



## Patient Report

Specimen ID: [REDACTED]

Control ID: [REDACTED]

Phone: [REDACTED]

Rte: 35

UroPartners Lab Div \* I \*

\*\*\*Interfac Account\*\*\*

2225 Enterprise Dr., Ste 2511

WESTCHESTER IL 60154

319 VILLA RD  
STREAMWOOD IL 60107  
(630) 289-4563



## Patient Details

Gender: M SSN: [REDACTED]  
Patient ID: 3713690

## Specimen Details

Date collected: 02/20/2018 1010 Local  
Date received: 02/20/2018  
Date entered: 02/20/2018  
Date reported: 02/26/2018 0906 ET

## Physician Details

Ordering: [REDACTED]  
Referring: [REDACTED]  
ID: [REDACTED]  
NPI: [REDACTED]

## General Comments &amp; Additional Information

A courtesy copy of this report has been sent to [REDACTED]

Alternate Control Number: 6384250

Total Volume: Not Provided

Alternate Patient ID: 3713690

Fasting: Yes

## Ordered Items

Testosterone, Free+Total LC/MS; Luteinizing Hormone(LH), S; Estradiol; Prostate-Specific Ag, Serum; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Testosterone, Free+Total LC/MS</b>					
Testosterone, Total, LC/MS	390.1		ng/dL	264.0 - 916.0	01
This LabCorp LC/MS-MS method is currently certified by the CDC Hormone Standardization Program (HoSt). Adult male reference interval is based on a population of healthy nonobese males (BMI <30) between 19 and 39 years old. Travison, et.al. JCEM 2017,102;1161-1173. PMID: 28324103.					
Disclaimer:					01
This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.					
Free Testosterone(Direct)	5.5	Low	pg/mL	6.6 - 18.1	01
<b>Luteinizing Hormone(LH), S</b>					
LH	3.6		mIU/mL	1.7 - 8.6	02
<b>Estradiol</b>					
Roche ECLIA methodology	<5.0	Low	pg/mL	7.6 - 42.6	02
<b>Prostate-Specific Ag, Serum</b>					
Prostate Specific Ag, Serum	2.8		ng/mL	0.0 - 4.0	02
Roche ECLIA methodology.					
According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.					
Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.					