

Patient Information	Specimen Information	Client Information
HANCOCK, TENISHA	Specimen: AL020824G Requisition: 9713387	Client #: 10485914 QATL000 DAVIS, CHENEY
DOB: 04/21/1978 AGE: 43	Lab Ref #: 770555	HUMANIZING MEDICINE
Gender: F Phone: NG Patient ID: 1921649	Collected: 07/13/2021 / 12:41 EDT Received: 07/21/2021 / 06:56 EDT Reported: 07/24/2021 / 15:21 EDT	135 MAPLE ST BLDG A DECATUR, GA 30030-3953
Togh Name		Reference Rence

Test Name	in kange	Out Or Range	kererence kange	ьар
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL		213 H	<200 mg/dL	AT
HDL CHOLESTEROL	70		> OR = 50  mg/dL	AT
TRIGLYCERIDES	65		<150 mg/dL	AT
LDL-CHOLESTEROL		127 H	mg/dL (calc)	AT
Reference range: <100				
J				

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/HDLC RATIO

NON HDL CHOLESTEROL 143 H 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

75 GLUCOSE

<5.0 (calc)

<130 mg/dL (calc)

ΔТ

AΤ

ΑT

Fasting reference interval

65-99 mg/dL

UREA NITROGEN (BUN) 10 7-25 mg/dL0.63 0.50-1.10 mg/dLCREATININE eGFR NON-AFR. AMERICAN 110 > OR = 60 mL/min/1.73m2eGFR AFRICAN AMERICAN 127 > OR = 60 mL/min/1.73m2BUN/CREATININE RATIO NOT APPLICABLE 6-22 (calc) SODIUM 136 135-146 mmol/L POTASSIUM 4.0  $3.5-5.3 \, \text{mmol/L}$ 102 98-110 mmol/L CHLORIDE CARBON DIOXIDE 23 20-32 mmol/L 9.3 8.6-10.2 mg/dLCALCIUM PROTEIN, TOTAL 7.2 6.1-8.1 g/dL4.1 3.6-5.1 g/dL ALBUMIN 1.9-3.7 g/dL (calc) GLOBULTN. 3.1 ALBUMIN/GLOBULIN RATIO 1.3 1.0-2.5 (calc) BILIRUBIN, TOTAL 0.5 0.2-1.2 mg/dLALKALINE PHOSPHATASE 50 31-125 U/L AST 15 10-30 U/L 11 6-29 U/L TITA HEMOGLOBIN Alc 4.6 <5.7 % of total Hgb

SPECIMEN: AL020824G

For the purpose of screening for the presence of diabetes:

Consistent with the absence of diabetes Consistent with increased risk for diabetes 5.7-6.4%

AΤ



Patient Information	Specimen Information	Client Information
HANCOCK, TENISHA	Specimen: AL020824G	Client #: 10485914
	Collected: 07/13/2021 / 12:41 E	DAVIS, CHENEY
DOB: 04/21/1978 AGE: 43	Received: 07/21/2021 / 06:56 E	DT
Gender: F	Reported: 07/24/2021 / 15:21 E	DT
Patient ID: 1921649		

Test Name In Range Out Of Range Reference Range Lab

(prediabetes)

> or =6.5% Consistent with diabetes

This assay result is consistent with a decreased risk of diabetes.

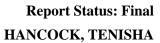
Currently, no consensus exists regarding use of hemoglobin Alc for diagnosis of diabetes in children.

According to American Diabetes Association (ADA) guidelines, hemoglobin Alc <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).

TSH	1.31	mIU/L	AΤ
		Reference Range	
		> or = 20 Years 0.40-4.50	
		Pregnancy Ranges	
		First trimester 0.26-2.66	
		Second trimester 0.55-2.73	
		Third trimester 0.43-2.91	
T4 (THYROXINE), TOTAL	11.1	5.1-11.9  mcg/dL	AT
T4, FREE	1.3	0.8-1.8  ng/dL	AT
T3, FREE	2.8	2.3-4.2 pg/mL	AT
T3 REVERSE, LC/MS/MS	22	8-25 ng/dL	AMD

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

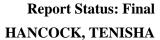
THYROGLOBULIN ANTIBODIES	<1		< or = 1 IU/mL	AT
THYROID PEROXIDASE				AT
ANTIBODIES	<1		<9 IU/mL	
SED RATE BY MODIFIED	_		· · · · · · · · · · · · · · · · ·	AT
WESTERGREN	2		< OR = 20  mm/h	
CBC (INCLUDES DIFF/PLT)	2		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	AT
•	г 1		2 0 10 0 55	AI
WHITE BLOOD CELL COUNT	5.1		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	3.96		3.80-5.10 Million/uL	
HEMOGLOBIN	13.5		11.7-15.5 g/dL	
HEMATOCRIT	40.4		35.0-45.0 %	
MCV		102.0 H	80.0-100.0 fL	
MCH		34.1 H	27.0-33.0 pg	
MCHC	33.4		32.0-36.0 g/dL	
RDW		10.8 L	11.0-15.0 %	
PLATELET COUNT	240		140-400 Thousand/uL	
MPV	9.5		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	3254		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	1566		850-3900 cells/uL	
ABSOLUTE MONOCYTES	260		200-950 cells/uL	





Patient Information	Specimen Information	Client Information
HANCOCK, TENISHA	Specimen: AL020824G	Client #: 10485914
	Collected: 07/13/2021 / 12:41 EDT	DAVIS, CHENEY
DOB: 04/21/1978 AGE: 43	Received: 07/21/2021 / 06:56 EDT	
Gender: F	Reported: 07/24/2021 / 15:21 EDT	
Patient ID: 1921649		

Test Name ABSOLUTE EOSINOPHILS	In Range	Out Of Range 10 L	Reference Range 15-500 cells/uL	Lab
ABSOLUTE BASOPHILS	10		0-200 cells/uL	
NEUTROPHILS	63.8		%	
LYMPHOCYTES	30.7		%	
MONOCYTES	5.1		%	
EOSINOPHILS	0.2		%	
BASOPHILS	0.2		%	





Patient Information	Specimen Information	Client Information
HANCOCK, TENISHA	Specimen: AL020824G	Client #: 10485914
Thirte con, Thirties	Collected: 07/13/2021 / 12:41 EDT	DAVIS, CHENEY
DOB: 04/21/1978 AGE: 43	Received: 07/21/2021 / 06:56 EDT	
Gender: F	Reported: 07/24/2021 / 15:21 EDT	
Patient ID: 1921649		

## **Endocrinology**

Test Name	Result	Reference Range	Lab
VITAMIN D, 1,25 DIHYDROXY			AMD
VITAMIN D, 1,25 (OH)2, TOTAL	41	18-72 pg/mL	
VITAMIN D3, 1,25 (OH)2	41	pg/mL	
VITAMIN D2, 1,25 (OH)2	<8	pg/mL	

Vitamin D3, 1,25(OH)2 indicates both endogenous production and supplementation. Vitamin D2, 1,25(OH)2 is an indicator of exogenous sources, such as diet or supplementation. Interpretation and therapy are based on measurement of Vitamin D,1,25(OH)2, Total.

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute, Chantilly, VA. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

**Physician Comments:** 

## **PERFORMING SITE:**

QUEST DIAGNOSTICS/NICHOLS CHANTILLY, 14225 NEWBROOK DRIVE, CHANTILLY, VA 20151-2228 Laboratory Director: PATRICK W. MASON,MD,PHD, CLIA: 49D0221801 QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG,MD,PHD, CLIA: 11D0255931 AT

## L

CHOLES	ESULTS PRINTED IN THE OUT OF RANGE CONTEROL, TOTAL COLESTEROL ference range: <100	DLUMN: 213 H 127 H	<200 mg/dL mg/dL (calc)	AT AT
<70	sirable range <100 mg/dL for primary 0 mg/dL for patients with CHD or dial th > or = 2 CHD risk factors.	_		
cal bet est Mar (ht <b>NON HD</b>	L-C is now calculated using the Marticulation, which is a validated novel the accuracy than the Friedewald equation of LDL-C. rtin SS et al. JAMA. 2013;310(19): 20ttp://education.QuestDiagnostics.com, DL CHOLESTEROL	l method providing uation in the 061-2068 /faq/FAQ164) 143 H	g <130 mg/dL (calc)	AT
fac (LI	r patients with diabetes plus 1 major ctor, treating to a non-HDL-C goal o DL-C of <70 mg/dL) is considered a tl tion.	E <100 mg/dL		
MCV MCH RDW	TE EOSINOPHILS	102.0 H 34.1 H 10.8 L 10 L		AT AT AT AT