



LE National Diagnostics, Inc., 900 North Federal Highway, FT. Lauderdale, FL 33304 1-800-208-3444 • LifeExtension.com

## **LAB RESULTS**

Last Name	Lab ID	Specim	nen Number	Time Collected	Date Entered	Time Reported
BONSHAHI	1262443	039-305-3924-0		2/8/2024 8:21 AM	2/8/2024	2/9/2024 6:10 AM
First Name	Middle Initial	F	Phone	Control Number	Account Number	Account Phone Number
SHIRIN					9134075	954-766-8433
Date of Birth	Age	Sex	Fasting	Physician Name	Physician ID	
07/03/1952	71	F	Yes	Saeed F	1730234535	
	Address				Account Address	

LIFE EXTENSION / NATIONAL DIAGNOSTICS, INC 900 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33304

**Tests Ordered** 

CMP14+LP+4AC+CBC/D/Plt

BONSHAHI. SHIRIN - ID#: 1262443

Tests	Result	Flag	Units	Reference Interval	Lab
CMP14+LP+4AC+CBC/D/Plt					
Glucose	89		mg/dL	70-99	СВ
Uric Acid	4.3		mg/dL	3.1-7.9	СВ
BUN	20		mg/dL	8-27	СВ
Creatinine	0.71		mg/dL	0.57-1.00	СВ
eGFR	91		mL/min/1.73	>59	СВ
BUN/Creatinine Ratio	28			12-28	СВ
Sodium	139		mmol/L	134-144	СВ
Potassium	4.6		mmol/L	3.5-5.2	СВ
Chloride	103		mmol/L	96-106	СВ
Carbon Dioxide, Total	23		mmol/L	20-29	СВ
Calcium	9.1		mg/dL	8.7-10.3	СВ
Phosphorus	4.5	High	mg/dL	3.0-4.3	СВ
Protein, Total	6.0		g/dL	6.0-8.5	СВ
Albumin	4.4		g/dL	3.8-4.8	СВ
Globulin, Total	1.6		g/dL	1.5-4.5	СВ
A/G Ratio	2.8	High		1.2-2.2	СВ
Bilirubin, Total	0.3		mg/dL	0.0-1.2	СВ
Alkaline Phosphatase	66		IU/L	44-121	СВ
LDH	152		IU/L	119-226	CB
AST (SGOT)	18		IU/L	0-40	CB
ALT (SGPT)	13		IU/L	0-32	СВ
Iron	69		ug/dL	27-139	CB
Cholesterol, Total	194		mg/dL	100-199	CB
Triglycerides	58		mg/dL	0-149	СВ
HDL Cholesterol	62		mg/dL	>39	СВ
VLDL Cholesterol Cal	11		mg/dL	5-40	СВ
LDL Chol Calc (NIH)	121	High	mg/dL	0-99	СВ
Comment:					СВ

SHIRIN BONSHAHI Name: 1262443

Lab ID:

**FINAL REPORT** 

2/9/2024 11:02:29 AM

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NORTHBROOK, IL 60062-7506 USA

789

SHIRIN BONSHAHI Pick: \*71477789\* 3026 GLENWAY DR







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BONSHAHI. SHIRIN - ID#: 1262443

Total	Decul	Flore	Haritan .	BONSHAHI, SHIRIN - II		
Tests	Result	Flag	Units	Reference Interval	Lab	
CMP14+LP+4AC+CBC/D/Plt						
T. Chol/HDL Ratio	3.1		ratio	0.0-4.4	СВ	
			Т. С.	hol/HDL Ratio Men Women		
			1/2	Avg.Risk 3.4 3.3		
				Avg.Risk 5.0 4.4		
				Avg.Risk 9.6 7.1		
				Avg.Risk 23.4 11.0		
Estimated CHD Risk	< 0.5		times avg.	0.0-1.0	СВ	
	The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of					
		premature CHD.				
WBC	6.5		x10E3/uL	3.4-10.8	СВ	
RBC	5.14		x10E6/uL	3.77-5.28	СВ	
Hemoglobin	13.1		g/dL	11.1-15.9	СВ	
Hematocrit	42.2		%	34.0-46.6	СВ	
MCV	82		fL	79-97	СВ	
MCH	25.5	Low	pg	26.6-33.0	СВ	
MCHC	31.0	Low	g/dL	31.5-35.7	СВ	
RDW	12.9		%	11.7-15.4	СВ	
Platelets	294		x10E3/uL	150-450	CB	
Neutrophils	59		%	Not Estab.	CB	
Lymphs	31		%	Not Estab.	CB	
Monocytes	6		%	Not Estab.	СВ	
Eos	2		%	Not Estab.	СВ	
Basos	1		%	Not Estab.	СВ	
Immature Cells					СВ	
Neutrophils (Absolute)	3.9		x10E3/uL	1.4-7.0	СВ	
Lymphs (Absolute)	2.0		x10E3/uL	0.7-3.1	СВ	
Monocytes(Absolute)	0.4		x10E3/uL	0.1-0.9	СВ	
Eos (Absolute)	0.1		x10E3/uL	0.0-0.4	СВ	
Baso (Absolute)	0.0		x10E3/uL	0.0-0.2	СВ	
Immature Granulocytes	1		%	Not Estab.	СВ	
Immature Grans (Abs)	0.0		x10E3/uL	0.0-0.1	СВ	
NRBC			•		СВ	
Hematology Comments:					СВ	
· <b>J</b> /						

LabFacilityDirectorPhoneCBLabcorp DPhD Vincent Ricchiuti800-282-7300

6370 Wilcox Road, Dublin, OH,

For inquiries, the physician may contact the above locations.

Thank you for ordering your lab tests through Life Extension/National Diagnostics, Inc. If you would like to discuss your results please call us at 1-800-208-3444. In order to ensure your privacy we ask that you have a copy of your results in front of you when making the call, as you will be asked to provide a specimen number or other identifier from the report. Our Wellness Specialists WILL NOT be able to review your lab results with you, unless you are able to provide this information from the report. We also understand that there are times when you will want to review a family members blood test results with our staff. Although Life Extension is happy to comply with these requests, permission (either verbally or in writing) must be given by the person who took the blood tests in order for us to do so. Thank you for your cooperation with these policies as we endeavor to keep your blood test results secure.

## **FINAL REPORT**

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