

Patient Information	Specimen Information	Client Information
DOB: AGE: Gender: Fasting: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

COMMENTS: FASTING:

Test Name COMPREHENSIVE METABOLIC	In Range Out Of Ran	nge Reference Range L
PANEL GLUCOSE	85	65 00 mg/dI
GLUCUSE	6.5	65-99 mg/dL
		Fasting reference interval
UREA NITROGEN (BUN)	18	7-25 mg/dL
CREATININE	1.30	0.60-1.35 mg/dL
eGFR NON-AFR. AMERICAN	72	> OR = 60 mL/min/1.73m2
eGFR AFRICAN AMERICAN	84	> OR = 60 mL/min/1.73m2
BUN/CREATININE RATIO	NOT APPLICABLE	6-22 (calc)
SODIUM	140	135-146 mmol/L
POTASSIUM	4.5	3.5-5.3 mmol/L
CHLORIDE	106	98-110 mmol/L
CARBON DIOXIDE	27	20-32 mmol/L
CALCIUM	9.4	8.6-10.3 mg/dL
PROTEIN, TOTAL	7.1	6.1-8.1 g/dL
ALBUMIN	4.8	3.6-5.1 g/dL
GLOBULIN	2.3	1.9-3.7 g/dL (calc)
ALBUMIN/GLOBULIN RATIO	2.1	1.0-2.5 (calc)
BILIRUBIN, TOTAL	± • 0	0.2-1.2 mg/dL
ALKALINE PHOSPHATASE	82	36-130 U/L
AST	21	10-40 U/L
ALT	16	9-46 U/L
SED RATE BY MODIFIED	•	
WESTERGREN	2	< OR = 15 mm/h
CBC (INCLUDES DIFF/PLT)	- 6	0 0 10 0 -1
WHITE BLOOD CELL COUNT	5.6	3.8-10.8 Thousand/uL
RED BLOOD CELL COUNT	4.71	4.20-5.80 Million/uL
HEMOGLOBIN	14.2	13.2-17.1 g/dL
HEMATOCRIT	43.6	38.5-50.0 \$
MCV	92.6	80.0-100.0 fL
MCH	30.1	27.0-33.0 pg
MCHC	32.6	32.0-36.0 g/dL
RDW	11.9	11.0-15.0 %
PLATELET COUNT	248 9.9	140-400 Thousand/uL
MPV ABSOLUTE NEUTROPHILS	3046	7.5-12.5 fL
	1898	1500-7800 cells/uL 850-3900 cells/uL
ABSOLUTE LYMPHOCYTES ABSOLUTE MONOCYTES	526	200-950 cells/uL
ABSOLUTE MONOCITES ABSOLUTE EOSINOPHILS	90	15-500 cells/uL
ABSOLUTE BASOPHILS	39	0-200 cells/uL
NEUTROPHILS	54.4	%
LYMPHOCYTES	33.9	9
MONOCYTES	9.4	ठ २
EOSINOPHILS	1.6	90
BASOPHILS	0.7	o o
IRON AND TOTAL IRON	0. <i>1</i>	0
BINDING CAPACITY		
DINDING CULUCILI	1.51	EO 100 / -
TRON TOTAI.	151	
IRON, TOTAL IRON BINDING CAPACITY	151 330	50-180 mcg/dL 250-425 mcg/dL (calc)



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Test Name	In Range	Out Of Range	Reference Ran	nge	Lab
FERRITIN	65		38-380 ng/mL		
VITAMIN B12/FOLATE,			-		
SERUM PANEL					
VITAMIN B12	527	527		200-1100 pg/mL	
FOLATE, SERUM	12.3		ng/mL		
			Reference Range		
			Low:	<3.4	
			Borderline:	3.4-5.4	
			Normal:	>5.4	
C-REACTIVE PROTEIN	0.5		<8.0 mg/L		



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Endocrinology

Test Name	•	Re	esult	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA			46	30-100 ng/mL	IG
Vitamin D Status	25-OH Vitamin D:				1

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

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).

Physician Comments:

End Notes:

VITAMIN D,25-OH,TOTAL,IA

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

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