

Patient Information	Specimen Information	Client Information
	Specimen:	Client #: 97508815 0000000
	Requisition:	REQUEST A TEST - PWN HEALTH
	Lab Ref #:	7027 MILL RD STE 201
DOB: AGE:		
Gender:	Collected:	BRECKSVILLE, OH 44141-1852
Phone:	Received:	
Patient ID:	Reported:	
Health ID:	Reported.	
Test Name	In Range Out Of Range	Reference Range Lal
COMPREHENSIVE METABOLIC PANEL		
GLUCOSE	86	65-99 mg/dL
		-
	Fa	sting reference interval
UREA NITROGEN (BUN)	10	7-25 mg/dL
CREATININE	0.80	0.50-0.99 mg/dL
EGFR	93	> OR = 60 mL/min/1.73m2
	KD-EPI 2021 equation. To calcu	ilate
result, go to https://www.	us Creatinine or Cystatin C kidney.org/professionals/	
kdoqi/gfr%5Fcalculator BUN/CREATININE RATIO	NOT APPLICABLE	6-22 (calc)
SODIUM	139	135 - 146 mmol/L
POTASSIUM	4.0	3.5-5.3 mmol/L
CHLORIDE	104	98-110 mmol/L
CARBON DIOXIDE	26	20-32 mmol/L
CALCIUM	9.5	8.6-10.2 mg/dL
PROTEIN, TOTAL	7.3	6.1-8.1 g/dL
ALBUMIN	4.3	3.6-5.1 g/dL
GLOBULIN	3.0	1.9-3.7 g/dL (calc)
ALBUMIN/GLOBULIN RATIO	1.4	1.0-2.5 (calc)
BILIRUBIN, TOTAL ALKALINE PHOSPHATASE	0.4 80	0.2-1.2 mg/dL 31-125 U/L
AST	18	10-35 U/L
ALT	17	6-29 U/L
PARTIAL THROMBOPLASTIN	± /	
TIME, ACTIVATED	30	23-32 sec
This test has not been val unfractionated heparin the is validated for this type to the Heparin Anti-Xa ass	erapy. For testing that e of therapy, please refer	
For additional information http://education.QuestDiag (This link is being provid informational/educational	nostics.com/faq/FAQ159 led for	
PROTHROMBIN TIME-INR	1.0	
Reference Range	0.9-1.1	
Moderate-intensity Warfari Higher-intensity Warfarin		
PT	10.0	9.0-11.5 sec
For additional information http://education.questdiag (This link is being provid educational purposes only. CBC (INCLUDES DIFF/PLT)	nostics.com/faq/FAQ104 led for informational/	
	7 0	3 8 - 10 8 Thousand/int
WHITE BLOOD CELL COUNT RED BLOOD CELL COUNT	7.0 4.69	3.8-10.8 Thousand/uL 3.80-5.10 Million/uL

SPECIMEN:



Patient Information	Specimen Information	Client Information	
	Specimen:	Client #: 97508815	
	Collected:	Chent #. 97500015	
DOB: AGE:	Received:		
Gender:	Reported:		
Patient ID:			
Health ID:			
Test Name	In Range Out Of Range	Reference Range Lab	
HEMOGLOBIN	14.4	11.7-15.5 g/dL	
HEMATOCRIT	42.5	35.0-45.0 %	
MCV	90.6	80.0-100.0 fL	
MCH	30.7	27.0-33.0 pg	
MCHC	33.9	32.0-36.0 g/dL	
RDW	13.0	11.0-15.0 %	
PLATELET COUNT	319	140-400 Thousand/uL	
MPV	10.2	7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	4410	1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2023	850-3900 cells/uL	
ABSOLUTE MONOCYTES	448	200-950 cells/uL	
ABSOLUTE EOSINOPHILS	70	15-500 cells/uL	
ABSOLUTE BASOPHILS	49	0-200 cells/uL	
NEUTROPHILS	63	8	
LYMPHOCYTES	28.9	8 8	
MONOCYTES	6.4	0 00	
EOSINOPHILS	1.0	8 8	
BASOPHILS	0.7	8 8	
URINALYSIS, COMPLETE		·	
COLOR	YELLOW	YELLOW	
APPEARANCE	CLEAR	CLEAR	
SPECIFIC GRAVITY	1.005	1.001-1.035	
PH	8.0	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	
This urine was analyzed for	the presence of WBC,		
RBC, bacteria, casts, and other formed elements.			
Only those elements seen were reported.			
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HCG, TOTAL, QL

NEGATIVE

Reference Range Non-Pregnant: Negative Pregnant: Positive