

| | | | | |
|----------------------|--|-----|--------|--------------------------------|
| Patient Name | DOB | Age | Gender | Lab/Corp |
| ZALUK, SHAWN | 5/28/1978 | 38 | M | Report Status: Final |
| Client | | | | Reported: 04/20/12 3:07:00 AM |
| Robert C Alwood (RD) | | | | Accession: 1000000000 |
| Signed by | Robert C Alwood on 04/20/12 4:28:38 PM | | | Collected: 04/20/12 9:22:00 AM |

| A | Test | Results | Abnormal Results | Units | Reference Range | Lab |
|--------------------------------|--|---------|------------------|-------------|-----------------|-----|
| CBC With Differential/Platelet | | | | | | |
| | WBC | 8.4 | | x10E3/uL | 4.0-10.5 | _D |
| L | RBC | | 4.06 | x10E6/uL | 4.10-5.60 | _D |
| L | Hemoglobin | | 11.5 | g/dL | 12.5-17.0 | _D |
| L | Hematocrit | | 35.3 | % | 36.0-50.0 | _D |
| | MCV | 87 | | fL | 80-98 | _D |
| | MCH | 28.3 | | pg | 27.0-34.0 | _D |
| | MCHC | 32.6 | | g/dL | 32.0-36.0 | _D |
| | RDW | 13.1 | | % | 11.7-15.0 | _D |
| | Platelets | 398 | | x10E3/uL | 140-415 | _D |
| H | Neutrophils | | 78 | % | 40-74 | _D |
| L | Lymphs | | 10 | % | 14-46 | _D |
| | Monocytes | 10 | | % | 4-13 | _D |
| | Eos | 1 | | % | 0-7 | _D |
| | Basos | 1 | | % | 0-3 | _D |
| | Immature Cells | | | | | _D |
| | Neutrophils (Absolute) | 6.6 | | x10E3/uL | 1.8-7.8 | _D |
| | Lymphs (Absolute) | 0.9 | | x10E3/uL | 0.7-4.5 | _D |
| | Monocytes(Absolute) | 0.8 | | x10E3/uL | 0.1-1.0 | _D |
| | Eos (Absolute) | 0.1 | | x10E3/uL | 0.0-0.4 | _D |
| | Baso (Absolute) | 0.1 | | x10E3/uL | 0.0-0.2 | _D |
| | Immature Granulocytes | | | | | _D |
| | Immature Grans (Abs) | | | | | _D |
| | NRBC | | | | | _D |
| | Hematology Comments: | | | | | _D |
| Comp. Metabolic Panel (14) | | | | | | |
| | Glucose, Serum | 91 | | mg/dL | 65-99 | _D |
| | BUN | 12 | | mg/dL | 6-20 | _D |
| L | Creatinine, Serum | | 0.70 | mg/dL | 0.76-1.27 | _D |
| | eGFR If NonAfricn Am | 122 | | mL/min/1.73 | >59 | _D |
| | eGFR If Africn Am | 141 | | mL/min/1.73 | >59 | _D |
| | Note: A persistent eGFR <60 mL/min/1.73 m2 (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m2 with an elevated urine protein also may indicate chronic kidney disease. Calculated using CKD-EPI formula. | | | | | |
| | BUN/Creatinine Ratio | 17 | | | 8-19 | _D |
| | Sodium, Serum | 140 | | mmol/L | 134-144 | _D |
| | Potassium, Serum | 4.3 | | mmol/L | 3.5-5.2 | _D |
| | Chloride, Serum | 99 | | mmol/L | 97-108 | _D |
| | Carbon Dioxide, Total | 22 | | mmol/L | 20-32 | _D |

| | | | | | |
|----------------|------------|-----|--------|-----------|-----------|
| Patient Name | DOB | Age | Gender | Lab/Ref | Phys |
| DR. JAC. BROWN | 02/07/1978 | 28 | M | Reference | Reference |
| Order | | | | Reference | Reference |
| Order # | | | | Reference | Reference |
| Order Date | | | | Reference | Reference |

| A | Test | Results | Abnormal Results | Units | Reference Range | Lab |
|---|-------------------------|---------|------------------|-------|-----------------|-----|
| | Calcium, Serum | 9.3 | | mg/dL | 8.7-10.2 | _D |
| | Protein, Total, Serum | 8.3 | | g/dL | 6.0-8.5 | _D |
| L | Albumin, Serum | | 3.4 | g/dL | 3.5-5.5 | _D |
| H | Globulin, Total | | 4.9 | g/dL | 1.5-4.5 | _D |
| L | A/G Ratio | | 0.7 | | 1.1-2.5 | _D |
| | Bilirubin, Total | 0.3 | | mg/dL | 0.0-1.2 | _D |
| | Alkaline Phosphatase, S | 43 | | IU/L | 25-150 | _D |
| | AST (SGOT) | 17 | | IU/L | 0-40 | _D |
| | ALT (SGPT) | 17 | | IU/L | 0-55 | _D |

Urinalysis, Routine

| | | | | | | |
|-------------------------|----------|--|--|-------|----------------|----|
| Specific Gravity | 1.019 | | | | 1.005-1.030 | _D |
| pH | 7.0 | | | | 5.0-7.5 | _D |
| Urine-Color | Yellow | | | | Yellow | _D |
| Appearance | Clear | | | | Clear | _D |
| WBC Esterase | Negative | | | | Negative | _D |
| Protein | Negative | | | | Negative/Trace | _D |
| Glucose | Negative | | | | Negative | _D |
| Glucose Reflex | | | | | | _D |
| Ketones | Negative | | | | Negative | _D |
| Occult Blood | Negative | | | | Negative | _D |
| Bilirubin | Negative | | | | Negative | _D |
| Urobilinogen, Semi-Qn | 0.2 | | | mg/dL | 0.0-1.9 | _D |
| Nitrite, Urine | Negative | | | | Negative | _D |
| Microscopic Examination | | | | | | _D |

Microscopic follows if indicated.

Th1 Cytokine 4 Plex Panel

| | | | | | | |
|------------------|-------|--|--|-------|----------|----|
| IL-2 | 6.91 | | | pg/mL | 0.0-60.8 | NJ |
| IL-12(p70) | <3.20 | | | pg/mL | 0.0-8.4 | NJ |
| INF-g | 5.98 | | | pg/mL | 0.0-24.1 | NJ |
| TNFa | 10.05 | | | pg/mL | 0.0-22.3 | NJ |
| Cytokine Panel 1 | | | | | | NJ |
| Comment | | | | | | |

This test uses a kit/reagent designated by the manufacturer as for research use, not for clinical use. The performance characteristics of this test have been validated by Advanced Diagnostic Laboratories at National Jewish Health. It has not been cleared or approved by the US Food and Drug Administration. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to

| A | Test | Results | Abnormal Results | Units | Reference Range | Lab |
|----------|---|---|------------------|--------------|--------------------|-----|
| | | perform high complexity clinical laboratory testing. | | | | |
| | Th2 Cytokine 4 Plex Panel | | | | | |
| | IL-4 | <3.20 | | pg/mL | 0.0-4.1 NJ | |
| | IL-5 | <3.20 | | pg/mL | 0.0-4.1 NJ | |
| H | IL-6 | | 19.98 | pg/mL | 0.0-11.9 NJ | |
| | IL-10 | 8.62 | | pg/mL | 0.0-19.0 NJ | |
| | Cytokine Panel 2 Comment | <p>This test uses a kit/reagent designated by the manufacturer as for research use, not for clinical use. The performance characteristics of this test have been validated by Advanced Diagnostic Laboratories at National Jewish Health. It has not been cleared or approved by the US Food and Drug Administration.</p> <p>The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.</p> | | | | NJ |
| | Lipid Panel | | | | | |
| | Cholesterol, Total | 165 | | mg/dL | 100-199 _D | |
| | Triglycerides | 55 | | mg/dL | 0-149 _D | |
| | HDL Cholesterol | 57 | | mg/dL | >39 _D | |
| | According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD. | | | | | |
| | VLDL Cholesterol Cal | 11 | | mg/dL | 5-40 _D | |
| | LDL Cholesterol Calc | 97 | | mg/dL | 0-99 _D | |
| | Testosterone, Free and Total | | | | | |
| L | Testosterone, Serum | | 282 | ng/dL | 348-1197 _D | |
| L | Free Testosterone(Direct) | | 8.0 | pg/mL | 8.7-25.1 BN | |
| | TSH | | | | | |
| | TSH | 1.160 | | uIU/mL | 0.450-4.500 _D | |
| | Vitamin D, 25-Hydroxy | | | | | |
| | Vitamin D, 25-Hydroxy | 95.0 | | ng/mL | 30.0-100.0 TA | |
| | <p>Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).</p> <p>1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.</p> <p>2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al.</p> | | | | | |

| Test Name | Unit | Result | Reference Range |
|-------------------------------|------|--------|-----------------|
| Antinuclear Antibodies Direct | | | |
| ANA Direct | | | |
| Uric Acid, Serum | | | |
| Uric Acid, Serum | | | |
| Sedimentation Rate-Westergren | | | |
| Sedimentation Rate-Westergren | | | |

| A | Test | Results | Abnormal Results | Units | Reference Range | Lab |
|----------|--------------------------------------|---|------------------|--------------|------------------|--|
| | | Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30. | | | | |
| | Antinuclear Antibodies Direct | | | | | |
| | ANA Direct | Negative | | | | Negative TA |
| | Uric Acid, Serum | | | | | |
| | Uric Acid, Serum | 4.7 | | mg/dL | 3.7-8.6_D | |
| | | | | | | Therapeutic target for gout patients: <6.0 |
| | Sedimentation Rate-Westergren | | | | | |
| H | Sedimentation Rate-Westergren | | 101 | mm/hr | 0-15_D | |
| | Amylase, Serum | | | | | |
| | Amylase, Serum | 54 | | U/L | 31-124_D | |
| | Lipase, Serum | | | | | |
| | Lipase, Serum | 32 | | U/L | 0-59_D | |
| | C-Reactive Protein, Quant | | | | | |
| H | C-Reactive Protein, Quant | | 142.8 | mg/L | 0.0-4.9_D | |

1. Sedimentation Rate-Westergren: This test measures the rate at which red blood cells settle in a test tube. A high sedimentation rate (ESR) is often associated with inflammation, infection, or autoimmune disease.

2. Amylase, Serum: This test measures the level of amylase, an enzyme produced by the pancreas and salivary glands. Elevated levels can indicate pancreatitis or other pancreatic conditions.

3. Lipase, Serum: This test measures the level of lipase, an enzyme produced by the pancreas. Elevated levels are commonly seen in pancreatitis.

4. C-Reactive Protein, Quant: This test measures the level of C-reactive protein (CRP), a marker of inflammation. Elevated levels indicate an ongoing inflammatory process.