Quest Diagnostics

Report Status: Final

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

COMMENTS: FASTING:YES

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL				
CHOLESTEROL, TOTAL	141		<200 mg/dL	
HDL CHOLESTEROL	41		>40 mg/dL	
TRIGLYCERIDES	136		<150 mg/dL	
LDL-CHOLESTEROL	84		mg/dL (calc)	
Reference range: <100				
Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.				
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	4.1		<5.0 (calc)	
NON HDL CHOLESTEROL	107		<130 mg/dL (calc)	
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	1.4		mg/L	
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.				
Homocysteine	11		<11.4 umol/L	
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.				