIUM, IONIZED | MERCURY, BLOOD |
| IMMUNOFIXATION, SERUM | TESTOSTERONE, FREE (DIALYSIS) AND TOTAL,MS |
| URINALYSIS, COMPLETE | |

PERFORMING SITE:

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