



Patient Information	Specimen Information	Client Information
DOB: AGE: Gender: Fasting: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	REQUEST A TEST - PWN HEALTH 7027 MILL RD STE 201 BRECKSVILLE, OH 44141-1852

COMMENTS: FASTING:UNKNOWN

Test Name	In Range	Out Of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL				NW
GLUCOSE	92		65-99 mg/dL	
			Fasting reference interval	
UREA NITROGEN (BUN)	10		7-25 mg/dL	
CREATININE	0.76		0.50-0.99 mg/dL	
EGFR	99		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	SEE NOTE:		6-22 (calc)	
			Not Reported: BUN and Creatinine are within reference range.	
SODIUM	138		135-146 mmol/L	
POTASSIUM	3.7		3.5-5.3 mmol/L	
CHLORIDE	103		98-110 mmol/L	
CARBON DIOXIDE	28		20-32 mmol/L	
CALCIUM	9.6		8.6-10.2 mg/dL	
PROTEIN, TOTAL	7.3		6.1-8.1 g/dL	
ALBUMIN	4.5		3.6-5.1 g/dL	
GLOBULIN	2.8		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.6		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.7		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	58		31-125 U/L	
AST	17		10-30 U/L	
ALT	15		6-29 U/L	
TSH	2.76		mIU/L	NW
			Reference Range	
			> or = 20 Years 0.40-4.50	
			Pregnancy Ranges	
			First trimester 0.26-2.66	
			Second trimester 0.55-2.73	
			Third trimester 0.43-2.91	
T4, FREE	1.1		0.8-1.8 ng/dL	NW
CBC (INCLUDES DIFF/PLT)				NW
WHITE BLOOD CELL COUNT	7.2		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.04		3.80-5.10 Million/uL	
HEMOGLOBIN	12.8		11.7-15.5 g/dL	
HEMATOCRIT	38.2		35.0-45.0 %	
MCV	94.6		80.0-100.0 fL	
MCH	31.7		27.0-33.0 pg	
MCHC	33.5		32.0-36.0 g/dL	
RDW	12.7		11.0-15.0 %	
PLATELET COUNT	382		140-400 Thousand/uL	
MPV	10.4		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	6450		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	3487		850-3900 cells/uL	
ABSOLUTE MONOCYTES	302		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	155		15-500 cells/uL	
ABSOLUTE BASOPHILS	119		0-200 cells/uL	

CLIENT SERVICES:

SPECIMEN:



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Test Name	In Range	Out Of Range	Reference Range	Lab
NEUTROPHILS	54.2		%	
LYMPHOCYTES	29.3		%	
MONOCYTES	14.2		%	
EOSINOPHILS	1.3		%	
BASOPHILS	1.0		%	
RUBELLA AB (IGG), IMMUNE STATUS	>33.00		Index	NW
Index	Interpretation			
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<0.90	Not consistent with immunity			
0.90-0.99	Equivocal			
> or = 1.00	Consistent with immunity			

The presence of rubella IgG antibody suggests immunization or past or current infection with rubella virus.

VARICELLA ZOSTER VIRUS ANTIBODY (IGG)	3754.00		index	EN
Index	Interpretation			
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<135.00	Negative - Antibody not detected			
135.00 - 164.99	Equivocal			
> or = 165.00	Positive - Antibody detected			

A positive result indicates that the patient has antibody to VZV but does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with the clinical signs and symptoms of the patient. This assay reliably measures immunity due to previous infection but may not be sensitive enough to detect antibodies induced by vaccination. Thus, a negative result in a vaccinated individual does not necessarily indicate susceptibility to VZV infection. A more sensitive test for vaccination-induced immunity is Varicella Zoster Virus Antibody Immunity Screen, ACIF.

CHLAMYDIA/N. GONORRHOEAE RNA, TMA, UROGENITAL CHLAMYDIA TRACHOMATIS RNA, TMA, UROGENITAL	NOT DETECTED		NOT DETECTED	NW
NEISSERIA GONORRHOEAE RNA, TMA, UROGENITAL	NOT DETECTED		NOT DETECTED	

See Endnote 1

SYPHILIS ANTIBODY CASCADING REFLEX T. PALLIDUM AB	NEGATIVE			EZ
Reference range: Negative				

No antibodies to T. pallidum (the agent causing syphilis) were detected in the specimen. This result, however, does not exclude very recent T. pallidum infection; testing of a second specimen, collected 2-4 weeks after this specimen, is recommended if the index of suspicion for recent



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infection is high.				

ANTIBODY SCREEN, RBC W/REFL ID, TITER AND AG	NO ANTIBODIES DETECTED			NW
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Reference range
No antibodies detected

This assay is a screening test for the detection of red blood cell antibodies. The test is not to be used for pretransfusion screening or for the medical management of an alloimmunized pregnancy.

ABO GROUP AND RH TYPE				NW
ABO GROUP	O			
RH TYPE	RH(D) POSITIVE			

For additional information, please refer to <http://education.QuestDiagnostics.com/faq/FAQ111>
(This link is being provided for informational/educational purposes only.)

Endnote 1 The analytical performance characteristics of this assay, when used to test SurePath(TM) specimens have been determined by Quest Diagnostics. The modifications have not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

For additional information, please refer to <https://education.questdiagnostics.com/faq/FAQ154>
(This link is being provided for information/educational purposes only.)



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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	38	30-100 ng/mL	NW
Vitamin D Status 25-OH Vitamin D: Deficiency: <20 ng/mL Insufficiency: 20 - 29 ng/mL Optimal: > or = 30 ng/mL 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). For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ199 (This link is being provided for informational/ educational purposes only.) Physician Comments:			

Infectious Diseases

Test Name	Result	Reference Range	Lab
HIV 1/2 ANTIGEN/ANTIBODY, FOURTH GENERATION W/RFL			NW
HIV AG/AB, 4TH GEN	NON-REACTIVE	NON-REACTIVE	
HIV-1 antigen and HIV-1/HIV-2 antibodies were not detected. There is no laboratory evidence of HIV infection. PLEASE NOTE: This information has been disclosed to you from records whose confidentiality may be protected by state law. If your state requires such protection, then the state law prohibits you from making any further disclosure of the information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose. For additional information please refer to http://education.questdiagnostics.com/faq/FAQ106 (This link is being provided for informational/ educational purposes only.) The performance of this assay has not been clinically validated in patients less than 2 years old. Physician Comments:			

Infectious Diseases

Test Name	Result	Reference Range	Lab
HEPATITIS B SURFACE ANTIGEN W/REFL CONFIRM			NW
HEPATITIS B SURFACE ANTIGEN	NON-REACTIVE	NON-REACTIVE	
For additional information, please refer to http://education.questdiagnostics.com/faq/FAQ202 (This link is being provided for informational/ educational purposes only.)			