Quest Diagnostics

Report Status: Final

SHASHA, ROBERT

Patient Information	Specimen Information	Client Information
SHASHA, ROBERT **DOB: 03/11/1951** **AGE: 67** Gender: M Fasting: Y Phone: 9146437071 Patient ID: SHARO001	Specimen: RK839823 Requisition: T296190023714 Collected: 02/15/2019 / 10:13 EST Received: 02/16/2019 / 01:07 EST Reported: 02/18/2019 / 12:03 EST	Client #: 29619 10265000 GEORGE FALK, MD GEORGE FALK, M.D. 150 EAST 77TH STREET NEW YORK, NY 10021-6703

COMMENTS: FASTING

Test Name	In Range	Out Of Range	Reference Range	Lab
CHEM-SCREEN PANEL + HDL				TBR
GLUCOSE,FASTING		108 H	65-99 mg/dL	
	For someone without known diabetes, a glucose value between 100 and 125 mg/dL is consistent with prediabetes and should be confirmed with a follow-up test.			
SODIUM	137		135-146 mmol/L	
POTASSIUM	4.5		3.5-5.3 mmol/L	
CHLORIDE	101		98-110 mmol/L	
CARBON DIOXIDE	29		20-32 mmol/L	
UREA NITROGEN	23		7-25 mg/dL	
CREATININE	1.17		0.70-1.25 mg/dL	
	The upper reference limit for Creatinine is approximately 13% higher for people identified as African-American.			
BUN/CREATININE RATIO	NOTE		6-22 (calc)	
	Bun/Creatinine ratio is not reported when the Bun and Creatinine values are within normal limits.			
URIC ACID	6.8		4.0-8.0 mg/dL	
	Therapeutic target for gout patients: <6.0 mg/dL			
PHOSPHATE (AS PHOSPHORUS)	3.6		2.1-4.3 mg/dL	
CALCIUM	9.8		8.6-10.3 mg/dL	
CHOLESTEROL,TOTAL	162		<200 mg/dL	
HDL CHOLESTEROL	46		>40 mg/dL	
CHOLESTEROL/HDL RATIO	3.5		<5.0 calc	
LDL CHOL, CALCULATED	94		<100 mg/dL	
	LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C. Martin SS et al. JAMA. 2013; 310(19): 2061-2068			
	For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ164 (This link is being provided for informational/educational purposes only.)			
	Desirable range < 100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.			
TRIGLYCERIDES	128		<150 mg/dL	
PROTEIN, TOTAL	7.2		6.1-8.1 g/dL	
ALBUMIN	4.5		3.6-5.1 g/dL	
GLOBULIN	2.7		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.7		1.0-2.5 (calc)	
BILIRUBIN,TOTAL	0.9		0.2-1.2 mg/dL	
BILIRUBIN,DIRECT	0.1		< = 0.2 mg/dL	
ALKALINE PHOSPHATASE	68		40-115 U/L	
GGT	20		3-70 U/L	
AST	28		10-35 U/L	
ALT	27		9-46 U/L	
LD	161		120-250 U/L	

Patient Information	Specimen Information	Client Information
SHASHA, ROBERT **DOB: 03/11/1951** **AGE: 67** Gender: M Fasting: Y Patient ID: SHARO001	Specimen: RK839823 Collected: 02/15/2019 / 10:13 EST Received: 02/16/2019 / 01:07 EST Reported: 02/18/2019 / 12:03 EST	Client #: 29619 GEORGE FALK, MD

Test Name	In Range	Out Of Range	Reference Range	Lab
IRON,TOTAL	93		50-180 mcg/dL	
EGFR NON AFR AMERICAN	64		>=60 mL/min/1.73m2	
EGFR AFRICAN AMERICAN	74		>=60 mL/min/1.73m2	
TSH	2.24		0.40-4.50 mIU/L	TBR
THYROID PANEL				TBR
T4 (THYROXINE), TOTAL	7.8		4.9-10.5 mcg/dL	
T3 UPTAKE	31		22-35 Percent	
FREE T4 INDEX (T7)	2.4		1.4-3.8	
FERRITIN	295		20-380 ng/mL	TBR
CBC (INCLUDES DIFF/PLT)				TBR
WBC	7.7		3.8-10.8 Thous/mcL	
RBC	5.06		4.20-5.80 Mill/mcL	
HEMOGLOBIN	15.1		13.2-17.1 g/dL	
HEMATOCRIT	45.2		38.5-50.0 %	
MCV	89.3		80.0-100.0 fL	
MCH	29.7		27.0-33.0 pg	
MCHC	33.3		32.0-36.0 g/dL	
RDW	14.7		11.0-15.0 %	
PLATELET COUNT	192		140-400 Thous/mcL	
MPV	9.7		7.5-12.5 fL	
TOTAL NEUTROPHILS,%	67.7		38-80 %	
TOTAL LYMPHOCYTES,%	26.1		15-49 %	
MONOCYTES,%	4.2		0-13 %	
EOSINOPHILS,%	1.5		0-8 %	
BASOPHILS,%	0.5		0-2 %	
NEUTROPHILS,ABSOLUTE	5213		1500-7800 Cells/mcL	
LYMPHOCYTES,ABSOLUTE	2010		850-3900 Cells/mcL	
MONOCYTES,ABSOLUTE	323		200-950 Cells/mcL	
EOSINOPHILS,ABSOLUTE	116		15-500 Cells/mcL	
BASOPHILS,ABSOLUTE	39		0-200 Cells/mcL	
DIFFERENTIAL				
An instrument differential was performed.				
URINALYSIS,COMPLETE				
COLOR	Yellow		Yellow	TBR
APPEARANCE	Clear		Clear	
SPECIFIC GRAVITY	1.015		1.001-1.035	
PH	7.0		5.0-8.0	
GLUCOSE	Negative		Negative	
BILIRUBIN	Negative		Negative	
KETONES	Negative		Negative	
OCCULT BLOOD	Negative		Negative	
PROTEIN	Negative		Negative	
NITRITE	Negative		Negative	
LEUKOCYTE ESTERASE	Negative		Negative	
WBC	None Seen		<or=5 /hpf	
RBC	None Seen		<or=2 /hpf	
SQUAMOUS EPITHELIAL CELLS	None Seen		<or=5 /hpf	
BACTERIA	None Seen		None Seen /hpf	
HYALINE CAST	None Seen		None Seen /lpf	
PSA,TOTAL		**11.2 H**	<=4.0 ng/mL	TBR

The total PSA value from this assay system is standardized against the WHO standard. The test result will be approximately 20% lower when compared to the equimolar-standardized total PSA (Beckman Coulter). Comparison of serial PSA results should be interpreted with

Patient Information	Specimen Information	Client Information
SHASHA, ROBERT **DOB: 03/11/1951** **AGE: 67** Gender: M Fasting: Y Patient ID: SHARO001	Specimen: RK839823 Collected: 02/15/2019 / 10:13 EST Received: 02/16/2019 / 01:07 EST Reported: 02/18/2019 / 12:03 EST	Client #: 29619 GEORGE FALK, MD

Test Name	In Range	Out Of Range	Reference Range	Lab
this fact in mind.				
This test was performed using the Siemens (Bayer) chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.				
HEPATITIS A AB W/REFL IGM				
HEPATITIS A AB,TOTAL		**Reactive**	Nonreactive	TBR
HEPATITIS A AB (IGM)	Nonreactive		Nonreactive	
HB S AG W/REFLEX CONF				TBR
HB S AG	Non Reactive		Non Reactive	TBR
HB CORE AB,TOTAL	Non Reactive		Non Reactive	
HEPATITIS B SURFACE AB,QL	Non Reactive		Non Reactive	TBR
HEP C AB W/REFL HCV				TBR
HCV RATIO	0.02		<1.0	
HEPATITIS C AB	Non Reactive		Non Reactive	
RPR (DX) W/RFL TITER/CONF	Non-reactive		Non-reactive	TBR
CT/NG RNA,TMA,UROGENITAL				TBR
CTRACHOMATIS RNA,TMA,UROG	Not Detected		Not Detected	
NGONORRHOEAE RNA,TMA,UROG	Not Detected		Not Detected	
This test was performed using the APTIMA COMBO2(R) Assay (GEN-PROBE(R)).				
HSV 1/ 2(IGG)TYPE-SPEC AB				
HSV 1 (IGG),TYPE-SPEC AB	<0.90		index	TBR

Index	Interpretation
<0.90	Negative
0.90-1.09	Equivocal
>1.09	Positive

This assay utilizes recombinant type-specific antigens to differentiate HSV-1 from HSV-2 infections. A positive result cannot distinguish between recent and past infection. If recent HSV infection is suspected but the results are negative or equivocal, the assay should be repeated in 4-6 weeks. The performance characteristics of the assay have not been established for pediatric populations, immunocompromised patients, or neonatal screening.

HSV 2 (IGG),TYPE-SPEC AB	<0.90		index

Index	Interpretation
<0.90	Negative
0.90-1.09	Equivocal
>1.09	Positive

This assay utilizes recombinant type-specific antigens to differentiate HSV-1 from HSV-2 infections. A positive result cannot distinguish between recent and past infection. If recent HSV infection is suspected but the results are negative or equivocal, the assay should be repeated in 4-6 weeks. The performance characteristics of the assay have not been established for pediatric populations, immunocompromised patients, or neonatal screening.

Patient Information	Specimen Information	Client Information
SHASHA, ROBERT **DOB: 03/11/1951** **AGE: 67** Gender: M Fasting: Y Patient ID: SHARO001	Specimen: RK839823 Collected: 02/15/2019 / 10:13 EST Received: 02/16/2019 / 01:07 EST Reported: 02/18/2019 / 12:03 EST	Client #: 29619 GEORGE FALK, MD

Test Name	In Range	Out Of Range	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA		24 L	30-100 ng/mL	TBR

Vitamin D Status — 25-OH Vitamin D:

Deficiency: <20 ng/mL
Insufficiency: 20 - 29 ng/mL
Optimal: > or = 30 ng/mL

For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code 92888X (patients >2yrs).

For more information on this test, go to:
http://education.questdiagnostics.com/faq/FAQ163

HIV 1/2 AG/AB,4TH GEN RFL				
HIV AG/AB, 4TH GEN		Nonreactive	Nonreactive	TBR

HIV-1 antigen and HIV-1/HIV-2 antibodies were not detected. There is no laboratory evidence of HIV infection.

PLEASE NOTE: This information has been disclosed to you from records whose confidentiality may be protected by state law. If your state requires such protection, then the state law prohibits you from making any further disclosure of the information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

The performance of this assay has not been clinically validated in patients less than 2 years old.

For additional information please refer to http://education.questdiagnostics.com/faq/FAQ106. (This link is being provided for informational/educational purposes only.)

PERFORMING SITE:

TBR Quest Diagnostics, One Malcolm Avenue, Teterboro, NJ 07608 Laboratory Director: Lawrence Tsao, M.D., CLIA: 31D0696246