

Ordered Items: **NMR LipoProfile+Lipids+Graph; Hgb A1c with eAG Estimation; Lipoprotein (a); C-Reactive Protein, Cardiac; Homocyst(e)ine**

Date Collected:	Date Received:	Date Reported:	Fasting:
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**NMR LipoProfile+Lipids+Graph**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
LDL Particle Number <sup>01</sup>				
LDL-P <sup>A, 01</sup>	859	11/19/2021	nmol/L	<1000
		Low	< 1000	
		Moderate	1000 - 1299	
		Borderline-High	1300 - 1599	
		High	1600 - 2000	
		Very High	> 2000	
Lipids <sup>01</sup>				
LDL-C (NIH Calc) <sup>01</sup>	62	11/19/2021	mg/dL	0-99
		Optimal	< 100	
		Above optimal	100 - 129	
		Borderline	130 - 159	
		High	160 - 189	
		Very high	> 189	
HDL-C <sup>A, 01</sup>	78	11/19/2021	mg/dL	>39
Triglycerides <sup>A, 01</sup>	101	11/19/2021	mg/dL	0-149
Cholesterol, Total <sup>A, 01</sup>	158	11/19/2021	mg/dL	100-199
LDL and HDL Particles <sup>01</sup>				
HDL-P (Total) <sup>A, 01</sup>	32.5	11/19/2021	umol/L	>=30.5
Small LDL-P <sup>A, 01</sup>	<90	11/19/2021	nmol/L	<=527
LDL Size <sup>A, 01</sup>	21.5	11/19/2021	nm	>20.5

\*\* INTERPRETATIVE INFORMATION\*\*

PARTICLE CONCENTRATION AND SIZE

<--Lower CVD Risk    Higher CVD Risk-->

LDL AND HDL PARTICLES    Percentile in Reference Population

HDL-P (total)	High	75th	50th	25th	Low
	>34.9	34.9	30.5	26.7	<26.7
Small LDL-P	Low	25th	50th	75th	High
	<117	117	527	839	>839
LDL Size	<-Large (Pattern A)->		<-Small (Pattern B)->		
	23.0	20.6	20.5	19.0	

Comment: <sup>01</sup>	Small LDL-P and LDL Size are associated with CVD risk, but not after LDL-P is taken into account.
Insulin Resistance Score <sup>01</sup>	
LP-IR Score <sup>A, 01</sup>	<25
	INSULIN RESISTANCE MARKER

NMR LipoProfile+Lipids+Graph (Cont.)

<--Insulin Sensitive      Insulin Resistant-->					
Percentile in Reference Population					
Insulin Resistance Score					
LP-IR Score	Low	25th	50th	75th	High
	<27	27	45	63	>63

Comment: <sup>01</sup>	LP-IR Score is inaccurate if patient is non-fasting. The LP-IR score is a laboratory developed index that has been associated with insulin resistance and diabetes risk and should be used as one component of a physician's clinical assessment.			
PDF <sup>01</sup>	.	.	11/19/2021	

Hgb A1c with eAG Estimation

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Hemoglobin A1c <sup>02</sup>	4.9	11/19/2021	%	4.8-5.6
Please Note: <sup>02</sup>	Prediabetes: 5.7 - 6.4 Diabetes: >6.4 Glycemic control for adults with diabetes: <7.0			
Estim. Avg Glu (eAG)	94	94	11/19/2021	mg/dL

Lipoprotein (a)

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Lipoprotein (a) <sup>01</sup>	29.9		nmol/L	<75.0
Note: Values greater than or equal to 75.0 nmol/L may indicate an independent risk factor for CHD, but must be evaluated with caution when applied to non-Caucasian populations due to the influence of genetic factors on Lp(a) across ethnicities.				

C-Reactive Protein, Cardiac

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
C-Reactive Protein, Cardiac <sup>02</sup>	0.32		mg/L	0.00-3.00
Relative Risk for Future Cardiovascular Event				
Low			<1.00	
Average			1.00 - 3.00	
High			>3.00	

Homocyst(e)ine

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Homocyst(e)ine <sup>02</sup>	12.4		umol/L	0.0-17.2

Specimen Number		Patient ID		Account Number	Account Phone	Account Fax
Patient Last Name		Patient First Name		Account Address		
Age	Date of Birth	Sex	Fasting YES	<b>Request A Test, LTD.</b> <b>7027 Mill Road Suite 201</b> <b>BRECKSVILLE, OH 44141</b>		
Control Number		NPI				
Date Collected	Date Entered	Date and Time Reported		Physician ID & Name		Page Number 1 of 2

❖ **NMR LipoProfile® test**

**Reference Interval<sup>1</sup>**

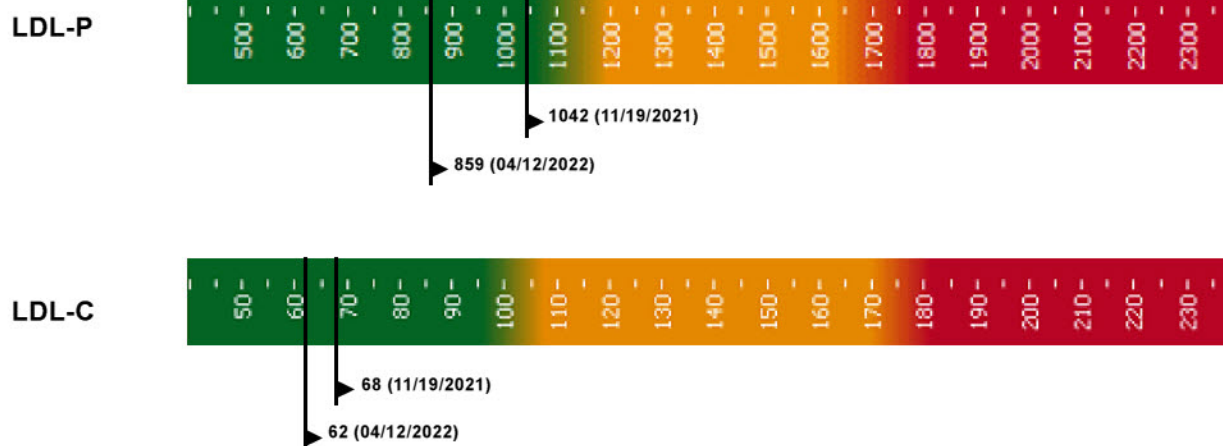
	Percentile <sup>1</sup>	20th	50th	80th	95th	
	nmol/L	Low	Moderate	Borderline High	High	Very High
<b>LDL-P</b> (LDL Particle Number)	<b>859</b>	<b>&lt; 1000</b>	<b>1000 - 1299</b>	<b>1300 - 1599</b>	<b>1600 - 2000</b>	<b>&gt; 2000</b>

1. Reference population (5,362 men and women) not on lipid medication enrolled in the Multi-Ethnic Study of Atherosclerosis (MESA). Mora, et al. Atherosclerosis 2007.

❖ **Lipids**

	mg/dL	Optimal	Near or Above Optimal	Borderline High	High	Very High
<b>LDL-C</b> (calculated)	<b>62</b>	<b>&lt; 100</b>	<b>100 - 129</b>	<b>130 - 159</b>	<b>160 - 189</b>	<b>≥ 190</b>
<b>HDL-C</b>	<b>78</b>					
	Desirable ≥ 40					
<b>Triglycerides</b>	<b>101</b>					
	Desirable < 150					
<b>Total Cholesterol</b>	<b>158</b>					
	Desirable < 200					

**Historical Reporting**



❖ This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the US Food and Drug Administration.

Issued or Pending  
**PATENTS**

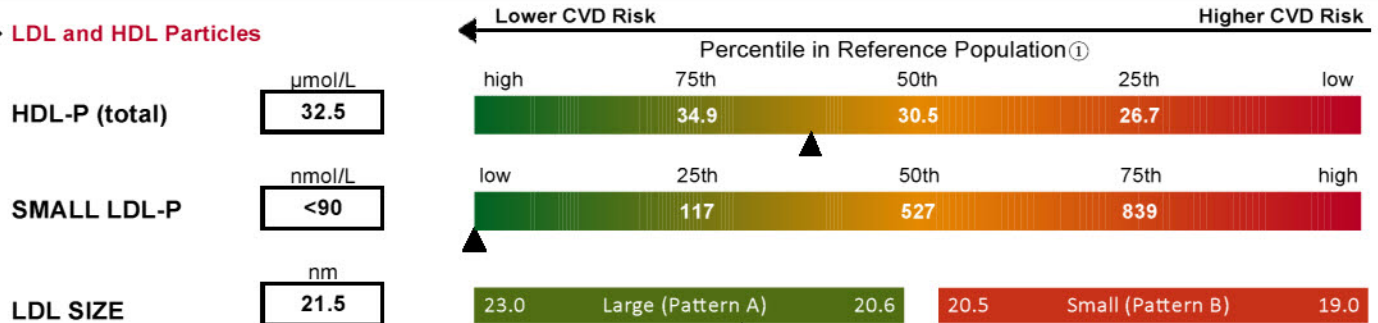
The NMR LipoProfile® test may be covered by one or more issued or pending patents, including U.S. Patent Nos. 6,518,069; 6,576,471; 6,653,140; and 7,243,030

CLIA Number

Specimen Number		Patient ID		Account Number	Account Phone	Account Fax
Patient Last Name		Patient First Name		Account Address		
Age	Date of Birth	Sex	Fasting YES	Request A Test, LTD. 7027 Mill Road Suite 201 BRECKSVILLE, OH 44141		
Control Number		NPI				
Date Collected	Date Entered	Date and Time Reported		Physician ID & Name		Page Number 2 of 2

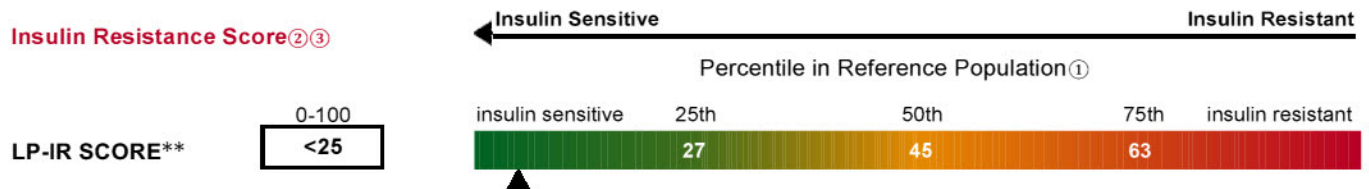
## PARTICLE CONCENTRATION AND SIZE

### ❖ LDL and HDL Particles



Small LDL-P and LDL Size are associated with CVD risk, but not after LDL-P is taken into account.

### Insulin Resistance Score<sup>②③</sup>



\*\*The LP-IR score is a laboratory developed index that has been associated with insulin resistance and diabetes risk and should be used as one component of a physician's clinical assessment. The LP-IR score has not been cleared by the US Food and Drug Administration.

### Clinician Notes

❖ This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the US Food and Drug Administration.

① LipoScience reference population comprises 4,588 men and women without known CVD or diabetes and not on lipid medication.

② Shalaurova I et al., Metab Syndr Relat Disord 2014; 12:422-9.

③ Mackey RH et al., Diab Care 2015; 38:628-36.