

Specimen ID: 126-496-6477-0
Control ID: 20466924179

Acct #: 45506715

Phone: (703) 218-8500

Rte: ML



Sonia C. Thomas MD
 11204 Waples Mill Road
 Fairfax VA 22030



Patient Details

DOB: 07/23/1991
Age(y/m/d): 027/09/13
Gender: M **SSN:**
Patient ID:

Specimen Details

Date collected: 05/06/2019 1101 Local
Date received: 05/06/2019
Date entered: 05/06/2019
Date reported: 05/12/2019 0905 ET

Physician Details

Ordering: S MIRZA
Referring:
ID:
NPI: 1699036012

General Comments & Additional Information

Total Volume: Not Provided

Fasting: Yes

Ordered Items

CBC With Differential/Platelet; Comp. Metabolic Panel (14); Lipid Panel; Thyroid Panel; Testosterone, Free and Total; Dihydrotestosterone; DHEA-Sulfate; DHEA, Serum; Prolactin; Estradiol; Prostate-Specific Ag, Serum; IGF-1; Vitamin B7; Vitamin D, 25-Hydroxy; GGT; Magnesium, RBC; Ambig Abbrev CMP14 Default; Ambig Abbrev LP Default

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	6.2		x10E3/uL	3.4 - 10.8	01
RBC	5.49		x10E6/uL	4.14 - 5.80	01
Hemoglobin	17.0		g/dL	13.0 - 17.7	01
Hematocrit	49.4		%	37.5 - 51.0	01
MCV	90		fL	79 - 97	01
MCH	31.0		pg	26.6 - 33.0	01
MCHC	34.4		g/dL	31.5 - 35.7	01
RDW	13.0		%	12.3 - 15.4	01
Platelets	235		x10E3/uL	150 - 379	01
Effective May 20, 2019 the reference interval for Platelets will be changing to:					
	0 - 7 d		140 - 396	x10E3/uL	
	8 - 30 d		139 - 531	x10E3/uL	
	31 d - 999 yrs		150 - 450	x10E3/uL	
Neutrophils	60		%	Not Estab.	01
Lymphs	29		%	Not Estab.	01
Monocytes	9		%	Not Estab.	01
Eos	2		%	Not Estab.	01
Basos	0		%	Not Estab.	01
Neutrophils (Absolute)	3.6		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	1.8		x10E3/uL	0.7 - 3.1	01
Monocytes (Absolute)	0.6		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%	Not Estab.	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
Comp. Metabolic Panel (14)					
Glucose	87		mg/dL	65 - 99	01

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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
BUN	11		mg/dL	6 - 20	01
Creatinine	0.86		mg/dL	0.76 - 1.27	01
eGFR If NonAfricn Am	119		mL/min/1.73	>59	
eGFR If Africn Am	137		mL/min/1.73	>59	
BUN/Creatinine Ratio	13			9 - 20	
Sodium	142		mmol/L	134 - 144	01
Potassium	4.7		mmol/L	3.5 - 5.2	01
Chloride	100		mmol/L	96 - 106	01
Carbon Dioxide, Total	28		mmol/L	20 - 29	01
Calcium	9.6		mg/dL	8.7 - 10.2	01
Protein, Total	7.8		g/dL	6.0 - 8.5	01
Albumin	4.9		g/dL	3.5 - 5.5	01
Globulin, Total	2.9		g/dL	1.5 - 4.5	
A/G Ratio	1.7			1.2 - 2.2	
Bilirubin, Total	0.4		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase	65		IU/L	39 - 117	01
AST (SGOT)	29		IU/L	0 - 40	01
ALT (SGPT)	42		IU/L	0 - 44	01
Lipid Panel					
Cholesterol, Total	176		mg/dL	100 - 199	01
Triglycerides	65		mg/dL	0 - 149	01
HDL Cholesterol	56		mg/dL	>39	01
VLDL Cholesterol Calc	13		mg/dL	5 - 40	
LDL Cholesterol Calc	107	High	mg/dL	0 - 99	
Thyroid Panel					
Thyroxine (T4)	6.2		ug/dL	4.5 - 12.0	01
T3 Uptake	27		%	24 - 39	01
Free Thyroxine Index	1.7			1.2 - 4.9	
Testosterone, Free and Total					
Testosterone, Serum	511		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)	13.6		pg/mL	9.3 - 26.5	01
Dihydrotestosterone	42		ng/dL		02
Reference Range: Adult Male: 30 - 85					
DHEA-Sulfate	265.6		ug/dL	138.5 - 475.2	01
DHEA, Serum					

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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Dehydroepiandrosterone (DHEA) ^A	530		ng/dL	31 - 701	01
			Age		
			1 - 5 years	0 - 67	
			6 - 7 years	0 - 110	
			8 - 10 years	0 - 185	
			11 - 12 years	0 - 201	
			13 - 14 years	0 - 318	
			15 - 16 years	39 - 481	
			17 - 19 years	40 - 491	
			>19 years	31 - 701	
Prolactin	13.1		ng/mL	4.0 - 15.2	01
Estradiol	21.6		pg/mL	7.6 - 42.6	01
Roche ECLIA methodology					
Prostate-Specific Ag, Serum					
Prostate Specific Ag, Serum	1.1		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.					
IGF-1					
Insulin-Like Growth Factor I	206		ng/mL	98 - 282	01
Vitamin B7 ^A	0.45		ng/mL	0.05 - 0.83	01
Vitamin D, 25-Hydroxy	55.9		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.					
GGT	43		IU/L	0 - 65	01

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Magnesium, RBC ^A	4.8		mg/dL	4.2 - 6.8	01

Ambig Abbrev CMP14 Default

01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

Ambig Abbrev LP Default

01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

Comments:

^A This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

01	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	Dir: Sanjai Nagendra, MD
02	ES	Esoterix Inc 4301 Lost Hills Road, Calabasas Hills, CA 91301-5358	Dir: Samuel Pepkowitz, MD

 For inquiries, the physician may contact **Branch: 800-859-0391 Lab: 800-762-4344**