Quest Diagnostics

Report Status: Final

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

COMMENTS:

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPOPROTEIN (a)	13		<75 nmol/L	
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL	189		<200 mg/dL	
HDL CHOLESTEROL	78		>40 mg/dL	
TRIGLYCERIDES	32		<150 mg/dL	
LDL CHOLESTEROL	32		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/HDLC RATIO	2.4		<5.0 (calc)	
NON HDL CHOLESTEROL	111		<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	0.6		mg/L	

Lower relative cardiovascular risk according to AHA/CDC guidelines.

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	2		<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.

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Test Name	In Range	Out Of Range	Reference Range	Lab
HEMOGLOBIN A1c WITH eAG				
HEMOGLOBIN A1c	4.8		<5.7 % of total Hgb	

For the purpose of screening for the presence of diabetes:

<5.7% Consistent with the absence of diabetes
5.7-6.4% Consistent with increased risk for diabetes (prediabetes)
> or =6.5% Consistent with diabetes

This assay result is consistent with a decreased risk of diabetes.

Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.

According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).

eAG (mg/dL)	91		(calc)
eAG (mmol/L)	5.0		(calc)

PERFORMING SITE:

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COMMENTS:

Cardio IQ®

Test Name	Units	Result and Risk Category			Result from	Risk Category Ranges		
		Optimal	Moderate	High		Optimal	Moderate	High
Lipoprotein Subfractions								**Lab: EZ**
LDL PARTICLE NUMBER	nmol/L	1018				<1138	1138-1409	>1409
LDL SMALL	nmol/L	107				<142	142-219	>219
LDL MEDIUM	nmol/L	149				<215	215-301	>301
HDL LARGE	nmol/L	7818				>6729	6729-5353	<5353

For details on reference ranges please refer to the reference range/comment section of the report.

4myheart Diet & Exercise Coaching Program: Need help achieving and maintaining an optimal weight? Managing stress? Trying to improve physical fitness levels? The 4myheart program provides support and personalized lifestyle guidance to help improve heart health. Please talk to your provider, visit 4myheart.com or call 1-800-432-7889 opt 2 to learn more.

Medical Information For Healthcare Providers: If you have any questions about any of the tests in our Cardio IQ offering, please call 1-800-432-7889 opt 3 to speak to a clinical liaison. For frequently asked questions, you can also visit us at http://education.questdiagnostics.com/faq/FAQ134

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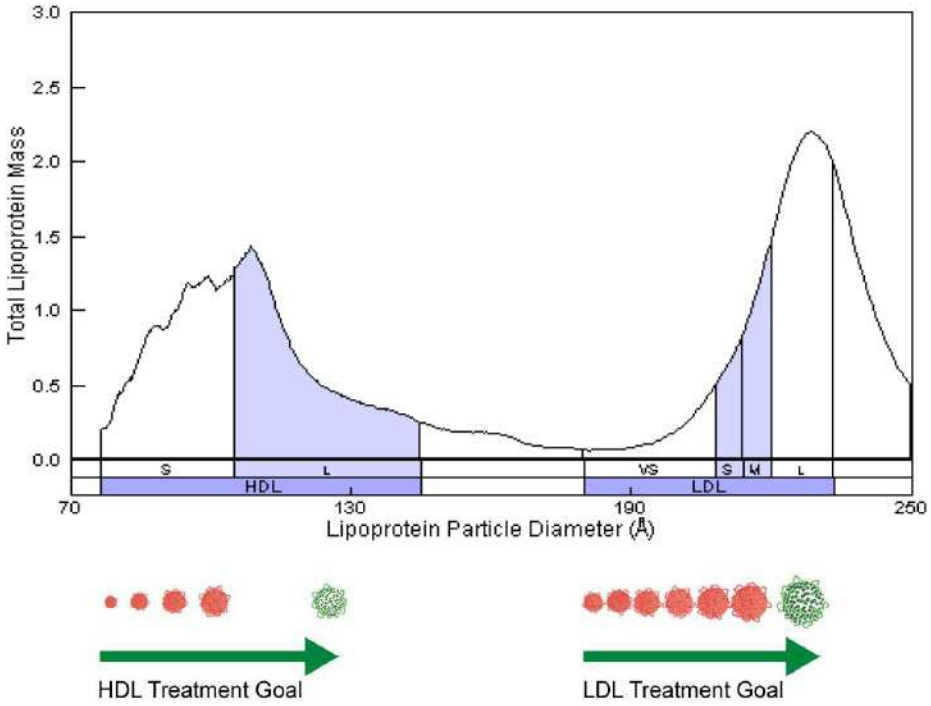
LIPID SUBCLASS DETAIL FROM ION MOBILITY



Test Name	Units	Result and Risk Category			Result from	Risk Category Ranges		
		Optimal	Moderate	High		Optimal	Moderate	High
Lipoprotein Subfractions								**Lab: EZ**
LDL PATTERN	Pattern	A				A	N/A	B
LDL PEAK SIZE	Angstrom	229.3				>222.9	222.9-217.4	<217.4

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Reference Range/Comments

Analyte Name	Reference Range	Comments
LDL PARTICLE NUMBER	732-2035 nmol/L	Risk: Optimal <1138; Moderate 1138-1409; High >1409
LDL SMALL	85-473 nmol/L	Risk: Optimal <142; Moderate 142-219; High >219
LDL MEDIUM	122-498 nmol/L	Risk: Optimal <215; Moderate 215-301; High >301
HDL LARGE	3382-9376 nmol/L	Risk: Optimal >6729; Moderate 6729-5353; High <5353
LDL PATTERN	A Pattern	Risk: Optimal Pattern A; High Pattern B
LDL PEAK SIZE	> OR = 217.4 Angstrom	Risk: Optimal >222.9; Moderate 222.9-217.4; High <217.4 Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on adult U.S. reference population. Association between lipoprotein subfractions and cardiovascular events is based on Musunuru et al. ATVB. 2009;29:1975. This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

PERFORMING SITE:

EZ QUEST DIAGNOSTICS/NICHOLS SJC, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675-2042 Laboratory Director: IRINA MARAMICA,MD,PHD,MBA, CLIA: 05D0643352