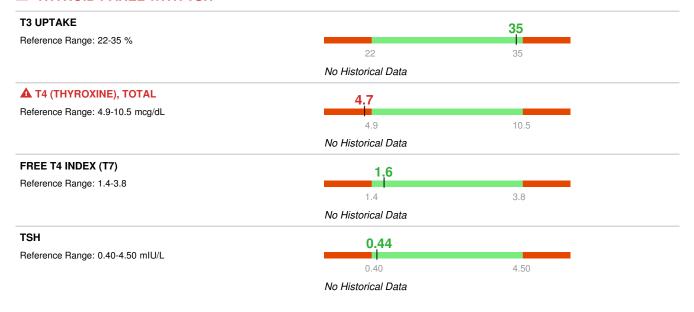


# WARNER, MALCOLM

DOB: 08/18/1970 Sex: M Phone: (818) 968-4044 Patient ID: 1921648 Age: 52 Fasting: Specimen: AZ356959C Requisition: 0001658 Report Status: FINAL / SEE REPORT Collected: 12/16/2022 00:00 Received: 12/16/2022 11:16 Reported: 12/22/2022 03:31 Client #: 10485914 HANCOCK,MARK HUMANIZING MEDICINE 135 MAPLE ST BLDG A DECATUR, GA 30030-3953 Phone: (470) 891-8140 Fax: (470) 575-2575

### **A** THYROID PANEL WITH TSH



# ▲ T3, TOTAL



### **▲ VITAMIN D,25-OH,TOTAL,IA**



Vitamin D Status 25-OH Vitamin D:

Deficiency: <20 ng/mLInsufficiency: 20 - 29 ng/mLOptimal: > 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).

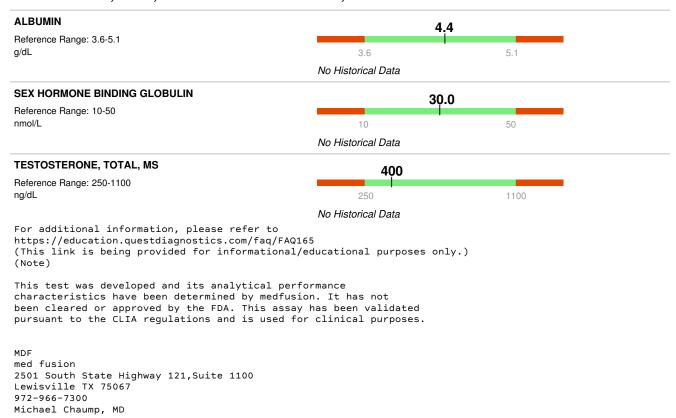
COMMENT No Historical Data

See Note 1

Note 1

For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ199 (This link is being provided for informational/ educational purposes only.)

# TESTOSTERONE, FREE, BIOAVAILABLE AND TOTAL, MS



## TESTOSTERONE, FREE AND BIOAVAILABLE

TESTOSTERONE, FREE	57.0	
Reference Range: 46.0-224.0 pg/mL	46.0	224.0
	No Historical Data	
TESTOSTERONE,BIOAVAILABLE	114.6	
Reference Range:		
110.0-575.0 ng/dL	110.0	575.0
	No Historical Data	

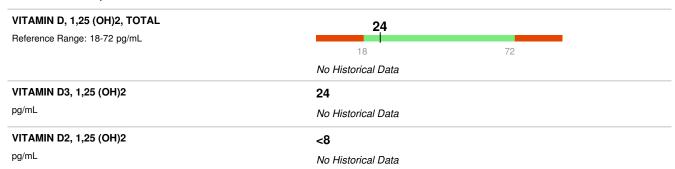
## **ZINC**



No Historical Data

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.

## **CALCITRIOL 1,25 DIHYDROXYVITAMIN D**



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.

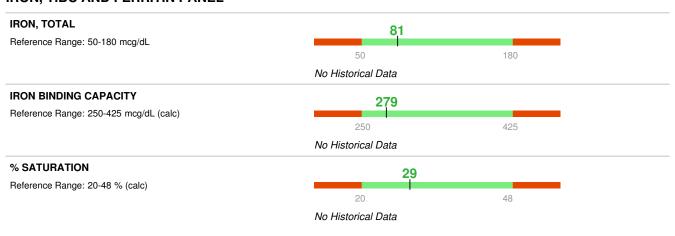
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute, Chantilly, VA. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

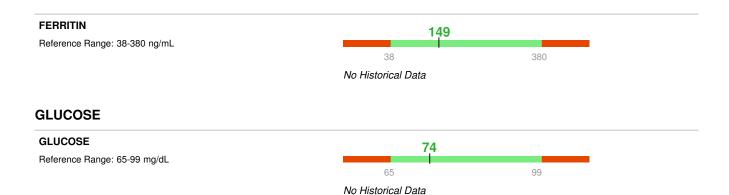
### **DIHYDROTESTOSTERONE**



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

## IRON, TIBC AND FERRITIN PANEL





# ANA SCREEN, IFA, W/REFL TITER AND PATTERN

# ANA SCREEN, IFA NEGATIVE

Reference Range: NEGATIVE

Fasting reference interval

No Historical Data

ANA IFA is a first line screen for detecting the presence of up to approximately 150 autoantibodies in various autoimmune diseases. A negative ANA IFA result suggests an ANA-associated autoimmune disease is not present at this time, but is not definitive. If there is high clinical suspicion for Sjogren's syndrome, testing for anti-SS-A/Ro antibody should be considered. Anti-Jo-1 antibody should be considered for clinically suspected inflammatory myopathies.

AC-0: Negative

International Consensus on ANA Patterns (https://doi.org/10.1515/cclm-2018-0052)

For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ177 (This link is being provided for informational/ educational purposes only.)

### RHEUMATOID FACTOR

RHEUMATOID FACTOR <14
Reference Range: <14 IU/mL No Historical Data

### THYROID PEROXIDASE ANTIBODIES





# **FOLATE, RBC**



# **HEMOGLOBIN A1c**

### **HEMOGLOBIN A1c**

Reference Range: <5.7 % of total Hgb



No Historical Data

For the purpose of screening for the presence of diabetes:

<5.7% Consistent with the absence of diabetes 5.7-6.4% Consistent with increased risk for diabetes (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 A1c for diagnosis of diabetes in children.

According to American Diabetes Association (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(ADA).

### **Performing Sites**

AMD Quest Diagnostics/Nichols Chantilly-Chantilly VA, 14225 Newbrook Dr, Chantilly, VA 20151-2228 Laboratory Director: Patrick W Mason M.D.,PhD

AT Quest Diagnostics-Atlanta, 1777 Montreal Circle, Tucker, GA 30084-6802 Laboratory Director: Dr Andrew N Young

EZ Quest Diagnostics/Nichols SJC-San Juan Capistrano,, 33608 Ortega Hwy, San Juan Capistrano, CA 92675-2042 Laboratory Director: Irina Maramica MD, PhD, MBA

Z3E MedFusion-MedFusion, 2501 South State Highway 121, Suite 1100, Lewisville, TX 75067-8188 Laboratory Director: Michael Chaump MD

### Key



Note: Data displayed only for results that meet strict identification matching. Historical result view may vary based on corrected or updated patient demographics. The reference range displayed may vary due to potential changes in laboratory testing methods. Please refer to the published reference range on each lab report.

These results have been sent to the person who ordered the tests. Your receipt of these results should not be viewed as medical advice and is not meant to replace discussion with your doctor or other healthcare professional.

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