

BAGER, ARWA

DOB: 03/31/1981 Sex: F Phone: (305) 788-5319 Patient ID: 69797

Age: 41 Fasting:

Specimen: MR797267K Requisition: 1955200 Lab Reference ID: 575436 Report Status: FINAL / SEE REPORT Collected: 07/06/2022 10:45 Received: 07/06/2022 23:42 Reported: 07/11/2022 22:45

Client #: 11046 EISERMANN, JUERGEN S EL INST FOR REPROD MED 7300 SW 62ND PL FL 4 SOUTH MIAMI, FL 33143-4800 Phone: (305) 662-7901 ext. 7718 Fax: (305) 662-7910

HIV 1/2 ANTIGEN/ANTIBODY, FOURTH GENERATION W/RFL

HIV 1/2 ANTIGEN/ANTIBODY, FOURTH GENERATION W/RFL

Analyte Value

HIV AG/AB. 4TH GEN NON-REACTIVE Reference Range: NON-REACTIVE

 ${
m HIV}{ ext{-}1}$ antigen and ${
m HIV}{ ext{-}1}/{
m HIV}{ ext{-}2}$ antibodies were not detected. There is no laboratory evidence of HIV infection.

PLEASE NOTE: This information has been disclosed to you from records whose confidentiality may be protected by state law. If your state requires such protection, then the state law prohibits you from making any further disclosure of the information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

▲ TSH

Analyte Value A TSH 5.05 H mIU/L

Reference Range

> or = 20 Years 0.40-4.50

Pregnancy Ranges

First trimester 0.26-2.66 Second trimester 0.55-2.73 0.43-2.91 Third trimester

VITAMIN D,25-OH,TOTAL,IA

Analyte		Value	
VITAMIN D,25-OH,TOTAL,IA		64	Reference Range: 30-100 ng/mL
Vitamin D Status	25-OH Vitamin D:		
Deficiency: Insufficiency: Optimal:	<20 ng/mL 20 - 29 ng/mL > or = 30 ng/mL		
of D2 and D3 fractions i	patients for whom quantitation s required, the QuestAssureD(TM) c/MS/MS is recommended: order		

COMMENT

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.)

CHLAMYDIA TRACHOMATIS AB (IGG,IGA,IGM)

Analyte		Value	
BAGER.ARWA (MR797267K)	1 / 4		11/10/25

C. TRACHOMATIS AB (IGG)	<1:64	Reference Range: <1:64 titer
C. TRACHOMATIS AB (IGA)	<1:16	Reference Range: <1:16 titer
C. TRACHOMATIS AB (IGM)	<1:10	Reference Range: <1:10 titer

INTERPRETATION see note

Antibody Not Detected

Reference Range:

IgM <1:10 IgG <1:64 IgA <1:16

The immunofluorescent detection of specific antibodies to Chlamydia trachomatis may be complicated by crossreactive antibodies, non-specific antibody stimulation, or past exposure to similar organisms such as Chlamydophila pneumoniae and C. psittaci. IgM titers of 1:10 or greater usually indicate recent infection and any IgG titer may indicate past exposure. IgA is typically present at low titers during primary infection, but may be elevated in recurrent exposures or in chronic infection.

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.

ABO GROUP AND RH TYPE

Analyte	Value	
ABO GROUP	A	
RH TYPE	RH(D) POSITIVE	

COMMENT

For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ111 (This link is being provided for informational/educational purposes only.)

HEMOGLOBIN A1c

Analyte		Value	
HEMOGLOB	SIN A1c	5.4	Reference Range: <5.7 % of total Hgb
For the pudiabetes:	urpose of screening for the presence of		
<5.7% 5.7-6.4%	Consistent with the absence of diabetes Consistent with increased risk for diabetes		

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

(prediabetes)
> or =6.5% Consistent with 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).

T4 (THYROXINE), TOTAL

Analyte	Value	
T4 (THYROXINE), TOTAL	11.4 Refe	rence Range: 5.1-11.9 mcg/dL

T4, FREE

Analyte	Value	
T4, FREE	1.5 Ref	eference Range: 0.8-1.8 ng/dL

THYROGLOBULIN ANTIBODIES

Analyte	Value	
THYROGLOBULIN ANTIBODIES	<1	Reference Range: < or = 1 IU/mL

THYROID PEROXIDASE ANTIBODIES

Analyte		
THYROID PEROXIDASE ANTIBODIES	<1	Reference Range: <9 IU/mL

HEPATITIS B SURFACE ANTIGEN W/REFL CONFIRM

Analyte	Value	
HEPATITIS B SURFACE ANTIGEN	NON-REACTIVE	Reference Range: NON-REACTIVE

HEPATITIS C AB W/REFL TO HCV RNA, QN, PCR

Analyte	Value	
HEPATITIS C ANTIBODY	NON-REACTIVE	Reference Range: NON-REACTIVE
INDEX	0.01	Reference Range: <1.00

 HCV antibody was non-reactive. There is no laboratory evidence of HCV infection.

In most cases, no further action is required. However, if recent HCV exposure is suspected, a test for HCV RNA (test code 35645) is suggested.

For additional information please refer to http://education.questdiagnostics.com/faq/FAQ22v1 (This link is being provided for informational/ educational purposes only.)

RUBELLA AB (IGG), IMMUNE STATUS

Analyte		Value	
RUBELLA AB (IGG), IM	IMUNE STATUS	6.32	Index
Index	Interpretation		
<0.90	Not consistent with immunity		
0.90-0.99	Equivocal		
> or = 1.00	Consistent with immunity		
The presence of ru	bella IgG antibody suggests		
immunization or pa	st or current infection with		
rubella virus.			

VARICELLA ZOSTER VIRUS ANTIBODY (IGG)

Analyte	Value

VARICELLA ZOSTER VIRUS ANTIBODY (IGG)

1557.00 index

Interpretation Index

<135.00 Negative - Antibody not detected

135.00 - 164.99 Equivocal

> or = 165.00 Positive - Antibody detected

A positive result indicates that the patient has antibody to VZV but does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with the clinical signs and symptoms of $% \left(1\right) =\left(1\right) \left(1\right) \left$ the patient. This assay reliably measures immunity due to previous infection but may not be sensitive enough to detect antibodies induced by vaccination. Thus, a negative result in a vaccinated individual does not necessarily indicate susceptibility to VZV infection. A more sensitive test for vaccination-induced immunity is Varicella Zoster Virus Antibody Immunity Screen, ACIF.

PROLACTIN

Analyte Value **PROLACTIN** 5.2 ng/mL

Reference Range

Females

3.0-30.0 Non-pregnant Pregnant 10.0-209.0 Postmenopausal 2.0-20.0

RPR (DX) W/REFL TITER AND CONFIRMATORY TESTING

Analyte	Value	
RPR (DX) W/REFL TITER AND CONFIRMATORY TESTING	NON-REACTIVE	Reference Range: NON-REACTIVE

Performing Sites

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

MI Quest Diagnostics-Miami, 10200 Commerce Pkwy, Miramar, FL 33025-3938 Laboratory Director: Julie L Friedman, MD



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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