

Patient Name:
 Patient Number:
 Report Date: 10/24/2018 12:00 AM

DOB:
 Gender: Male

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Result	Value (Previous)	Units	Range	Lab
CBC With Differential/Platelet				
WBC	5.4	x10E3/uL	3.4-10.8	LabCorp-01
RBC	5.68	x10E6/uL	4.14-5.80	LabCorp-01
HGB	17.3	g/dL	13.0-17.7	LabCorp-01
HCT	50.7	%	37.5-51.0	LabCorp-01
MCV	89	fL	79-97	LabCorp-01
MCH	30.5	pg	26.6-33.0	LabCorp-01
MCHC	34.1	g/dL	31.5-35.7	LabCorp-01
RDW	14.2	%	12.3-15.4	LabCorp-01
PLAT	226	x10E3/uL	150-379	LabCorp-01
NEUT%	59	%	Not Estab	LabCorp-01
LYMPH%	30	%	Not Estab	LabCorp-01
MONO%	8	%	Not Estab	LabCorp-01
EOS%	2	%	Not Estab	LabCorp-01
BASO%	1	%	Not Estab	LabCorp-01
ANC	3.2	x10E3/uL	1.4-7.0	LabCorp-01
LYMPH#	1.6	x10E3/uL	0.7-3.1	LabCorp-01
MONO#	0.4	x10E3/uL	0.1-0.9	LabCorp-01
EOS#	0.1	x10E3/uL	0.0-0.4	LabCorp-01
BASO#	0.0	x10E3/uL	0.0-0.2	LabCorp-01
Immature Granulocytes	0	%	Not Estab	LabCorp-01
Immature Grans (Abs)	0.0	x10E3/uL	0.0-0.1	LabCorp-01
Comp. Metabolic Panel (14)				
GLUCOSE	90	mg/dL	65-99	LabCorp-01
BUN	17	mg/dL	6-24	LabCorp-01
CREAT	1.13	mg/dL	0.76-1.27	LabCorp-01
eGFR If NonAfricn Am	76	mL/min/1.73	>59	LabCorp-01
eGFR If Africn Am	88	mL/min/1.73	>59	LabCorp-01
BUN/Creatinine Ratio	15		9-20	LabCorp-01
SODIUM	142	mmol/L	134-144	LabCorp-01
POTASSIUM	4.8	mmol/L	3.5-5.2	LabCorp-01
CHLORIDE	102	mmol/L	96-106	LabCorp-01
CO2	25	mmol/L	20-29	LabCorp-01
CALCIUM	9.2	mg/dL	8.7-10.2	LabCorp-01
PROTEIN	6.6	g/dL	6.0-8.5	LabCorp-01
ALBUMIN	4.6	g/dL	3.5-5.5	LabCorp-01
GLOBULIN	2.0	g/dL	1.5-4.5	LabCorp-01
A/G	2.3 <i>High</i>		1.2-2.2	LabCorp-01
TOTAL BILI	0.4	mg/dL	0.0-1.2	LabCorp-01
ALK PHOS	44	IU/L	39-117	LabCorp-01
AST	22	IU/L	0-40	LabCorp-01
ALT	29	IU/L	0-44	LabCorp-01
Lipid Panel				
CHOLESTEROL	189	mg/dL	100-199	LabCorp-01
Triglycerides	111	mg/dL	0-149	LabCorp-01
HDL Cholesterol	35 <i>Low</i>	mg/dL	>39	LabCorp-01
VLDL Cholesterol Cal	22	mg/dL	5-40	LabCorp-01
LDL Cholesterol Calc	132 <i>High</i>	mg/dL	0-99	LabCorp-01
Bioavailable + Free Testost.				
Testosterone, Total	481	ng/dL		LabCorp-02
Reference Range: Adult Males >18 years 264 - 916 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.																						
% Free Testosterone (Dialysis)	4.0 High	%		LabCorp-02																		
Reference Range: Adult Males: 1.5 - 3.2																						
Free Testosterone, Serum	192	pg/mL		LabCorp-02																		
Reference Range: Adult Males: 52 - 280																						
Bioavailable Testosterone, %	76.5	%		LabCorp-02																		
Bioavailable Testosterone, S	368 High	ng/dL		LabCorp-02																		
Reference Range: Males (40 - 49y): 95 - 350																						
PSA Total+% Free																						
PSA TOTAL	0.4	ng/mL	0.0-4.0	LabCorp-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.																						
P S A, FREE	0.18	ng/mL	N/A	LabCorp-01																		
Roche ECLIA methodology.																						
% FREE P S A	45.0	%		LabCorp-01																		
The table below lists the probability of prostate cancer for men with non-suspicious DRE results and total PSA between 4 and 10 ng/mL, by patient age (Catalona et al, JAMA 1998, 279:1542).																						
<table><tr><td>% Free PSA</td><td>50-64 yr</td><td>65-75 yr</td></tr><tr><td>0.00-10.00%</td><td>56%</td><td>55%</td></tr><tr><td>10.01-15.00%</td><td>24%</td><td>35%</td></tr><tr><td>15.01-20.00%</td><td>17%</td><td>23%</td></tr><tr><td>20.01-25.00%</td><td>10%</td><td>20%</td></tr><tr><td>>25.00%</td><td>5%</td><td>9%</td></tr></table>					% Free PSA	50-64 yr	65-75 yr	0.00-10.00%	56%	55%	10.01-15.00%	24%	35%	15.01-20.00%	17%	23%	20.01-25.00%	10%	20%	>25.00%	5%	9%
% Free PSA	50-64 yr	65-75 yr																				
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Please note: Catalona et al did not make specific recommendations regarding the use of percent free PSA for any other population of men.																						
FSH and LH																						
LH	0.1 Low	mIU/mL	1.7-8.6	LabCorp-01																		
FSH	0.3 Low	mIU/mL	1.5-12.4	LabCorp-01																		
Testosterone,Free and Total																						
Testosterone, Serum	484	ng/dL	264-916	LabCorp-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)	21.0	pg/mL	6.8-21.5	LabCorp-01																		
TSH																						
TSH	2.530	uIU/mL	0.450-4.500	LabCorp-01																		
Prolactin																						
Prolactin	12.5	ng/mL	4.0-15.2	LabCorp-01																		
Vitamin D, 25-Hydroxy																						
Vitamin D, 25-Hydroxy	24.3 Low	ng/mL	30.0-100.0	LabCorp-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.																						
Estradiol, Sensitive																						
Estradiol, Sensitive	23.3	pg/mL	8.0-35.0	LabCorp-03																		
This test was developed and its performance characteristics determined by LabCorp. It has not been cleared by the Food and																						

Drug Administration.

Methodology: Liquid chromatography tandem mass spectrometry (LC/MS/MS)

-- End of Report --