



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

COMMENTS:

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPOPROTEIN (a)	58		<75 nmol/L	
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL	163		<200 mg/dL	
HDL CHOLESTEROL	49		>40 mg/dL	
TRIGLYCERIDES	137		<150 mg/dL	
LDL-CHOLESTEROL	90		mg/dL (calc)	
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/HDL-C RATIO	3.3		<5.0 (calc)	
NON HDL CHOLESTEROL	114		<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	0.4		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	9.4		<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.				
HEMOGLOBIN Alc WITH eAG				
HEMOGLOBIN Alc	5.0.		<5.7 % of total Hgb	
For someone without known diabetes, a hemoglobin Alc value between 5.7% and 6.4% is consistent with prediabetes and should be confirmed with a follow-up test.				



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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.

eAG (mg/dL)	117	(calc)
eAG (mmol/L)	6.5	(calc)

PERFORMING SITE: