

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
COMPREHENSIVE METABOLIC PANEL				TP
GLUCOSE	94		65-99 mg/dL	
			Fasting reference interval	
UREA NITROGEN (BUN)	20		7-25 mg/dL	
CREATININE	1.05		0.70-1.33 mg/dL	
			For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.	
eGFR NON-AFR. AMERICAN	81		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	93		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	138		135-146 mmol/L	
POTASSIUM	4.4		3.5-5.3 mmol/L	
CHLORIDE	101		98-110 mmol/L	
CARBON DIOXIDE	31		20-32 mmol/L	
CALCIUM	9.2		8.6-10.3 mg/dL	
PROTEIN, TOTAL	6.9		6.1-8.1 g/dL	
ALBUMIN	4.1		3.6-5.1 g/dL	
GLOBULIN	2.8		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.5		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	1.0		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	66		40-115 U/L	
AST	20		10-35 U/L	
ALT	21		9-46 U/L	
CBC (INCLUDES DIFF/PLT)				TP
WHITE BLOOD CELL COUNT	5.9		3.8-10.8 Thousand/uL	TP
RED BLOOD CELL COUNT	4.81		4.20-5.80 Million/uL	TP
HEMOGLOBIN	15.5		13.2-17.1 g/dL	TP
HEMATOCRIT	45.1		38.5-50.0 %80.0-100.0	
MCV	93.8		fL 27.0-33.0 pg	
MCH	32.2		32.0-36.0 g/dL	
MCHC	34.4		11.0-15.0 %140-400	
RDW	12.8		Thousand/uL 7.5-12.5 fL	
PLATELET COUNT	228		1500-7800 cells/uL	
MPV	10.9		850-3900 cells/uL	
ABSOLUTE NEUTROPHILS	2761		200-950 cells/uL 15-500	
ABSOLUTE LYMPHOCYTES	2100		cells/uL 0-200 cells/uL	
ABSOLUTE MONOCYTES	614		%	
ABSOLUTE EOSINOPHILS	384		%	
ABSOLUTE BASOPHILS	41		%	
NEUTROPHILS	46.8		%	
LYMPHOCYTES	35.6		%	
MONOCYTES	10.4		%	
EOSINOPHILS	6.5		%	
BASOPHILS	0.7		%	

CLIENT SERVICES:

SPECIMEN:



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COMMENTS:

Test Name	In Range	Out Of Range	Reference Range	Lab
PARTIAL THROMBOPLASTIN TIME, ACTIVATED	27		22-34 sec	
<p>This test has not been validated for monitoring unfractionated heparin therapy. For testing that is validated for this type of therapy, please refer to the Heparin Anti-Xa assay (test code 30292).</p>				
<p>For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ159 (This link is being provided for informational/educational purposes only.)</p>				
PROTHROMBIN TIME-INR INR	1.1			
<p>Reference Range 0.9-1.1 Moderate-intensity Warfarin Therapy 2.0-3.0 Higher-intensity Warfarin Therapy 3.0-4.0</p>				
PT	11.5		9.0-11.5 sec	
<p>For more information on this test, go to: http://education.questdiagnostics.com/faq/FAQ104</p>				