Patient Information

MICHAEL SMITH
DOB: 01/15/1974 AGE: 52
Gender: M
Patient ID: SAMPLE-260216
Phone: 207-555-0142

Specimen Information

Specimen: SAMPLE-001
Requisition: SAMPLE-002
Lab Ref: SAMPLE-REPORT
Collected: 02/16/2026
Status: Final

Client Information

SAMPLE ACCOUNT
NOT ACTIVE
100 Sample Street
Presque Isle, ME 04769
Client #: SAMPLE-001

COMMENTS: FASTING:YES

Test Name	In Range	Out Of Range	Reference Range	Lab
IRON, TIBC AND FERRITIN PANEL				
IRON AND TOTAL IRON BINDING CAPACITY				NL1
IRON, TOTAL	170		50-180 mcg/dL	
IRON BINDING CAPACITY	317		250-425 mcg/dL (calc)	
% SATURATION		**54 H**	20-48 % (calc)	
FERRITIN	248		38-380 ng/mL	NL1
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL		**237 H**	<200 mg/dL	NL1
HDL CHOLESTEROL	69		> OR = 40 mg/dL	NL1
TRIGLYCERIDES	78		<150 mg/dL	NL1
LDL-CHOLESTEROL		**150 H**	mg/dL (calc)	NL1
Reference range: <100				
Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.				
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 (http://education.QuestDiagnostics.com/faq/FAQ164)				
CHOL/HDLC RATIO	3.4		<5.0 (calc)	NL1
NON HDL CHOLESTEROL		**168 H**	<130 mg/dL (calc)	NL1
For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.				
HS CRP	2.7		mg/L	NL1
Reference Range				
Optimal <1.0				
Jellinger PS et al. Endocr Pract.2017;23(Suppl 2):1-87.				
For ages >17 Years:				
hs-CRP mg/L Risk According to AHA/CDC Guidelines				
<1.0 Lower relative cardiovascular risk.				
1.0-3.0 Average relative cardiovascular risk.				
3.1-10.0 Higher relative cardiovascular risk. Consider retesting in 1 to 2 weeks to exclude a benign transient elevation in the baseline CRP value secondary to infection or inflammation.				
>10.0 Persistent elevation, upon retesting, may be associated with infection and inflammation.				
Pearson TA, Mensah GA, Alexander RW, et al. Markers of inflammation and cardiovascular disease: application to clinical and public health practice: A statement for healthcare professionals from the Centers for Disease Control and Prevention and the				

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American Heart Association. Circulation 2003; 107(3):
499-511.

HOMOCYSTEINE	8.5	< or = 15.2 umol/L	NL1

Homocysteine is increased by functional deficiency of folate or vitamin B12. Testing for methylmalonic acid differentiates between these deficiencies. Other causes of increased homocysteine include renal failure, folate antagonists such as methotrexate and phenytoin, and exposure to nitrous oxide.
Selhub J, et al., Ann Intern Med. 1999;131(5):331-9.

APOLIPOPROTEIN B	**123 H**	<90 mg/dL	AMD

Reference Range: <90

Risk Category:

Optimal	<90
Moderate	90-129
High	> or = 130

A desirable treatment target may be <80 mg/dL or lower depending on the risk category of the patient including patients on lipid lowering therapies, patients with ASCVD, diabetes with >1 risk factors, Stage 3 or greater CKD with albuminuria, or heterozygous familial hypercholesterolemia. ApoB relative risk category cut points are based AACE/ACE and ACC/AHA recommendations.
(Grundy SM, et al. 2019.doi:10.1016/j.jacc.2018.11.002; Handelsman Y, et al. 2020. doi:10.4158/CS-2020-0490).

COMPREHENSIVE METABOLIC PANEL			NL1
GLUCOSE	**108 H**	65-99 mg/dL	
		Fasting reference interval	

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.

UREA NITROGEN (BUN)	16	7-25 mg/dL
CREATININE	0.99	0.70-1.30 mg/dL
EGFR	89	> OR = 60 mL/min/1.73m2
BUN/CREATININE RATIO	SEE NOTE: Not Reported: BUN and Creatinine are within reference range.	6-22 (calc)
SODIUM	141	135-146 mmol/L
POTASSIUM	4.2	3.5-5.3 mmol/L
CHLORIDE	103	98-110 mmol/L
CARBON DIOXIDE	27	20-32 mmol/L
CALCIUM	9.5	8.6-10.3 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)

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ALBUMIN/GLOBULIN RATIO	1.7		1.0-2.5 (calc)	
BILIRUBIN, TOTAL		**1.3 H**	0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	49		35-144 U/L	
AST	24		10-35 U/L	
ALT	23		9-46 U/L	
HEMOGLOBIN A1c		**5.7 H**	<5.7 %	NL1

For someone without known diabetes, a hemoglobin A1c value between 5.7% and 6.4% is consistent with prediabetes and should be confirmed with a follow-up test.

For someone with known diabetes, a value <7% indicates that their diabetes is well controlled. A1c targets should be individualized based on duration of diabetes, age, comorbid conditions, and other considerations.

This assay result is consistent with an increased risk of diabetes.

Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes for children.

URIC ACID	5.5		4.0-8.0 mg/dL	NL1

Therapeutic target for gout patients: <6.0 mg/dL

GGT	48		3-85 U/L	NL1
LIPOPROTEIN (a)		**139 H**	<75 nmol/L	AMD

Risk Category

Optimal	< 75 nmol/L
Moderate	75 - 125 nmol/L
High	> 125 nmol/L

Cardiovascular event risk category cut points (optimal, moderate, high) are based on Tsimika S. JACC 2017;69:692-711.

CBC (H/H, RBC, INDICES, WBC, PLT)				NL1
WHITE BLOOD CELL COUNT	7.1		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.31		4.20-5.80 Million/uL	
HEMOGLOBIN	16.2		13.2-17.1 g/dL	
HEMATOCRIT	49.2		39.4-51.1 %	
MCV	92.7		81.4-101.7 fL	
MCH	30.5		27.0-33.0 pg	
MCHC	32.9		31.6-35.4 g/dL	
RDW	12.7		11.0-15.0 %	
PLATELET COUNT	283		140-400 Thousand/uL	
MPV	10.5		7.5-12.5 fL	
INSULIN	6.3		uIU/mL	NL1

Reference Range < or = 18.4

Risk:

Optimal	< or = 18.4
Moderate	NA

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High	>18.4

Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on Insulin Reference Interval studies performed at Quest Diagnostics in 2022.

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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	41	30-100 ng/mL	NL1

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Vitamin D Status          25-OH Vitamin D:

Deficiency:                     <20 ng/mL
Insufficiency:            20 - 29 ng/mL
Optimal:                  > or = 30 ng/mL
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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 92888 (patients >2yrs).

For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ199 (This link is being provided for informational/ educational purposes only.)

Physician Comments:

PERFORMING SITE:

AMD QUEST DIAGNOSTICS/NICHOLS CHANTILLY, 14225 NEWBROOK DRIVE, CHANTILLY, VA 20151-2228 Laboratory Director: PATRICK W. MASON,MD,PHD, CLIA: 49D0221801
NL1 QUEST DIAGNOSTICS LLC, 200 FOREST STREET, MARLBOROUGH, MA 01752-3023 Laboratory Director: SALIM E KABAWAT,MD, CLIA: 22D0076229

PATIENT ADDRESS: FICTIONAL SAMPLE

MICHAEL SMITH - 100 Sample Street

Presque Isle, ME 04769