

Specimen ID:
Control ID:

Patient Details

DOB: /1971
Age(y/m/d): 049/02/27
Gender: M
Patient ID:

Specimen Details

Date collected: 12/08/2020 0000 Local
Date received: 12/09/2020
Date entered: 12/09/2020
Date reported: 12/10/2020 1507 ET

Physician Details

Ordering:
Referring:
ID:
NPI:

General Comments & Additional Information

Total Volume: Not Provided

Fasting: Yes

Ordered Items

CMP14+LP+TP+TSH+PSA+PrI+FSH...

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|--------------------------------|-------------|-------------|-------------|--------------------|-----|
| CMP14+LP+TP+TSH+PSA+PrI+FSH... | | | | | |
| Chemistries | | | | | 01 |
| Glucose | 92 | | mg/dL | 65-99 | 01 |
| BUN | 16 | | mg/dL | 6-24 | 01 |
| Creatinine | 1.32 | High | mg/dL | 0.76-1.27 | 01 |
| eGFR If NonAfricn Am | 63 | | mL/min/1.73 | >59 | |
| eGFR If Africn Am | 73 | | mL/min/1.73 | >59 | |
| BUN/Creatinine Ratio | 12 | | | 9-20 | |
| Sodium | 142 | | mmol/L | 134-144 | 01 |
| Potassium | 5.2 | | mmol/L | 3.5-5.2 | 01 |
| Chloride | 100 | | mmol/L | 96-106 | 01 |
| Carbon Dioxide, Total | 28 | | mmol/L | 20-29 | 01 |
| Calcium | 9.4 | | mg/dL | 8.7-10.2 | 01 |
| Protein, Total | 7.0 | | g/dL | 6.0-8.5 | 01 |
| Albumin | 4.6 | | g/dL | 4.0-5.0 | 01 |
| Globulin, Total | 2.4 | | g/dL | 1.5-4.5 | |
| A/G Ratio | 1.9 | | | 1.2-2.2 | |
| Bilirubin, Total | 0.7 | | mg/dL | 0.0-1.2 | 01 |
| Alkaline Phosphatase | 59 | | IU/L | 39-117 | 01 |
| AST (SGOT) | 23 | | IU/L | 0-40 | 01 |
| ALT (SGPT) | 34 | | IU/L | 0-44 | 01 |
| Lipids | | | | | 01 |
| Cholesterol, Total | 171 | | mg/dL | 100-199 | 01 |
| Triglycerides | 134 | | mg/dL | 0-149 | 01 |
| HDL Cholesterol | 36 | Low | mg/dL | >39 | 01 |
| VLDL Cholesterol Cal | 24 | | mg/dL | 5-40 | |
| LDL Chol Calc (NIH) | 111 | High | mg/dL | 0-99 | |
| Thyroid | | | | | 01 |

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| TSH | 3.920 | | uIU/mL | 0.450-4.500 | 01 |
| Thyroxine (T4) | 7.5 | | ug/dL | 4.5-12.0 | 01 |
| T3 Uptake | 30 | | % | 24-39 | 01 |
| Free Thyroxine Index | 2.3 | | | 1.2-4.9 | |
| Triiodothyronine (T3) | 99 | | ng/dL | 71-180 | 01 |
| Immunoassay | | | | | 01 |
| Prostate Specific Ag, Serum | 0.8 | | ng/mL | 0.0-4.0 | 01 |
| 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. | | | | | |
| Cortisol | 15.1 | | ug/dL | | 01 |
| | | | Cortisol AM | 6.2 - 19.4 | |
| | | | Cortisol PM | 2.3 - 11.9 | |
| Insulin-Like Growth Factor I | 218 | | ng/mL | 81-263 | 02 |
| Testosterone, Serum | 999 | High | ng/dL | 264-916 | 01 |
| 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. | | | | | |
| Free Testosterone (Direct) | 32.0 | High | pg/mL | 6.8-21.5 | 02 |
| LH | <0.3 | Low | mIU/mL | 1.7-8.6 | 01 |
| FSH | <0.3 | Low | mIU/mL | 1.5-12.4 | 01 |
| Prolactin | 9.1 | | ng/mL | 4.0-15.2 | 01 |
| DHEA-Sulfate | 344.0 | | ug/dL | 71.6-375.4 | 01 |
| Estradiol | 27.3 | | pg/mL | 7.6-42.6 | 01 |
| Roche ECLIA methodology | | | | | |
| Vitamin D, 25-Hydroxy | 45.8 | | ng/mL | 30.0-100.0 | 01 |
| 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. | | | | | |
| CBC and Platelet Ct | | | | | 01 |

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| WBC | 6.0 | | x10E3/uL | 3.4-10.8 | 01 |
| RBC | 5.85 | High | x10E6/uL | 4.14-5.80 | 01 |
| Hemoglobin | 16.8 | | g/dL | 13.0-17.7 | 01 |
| Hematocrit | 52.0 | High | % | 37.5-51.0 | 01 |
| MCV | 89 | | fL | 79-97 | 01 |
| MCH | 28.7 | | pg | 26.6-33.0 | 01 |
| MCHC | 32.3 | | g/dL | 31.5-35.7 | 01 |
| RDW | 14.2 | | % | 11.6-15.4 | 01 |
| Platelets | 190 | | x10E3/uL | 150-450 | 01 |

| | | | |
|----|----|--|--------------------------|
| 01 | TA | LabCorp Tampa 5610 W LaSalle Street, Tampa, FL 33607-1770 | Dir: Sean Farrier, MD |
| 02 | BN | LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361 | Dir: Sanjai Nagendra, MD |

For inquiries, the physician may contact **Branch: 800-877-5227 Lab: 800-877-5227**