

LAB RESULTS

Last Name	Lab ID	Specimen Number	Time Collected	Date Entered	Time Reported
			2/3/2015 6:32 AM	2/3/2015	2/8/2015 1:35 AM
First Name	Middle Initial	Phone	Control Number	Account Number	Account Phone Number
Date of Birth	Age	Sex	Fasting	Physician Name	Physician ID
	46	M	Yes		
Address			Account Address		

Tests Ordered

CMP14+LP+4AC+CBC/D/Plt; Testosterone,Free and Total; Hemoglobin A1c; Thyroxine (T4) Free, Direct, S; DHEA-Sulfate; Cortisol; TSH; Estradiol; Antithyr

Tests	Result	Flag	Units	Reference Interval	Lab
CMP14+LP+4AC+CBC/D/Plt					
Glucose, Serum	94		mg/dL	70 -99	;X
Uric Acid, Serum	5.8		mg/dL	3.7 -8.6	;X
	Reference Range change 7-18-14				
BUN	15		mg/dL	7 -25	;X
Creatinine, Serum	1.00		mg/dL	0.76 -1.27	;X
	Reference Range change 7-18-14				
eGFR If NonAfricn Am	90		mL/min/1.73	>59	;X
eGFR If Africn Am	104		mL/min/1.73	>59	;X
BUN/Creatinine Ratio	15		ratio	8 -27	;X
Sodium, Serum	142		mEq/L	136 -147	;X
Potassium, Serum	4.5		mEq/L	3.5 -5.3	;X
Chloride, Serum	103		mEq/L	98 -109	;X
Carbon Dioxide, Total	27		mEq/L	20 -32	;X
	Reference Range change 7-18-14				
Calcium, Serum	9.0		mg/dL	8.7 -10.3	;X
	Note new reference range change 6-26-2014				
Phosphorus, Serum	3.0		mg/dL	2.7 -4.5	;X
Protein, Total, Serum	6.3		g/dL	6.0 -8.5	;X
	Reference Range change 7-18-14				
Albumin, Serum	4.4		g/dL	3.5 -5.2	;X
Globulin, Total	1.9		g/dL	1.5 -4.5	;X
A/G Ratio	2.3			1.1 -2.5	;X
Bilirubin, Total	0.5		mg/dL	0.3 -1.2	;X
Alkaline Phosphatase, S	53		U/L	25 -150	;X
	Reference Range change 7-18-14				
LDH	174		U/L	110 -250	;X

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Tests	Result	Flag	Units	Reference Interval	Lab
CMP14+LP+4AC+CBC/D/Plt					
AST (SGOT)	20		U/L	5-34	;X
ALT (SGPT)	41		U/L	0-55	;X
Iron, Serum	166	High	ug/dL	31-144	;X
Cholesterol, Total	225	High	mg/dL	100-199	;X
Triglycerides	252	High	mg/dL	0-150	;X
HDL Cholesterol	38	Low	mg/dL	> 40	;X
VLDL Cholesterol Cal	50	High	mg/dL	5-40	;X
LDL Cholesterol Calc	137	High	mg/dL	< 100	;X
The calculation of LDL-cholesterol and VLDL-Cholesterol are only reliable when the Triglyceride level is less than 400 mg/dL. Likewise, other calculations like LDL/HDL ratio will not be reliable. Therefore, when the triglyceride level is above 400 mg/dL, a reliable LDL concentration will require direct measurement rather than calculation.					
Comment:					
T. Chol/HDL Ratio	5.9	High	ratio	0.0-5.0	;X
WBC	5.6		x10-3	4.4-11.0	;X
RBC	4.96		x10-6	4.10-5.60	;X
Hemoglobin	15.8		g/dL	14.0-18.0	;X
Hematocrit	46.6		%	42.0-52.0	;X
MCV	94.0		fL	80.0-98.0	;X
MCH	31.9		pg	27.0-34.0	;X
MCHC	33.9		g/dL	33.0-37.0	;X
RDW	12.9		%	11.5-14.5	;X
Platelets	198		x10-3	130-400	;X
Neutrophils	50.2		%		;X
Lymphs	40.2		%		;X
Monocytes	6.0		%		;X
Eos	2.5		%		;X
Basos	1.1		%		;X
Neutrophils (Absolute)	2.8		x10-3	1.4-6.5	;X
Lymphs (Absolute)	2.3		x10-3	1.0-4.8	;X
Monocytes(Absolute)	0.3		x10-3	0.0-0.8	;X
Eos (Absolute)	0.1		x10-3	0.0-0.7	;X
Baso (Absolute)	0.1		x10-3	0.0-0.2	;X
Hematology Comments:					
	MPV		11.8	H FL	7.4 -10.4
Testosterone,Free and Total					
Testosterone, Serum	418		ng/dL	348-1197	MB
Comment:					
Adult male reference interval is based on a population of lean males up to 40 years old.					
Free Testosterone(Direct)	9.0		pg/mL	6.8-21.5	BN

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<u>Hemoglobin A1c</u>																																			
Hemoglobin A1c	5.6		%	4.8 - 5.6	;X																														
	<p>Increased risk for diabetes 5.7 - 6.4%</p> <p>Diabetes > 6.4%</p> <p>Glycemic control for adult diabetics < 7.0%</p> <p>The Percent Hemoglobin A1c fraction (%HbA1c) is measured by direct immunoassay of the HbA1c fraction which is then converted to the %HbA1c of total hemoglobin in the sample. The Diabetes Control and Complications Trial found that patient average blood glucose can be roughly estimated from the %HbA1c using the following formula: Average Plasma Glucose = (35.6 x %HbA1c) - 77.3</p> <p>Increased risk for diabetes: 5.7 - 6.4 Diabetes: >6.4 Glycemic control for adults with diabetes: <7.0</p>																																		
<u>Thyroxine (T4) Free, Direct, S</u>																																			
T4,Free(Direct)	1.13		ng/dL	0.82 - 1.77	;X																														
<u>DHEA-Sulfate</u>																																			
DHEA-Sulfate	180.1		ug/dL	71.6-375.4	MB																														
<u>Cortisol</u>																																			
Cortisol	11.2		ug/dL	2.3 - 19.4	;X																														
	<p>Dexamethasone Clinical Information: Abnormal changes in cortisol levels may be due to hypothalamic, pituitary, or adrenal malfunction. If undiagnosed and untreated, these disorders can lead to severe metabolic imbalance, which may be life-threatening. In the diurnal rhythm of normal individuals, peak levels are seen in the morning (6:00 a.m.) with lowest levels in the late evening (10:00 p.m.). These individuals will also show suppression in response to dexamethasone administration. The dexamethasone suppression tests are the basis for the evaluation and differential diagnosis of patients with Cushing's syndrome. Note: different doses of dexamethasone than that given below may cause results to vary somewhat from that shown. In general however, tumors do not suppress with dexamethasone. Reference Interval: For Cortisol, Serum AM (e.g., 0800 hours) : 4.2-38.4 ug/dL PM (e.g., 2000 hours): 1.7-16.6 ug/dL</p>																																		
<u>TSH</u>																																			
TSH	2.080		uIU/mL	0.450 - 4.500	;X																														
<u>Estradiol</u>																																			
Estradiol	12		pg/mL	8 - 43	;X																														
	<p>Estradiol Reference Ranges</p> <table border="0"> <tr> <td>Adult Female</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Follicular</td> <td>12</td> <td>-</td> <td>166</td> <td>pg/mL</td> </tr> <tr> <td>Ovulation</td> <td>86</td> <td>-</td> <td>498</td> <td>pg/mL</td> </tr> <tr> <td>Luteal</td> <td>44</td> <td>-</td> <td>211</td> <td>pg/mL</td> </tr> <tr> <td>post-menopausal</td> <td><5</td> <td>-</td> <td>55</td> <td>pg/mL</td> </tr> <tr> <td>1st Trimester</td> <td>215</td> <td>-</td> <td>>4300</td> <td>pg/ml</td> </tr> </table> <p>***Note: The lower functional sensitivity of this Estradiol</p>					Adult Female					Follicular	12	-	166	pg/mL	Ovulation	86	-	498	pg/mL	Luteal	44	-	211	pg/mL	post-menopausal	<5	-	55	pg/mL	1st Trimester	215	-	>4300	pg/ml
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<u>Estradiol</u>					
Estradiol	12 assay is <5 pg/mL.		pg/mL	8-43	;X
<u>Antithyroglobulin Ab</u>					
Thyroglobulin, Antibody	<1.0 Low positive Thyroglobulin antibodies are seen in a portion of the asymptomatic populations. Antithyroglobulin antibodies measured by Beckman Coulter Methodology		IU/mL	0.0-0.9	MB
<u>Reverse T3, Serum</u>					
Reverse T3, Serum	11.5		ng/dL	9.2-24.1	BN
<u>Vitamin D, 25-Hydroxy</u>					
Vitamin D, 25-Hydroxy	62.0 Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2). 1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press. 2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.		ng/mL	30.0-100.0	MB
<u>C-Reactive Protein, Cardiac</u>					
C-Reactive Protein, Cardiac	0.3 High Sensitivity (Cardiac) CRP Interpretive Information: Low Risk <1.0 mg/L Average Risk 1.0-3.0 mg/L High Risk >3.0 mg/L		mg/L	0.0-3.0	;X
<u>Progesterone</u>					
Progesterone	0.3 Male: 0.3 - 1.2 Female: Follicular phase <0.2 - 1.4 Luteal phase 3.3 - 25.6 Ovulation phase 4.4 - 28.0 Pregnant First trimester 11.2 - 90.0 Second trimester 25.6 - 89.4 Third trimester 48.4 - 422.5 Postmenopausal <0.2 - 0.7		ng/mL	0.3-1.2	;X
<u>Insulin</u>					
Insulin	11.5		uIU/mL	2.6-24.9	MB
<u>Ferritin, Serum</u>					
Ferritin, Serum	194		ng/mL	28-365	;X
<u>Thyroid Peroxidase (TPO) Ab</u>					
Thyroid Peroxidase (TPO) Ab	<6		IU/mL	0-34	MB

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Tests	Result	Flag	Units	Reference Interval	Lab
<u>Triiodothyronine,Free,Serum</u>					
Triiodothyronine,Free,Serum	3.50		pg/mL	2.00 -4.40	;X

Lab	Facility	Director	Phone
;X	LabCorp K 1924 Alcoa Highway, Knoxville, TN,	D, D	877-914-9705
MB	LabCorp B 1801 First Avenue South, Birmingham, AL,	Elgin, Elgin	205-581-3500
BN	LabCorp B 1447 York Court, Burlington, NC,	F, F	800-762-4344

For inquiries, the physician may contact the above locations.

Thank you for ordering your lab tests through Life Extension/National Diagnostics, Inc. If you would like to discuss your results please call us at 1-800-208-3444. In order to ensure your privacy we ask that you have a copy of your results in front of you when making the call, as you will be asked to provide a specimen number or other identifier from the report. Our advisory team WILL NOT be able to review your lab results with you, unless you are able to provide this information from the report. We also understand that there are times when you will want to review a family members blood test results with our staff. Although Life Extension is happy to comply with these requests, permission (either verbally or in writing) must be given by the person who took the blood tests in order for us to do so. Thank you for your cooperation with these policies as we endeavor to keep your blood test results secure.

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