

Patient Information	Specimen Information	Client Information
HANCOCK, TENISHA DOB: 04/21/1978 AGE: 44 Gender: F Phone: NG Patient ID: 1921649	Specimen: AL488053S Requisition: 7799657 Lab Ref #: 1040195 Collected: 06/03/2022 / 14:44 EDT Received: 06/03/2022 / 23:17 EDT Reported: 06/06/2022 / 17:25 EDT	Client #: 10485914 QATL000 DAVIS, CHENEY HUMANIZING MEDICINE 135 MAPLE ST BLDG A DECATUR, GA 30030-3953

Test Name	In Range	Out Of Range	Reference Range	Lab
HS CRP	1.2		mg/L	AT
Reference Range Optimal <1.0 Jellinger PS et al. Endocr Pract.2017;23(Suppl 2):1-87. 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	7.7		<10.4 umol/L	AT
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. Selhub J, et al., Ann Intern Med. 1999;131(5):331-9.				
SED RATE BY MODIFIED WESTERGREN	6		< OR = 20 mm/h	AT

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG,MD,PHD, CLIA: 11D0255931