

Patient: SALANTI, ANNA MARIE
Patient ID:
Encounter ID:
DOB: 1/26/1952 **Age:** 63 years **Sex:** F
Pt. Phone: 5039772660
Admitting: POPIEL, BRIAN JAMES
Copy To:

PROVIDENCE HEALTH & SERVICES
 Oregon Region Laboratories

For all correspondence use laboratory contact information noted below.

Oregon Regional Laboratory CLIA # 38D2032720 (503) 215-6660	Providence St. Vincent CLIA # 38D0624944 (503) 215-6660	Providence Portland CLIA # 38D0624031 (503) 215-6660	Providence Milwaukie CLIA # 38D0624625 (503) 215-6660	Providence Newberg CLIA # 38D0662978 (503) 215-6660
Providence Seaside CLIA # 38D0622986 (503) 215-6660	Providence Hood River CLIA # 38D0622025 (503) 215-6660	Providence Medford CLIA # 38D0627783 (503) 215-6660	Providence Willamette Falls CLIA # 38D0064519 (503) 215-6660	Providence Marion County Lab CLIA # 38D2063812 (503) 215-6660

Collected Date 11/30/2015
 Collected Time 08:17:00

Analyte		Ref Range	Units
Exception Alert	IGE Dairy		

11/30/2015 08:17:00 EXCEPTION:

We were unable to perform this patient's test because the order request was unclear. The laboratory will need clarification regarding the test request in order to proceed, it is important to note that certain tests have a short stability and must be added within 24 hours. For more information please contact Providence Regional Laboratory at 503-215-6660.

BLOOD COUNT

Collected Date 11/30/15
 Collected Time 08:17:00

Analyte		Ref Range	Units
WBC	5.9	[3.5-11.0]	10 ⁹ /L
RBC	4.03	[3.80-5.20]	10 ¹² /L
HGB	13.1	[11.7-15.7]	g/dL
HCT	38.9	[34.9-46.9]	%
MCV	96.7	[80.0-100.0]	fL
MCH	32.6	[26.4-34.0]	pg
MCHC	33.7	[31.4-35.8]	g/dL
RDW	13.3	[11.5-14.5]	%
PLT	246	[140-444]	10 ⁹ /L
MPV	8.7	[6.5-11.6]	fL
Neutrophils	68.4	[40.0-81.0]	%
Lymphocytes	18.5 L	[20.0-53.0]	%
Monocytes	10.0	[1.0-10.0]	%
Eosinophils	2.6	[0.0-6.0]	%
Basophils	0.5	[0.0-2.0]	%
Neutrophils Abs	4.0	[1.8-8.0]	10 ⁹ /L
Lymphocytes Abs	1.1	[1.0-4.8]	10 ⁹ /L
Monocytes Abs	0.6	[0.0-0.8]	10 ⁹ /L
Eosinophils Abs	0.2	[0.0-0.5]	10 ⁹ /L
Basophils Abs	0.0	[0.0-0.2]	10 ⁹ /L

All tests performed at Providence Oregon Regional Laboratory, 4400 NE Halsey St, Building 3, Portland OR 97213 unless otherwise specified.

Legend: L=Low H=High P=Critical C=Corrected f=Footnote
 @=Abnormal *= Interpretive Comment ^=Corrected micro susceptibility

POPIEL, BRIAN JAMES
 Providence Health Systems
 Providence Health System
 Portland OR 97213

MRN: 20000776036
 Acct #: 50158444802
 Printed: 12/21/2015 9:07 AM
 Chart ID: 62508500

Pt Type: Outpt
 Admit Date: 11/30/2015
 Page 1 of 12
 N/A

Patient: SALANTI, ANNA MARIE
Patient ID:
Encounter ID:
DOB: 1/26/1952 **Age:** 63 years **Sex:** F
Pt. Phone: 5039772660
Admitting: POPIEL, BRIAN JAMES
Copy To:

PROVIDENCE HEALTH & SERVICES
 Oregon Region Laboratories

For all correspondence use laboratory contact information noted below.

Oregon Regional Laboratory CLIA # 38D2032720 (503) 215-6660	Providence St. Vincent CLIA # 38D0624944 (503) 215-6660	Providence Portland CLIA # 38D0624031 (503) 215-6660	Providence Milwaukie CLIA # 38D0624625 (503) 215-6660	Providence Newberg CLIA # 38D0662978 (503) 215-6660
Providence Seaside CLIA # 38D0622986 (503) 215-6660	Providence Hood River CLIA # 38D0622025 (503) 215-6660	Providence Medford CLIA # 38D0627783 (503) 215-6660	Providence Willamette Falls CLIA # 38D0064519 (503) 215-6660	Providence Marion County Lab CLIA # 38D2063812 (503) 215-6660

CMP

Collected Date 11/30/15
 Collected Time 08:17:00

Analyte		Ref Range	Units
Sodium	137	[135-144]	mmol/L
Potassium	4.1	[3.7-5.5]	mmol/L
Chloride	103	[99-110]	mmol/L
Carbon Dioxide	26	[20-31]	mmol/L
Anion Gap	8	[4-13]	
Glucose	98	[60-99]	mg/dL
BUN	23	[6-23]	mg/dL
Creatinine	0.77	[0.60-1.30]	mg/dL
Calcium	9.7	[8.3-10.4]	mg/dL
Alkaline Phos	80	[32-110]	IU/L
Bilirubin Total	0.8	[0.2-1.2]	mg/dL
AST (SGOT)	22	[11-39]	IU/L
ALT (SGPT)	36	[6-42]	IU/L
Total Protein	7.1	[6.1-8.0]	g/dL
Albumin	4.4	[3.2-4.9]	g/dL
Fasting Status	Over 12 hours		
eGFR, African American *	>60	[>=60]	mL/min/1.73 m2
eGFR, Non-African American	>60	[>=60]	mL/min/1.73 m2

11/30/2015 08:17:00 eGFR, African American:

Over 18 years:

Creatinine values and the eGFRs are IDMS standardized. For renal dosing of medications in elderly and/or under-weight patients, use calculated Creatinine Clearance instead of eGFR. To adjust for any other unknown variables, see NKDEP website at www.nkdep.nih.gov

Under 18 years:

eGFRs are not calculated for children <18 yrs old. To adjust for unknown variables, see NKDEP website at www.nkdep.nih.gov

LIPID

Collected Date 11/30/15
 Collected Time 08:17:00

Analyte		Ref Range	Units
Fasting Status	Over 12 hours		
Cholesterol	301 H	[<=199]	mg/dL
Triglycerides	156 H	[<=149]	mg/dL
HDL Cholesterol	49	[40-59]	mg/dL

All tests performed at Providence Oregon Regional Laboratory, 4400 NE Halsey St, Building 3, Portland OR 97213 unless otherwise specified.

Legend: L=Low H=High P=Critical C=Corrected f=Footnote
 @=Abnormal *= Interpretive Comment ^=Corrected micro susceptibility

POPIEL, BRIAN JAMES
 Providence Health Systems
 Providence Health System
 Portland OR 97213

MRN: 20000776036
 Acct #: 50158444802
 Printed: 12/21/2015 9:07 AM
 Chart ID: 62508500

Pt Type: Outpt
 Admit Date: 11/30/2015
 Page 2 of 12
 N/A

Patient: SALANTI, ANNA MARIE
Patient ID:
Encounter ID:
DOB: 1/26/1952 **Age:** 63 years **Sex:** F
Pt. Phone: 5039772660
Admitting: POPIEL, BRIAN JAMES
Copy To:

PROVIDENCE HEALTH & SERVICES
 Oregon Region Laboratories

For all correspondence use laboratory contact information noted below.

Oregon Regional Laboratory CLIA # 38D2032720 (503) 215-6660	Providence St. Vincent CLIA # 38D0624944 (503) 215-6660	Providence Portland CLIA # 38D0624031 (503) 215-6660	Providence Milwaukie CLIA # 38D0624625 (503) 215-6660	Providence Newberg CLIA # 38D0662978 (503) 215-6660
Providence Seaside CLIA # 38D0622986 (503) 215-6660	Providence Hood River CLIA # 38D0622025 (503) 215-6660	Providence Medford CLIA # 38D0627783 (503) 215-6660	Providence Willamette Falls CLIA # 38D064519 (503) 215-6660	Providence Marion County Lab CLIA # 38D2083812 (503) 215-6660

LIPID

Collected Date 11/30/15
 Collected Time 08:17:00

Analyte		Ref Range	Units
Chol HDL Ratio	6.1		
LDL calc *	221 H	[<=99]	mg/dL

11/30/2015 08:17:00 LDL calc:
 National Cholesterol Education Panel Classifications:

- Cholesterol (mg/dL):
 Moderate Risk: 200-239; High Risk: >=240
- HDL Cholesterol (mg/dL):
 Low: <40; High: >=60
- Triglyceride (mg/dL; fasting):
 Borderline High: 150-199; High: 200-499; Very High: >=500
- LDL Cholesterol (mg/dL):
 Near or above optimal: 100-129; Borderline High: 130-159;
 High: 160-189; Very High: >=190

GENERAL CHEMISTRY

Collected Date 11/30/15
 Collected Time 08:17:00

Analyte		Ref Range	Units
CRP, High Sensitivity *	4.7 H	[<=1.0]	mg/L

11/30/2015 08:17:00 CRP, High Sensitivity:
 Low risk < 1.0 mg/L
 Average risk 1.0 - 3.0 mg/L
 High risk > 3.0 mg/L

SPECIAL CHEMISTRY

Collected Date 11/30/15
 Collected Time 08:17:00

Analyte		Ref Range	Units
Cortisol AM	11	[4-22]	ug/dL
DHEA-S	106	[35-430]	ug/dL

All tests performed at Providence Oregon Regional Laboratory, 4400 NE Halsey St, Building 3, Portland OR 97213 unless otherwise specified.

Legend: L=Low H=High P=Critical C=Corrected f=Footnote
 @=Abnormal *= Interpretive Comment ^=Corrected micro susceptibility

POPIEL, BRIAN JAMES
 Providence Health Systems
 Providence Health System
 Portland OR 97213

MRN: 20000776036
 Acct #: 50158444802
 Printed: 12/21/2015 9:07 AM
 Chart ID: 62508500

Pt Type: Outpt
 Admit Date: 11/30/2015
 Page 3 of 12
 N/A

PROVIDENCE HEALTH & SERVICES
Oregon Region Laboratories

For all correspondence use laboratory contact information noted below.

Oregon Regional Laboratory CLIA # 38D2032720 (503) 215-6660	Providence St. Vincent CLIA # 38D0624944 (503) 215-6660	Providence Portland CLIA # 38D0624031 (503) 215-6660	Providence Milwaukie CLIA # 38D0624625 (503) 215-6660	Providence Newberg CLIA # 38D0662978 (503) 215-6660
Providence Seaside CLIA # 38D0622986 (503) 215-6660	Providence Hood River CLIA # 38D0622025 (503) 215-6660	Providence Medford CLIA # 38D0627783 (503) 215-6660	Providence Willamette Falls CLIA # 38D0064519 (503) 215-6660	Providence Marion County Lab CLIA # 38D2063812 (503) 215-6660

Patient: SALANTI, ANNA MARIE
Patient ID:
Encounter ID:
DOB: 1/26/1952 **Age:** 63 years **Sex:** F
Pt. Phone: 5039772660
Admitting: POPIEL, BRIAN JAMES
Copy To:

SPECIAL CHEMISTRY

Collected Date 11/30/15
Collected Time 08:17:00

Analyte		Ref Range	Units
Ferritin	162	[10-291]	ng/mL
HB A1c, %	5.1	[4.0-6.0]	%
Iron *	88	[40-150]	ug/dL
TIBC	327	[246-436]	ug/dL
Transferrin Sat	27	[13-50]	%
Osmolality	293	[280-300]	mOsm/kg
Vitamin B12	>2000 H	[211-911]	pg/mL
Folate	>24.0	[>=5.4]	ng/mL
Estradiol *	<19	[0-357]	pg/mL
Progesterone *	6.2	[0.2-28.0]	ng/mL
Thyroxine (T4)	7.5	[4.5-10.9]	ug/dL
TSH *	3.54	[0.33-4.70]	uIU/mL
FT3	2.8	[2.3-4.2]	pg/mL

11/30/2015 08:17:00 Iron:
Diurnal variation may be observed: normal values in the morning, lower values mid-afternoon, and very low values near midnight.

11/30/2015 08:17:00 Estradiol:
MALE: 0-40 pg/mL

FEMALE:
Follicular 20-144 pg/mL
Midcycle 64-357 pg/mL
Luteal 56-214 pg/mL
Postmenopausal(Untreated) 0-32 pg/mL

11/30/2015 08:17:00 Progesterone:
Female:
Follicular 0.2 - 1.4 ng/mL
Luteal 3.3 - 28.0 ng/mL
Post Menopausal <2.3 ng/mL
Male 0.3 -1.2 ng/mL

All tests performed at Providence Oregon Regional Laboratory, 4400 NE Halsey St, Building 3, Portland OR 97213 unless otherwise specified.

Legend: L=Low H=High P=Critical C=Corrected f=Footnote
@=Abnormal *= Interpretive Comment ^=Corrected micro susceptibility

POPIEL, BRIAN JAMES
Providence Health Systems
Providence Health System
Portland OR 97213

MRN: 20000776036
Acct #: 50158444802
Printed: 12/21/2015 9:07 AM
Chart ID: 62508500

Pt Type: Outpt
Admit Date: 11/30/2015
Page 4 of 12
N/A

Patient: SALANTI, ANNA MARIE
Patient ID:
Encounter ID:
DOB: 1/26/1952 **Age:** 63 years **Sex:** F
Pt. Phone: 5039772660
Admitting: POPIEL, BRIAN JAMES
Copy To:

PROVIDENCE HEALTH & SERVICES
 Oregon Region Laboratories

For all correspondence use laboratory contact information noted below.

Oregon Regional Laboratory CLIA # 38D2032720 (503) 215-6660	Providence St. Vincent CLIA # 38D0624944 (503) 215-6660	Providence Portland CLIA # 38D0624031 (503) 215-6660	Providence Milwaukie CLIA # 38D0624625 (503) 215-6660	Providence Newberg CLIA # 38D0682978 (503) 215-6660
Providence Seaside CLIA # 38D0622986 (503) 215-6660	Providence Hood River CLIA # 38D0622025 (503) 215-6660	Providence Medford CLIA # 38D0627783 (503) 215-6660	Providence Willamette Falls CLIA # 38D0064519 (503) 215-6660	Providence Marion County Lab CLIA # 38D2083812 (503) 215-6660

SPECIAL CHEMISTRY

11/30/2015 08:17:00 TSH:

Evidence suggests that patients undergoing fluorescein dye angiography can retain small amounts of fluorescein in the body for up to 48 to 72 hours post-treatment. In the cases of patients with renal insufficiency, retention could be much longer. Samples containing fluorescein can produce falsely depressed values when tested with the ADVIA Centaur TSH3 Ultra assay, and should not be tested. With fluorescein interference, observed TSH3 Ultra values can be as low as <0.01 uIU/mL. Samples should be resubmitted post fluorescein clearance to ensure there is no interference with TSH3 test results.

11/30/2015 08:17:00 Osmolality:

Performed by Providence Portland Laboratory, 4805 NE Glisan St, Portland OR 97213

IMMUNOLOGY

Collected Date 11/30/15
 Collected Time 08:17:00

Analyte		Ref Range	Units
Thyroglobulin Ab	<0.9	[<=4.0]	IU/mL
Thyroid Peroxidase Antibody	74.2 H	[0.3-9.0]	IU/mL

ALLERGENS

Collected Date 11/30/15
 Collected Time 08:17:00

Analyte		Ref Range	Units
Allergen, Food, Milk (Cow's), IgE	<0.10	[<=0.34]	KU/L
Immunocap Score *	See Comments		

All tests performed at Providence Oregon Regional Laboratory, 4400 NE Halsey St, Building 3, Portland OR 97213 unless otherwise specified.

Legend: L=Low H=High P=Critical C=Corrected f=Footnote
 @=Abnormal *= Interpretive Comment ^=Corrected micro susceptibility

POPIEL, BRIAN JAMES
 Providence Health Systems
 Providence Health System
 Portland OR 97213

MRN: 20000776036
 Acct #: 50158444802
 Printed: 12/21/2015 9:07 AM
 Chart ID: 62508500

Pt Type: Outpt
 Admit Date: 11/30/2015
 Page 5 of 12
 N/A

Patient: SALANTI, ANNA MARIE
Patient ID:
Encounter ID:
DOB: 1/26/1952 **Age:** 63 years **Sex:** F
Pt. Phone: 5039772660
Admitting: POPIEL, BRIAN JAMES
Copy To:

PROVIDENCE HEALTH & SERVICES
 Oregon Region Laboratories

For all correspondence use laboratory contact information noted below.

Oregon Regional Laboratory CLIA # 38D2032720 (503) 215-6660	Providence St. Vincent CLIA # 38D0624944 (503) 215-6660	Providence Portland CLIA # 38D0624031 (503) 215-6660	Providence Milwaukie CLIA # 38D0624625 (503) 215-6660	Providence Newberg CLIA # 38D0662978 (503) 215-6660
Providence Seaside CLIA # 38D0622986 (503) 215-6660	Providence Hood River CLIA # 38D0622025 (503) 215-6660	Providence Medford CLIA # 38D0627783 (503) 215-6660	Providence Willamette Falls CLIA # 38D064519 (503) 215-6660	Providence Marion County Lab CLIA # 38D2063812 (503) 215-6660

ALLERGENS

11/30/2015 08:17:00 Immunocap Score:
 Reference Interval: Allergen, Interpretation

Less than 0.10 kU/L.....No significant level detected
 0.10 - 0.34 kU/L.....Clinical relevance undetermined
 0.35 - 0.70 kU/L.....Low
 0.71 - 3.50 kU/L.....Moderate
 3.51 - 17.50 kU/L.....High
 17.51 kU/L or Greater.....Very High

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with the clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

REFERENCE TESTING

Collected Date 11/30/15
 Collected Time 08:17:00

Analyte		Ref Range	Units
Aldosterone, Serum, ARUP	9.4 f		ng/dL
ARUP Misc Test 1	SEE NOTE f		
ARUP Misc Test 2	SEE NOTE f		
ARUP Misc Test 3	SEE NOTE f		
Candida Antibody IgA, ARUP	1.37 Hf	[<=0.89]	EV
Candida Antribody IgG, ARUP	2.00 Hf	[<=0.89]	EV
Candida Antibody IgM, ARUP	1.45 Hf	[<=0.89]	EV
Dihydrotestosterone, ARUP	54.2 f	[24.0-208.0]	pg/mL
Testosterone, Female/Child, Total, ARUP	37 Hf	[5-32]	ng/dL
Sex Hormone Binding Globulin, ARUP	35 f	[30-135]	nmol/L
Testosterone, Free LC-MS/MS, ARUP	5.9 Hf	[0.6-3.8]	pg/mL
T3 Reverse, ARUP	9.0 f	[9.0-27.0]	ng/dL
Pregnenolone, ARUP	84 f	[15-132]	ng/dL
Magnesium, RBC (ARUP)	2.6 f	[1.5-3.1]	mmol/L

All tests performed at Providence Oregon Regional Laboratory, 4400 NE Halsey St, Building 3, Portland OR 97213 unless otherwise specified.

Legend: L=Low H=High P=Critical C=Corrected f=Footnote
 @=Abnormal *= Interpretive Comment ^=Corrected micro susceptibility

POPIEL, BRIAN JAMES
 Providence Health Systems
 Providence Health System
 Portland OR 97213

MRN: 20000776036
 Acct #: 50158444802
 Printed: 12/21/2015 9:07 AM
 Chart ID: 62508500

Pt Type: Outpt
 Admit Date: 11/30/2015
 Page 6 of 12
 N/A

Patient: **SALANTI, ANNA MARIE**
Patient ID:
Encounter ID:
DOB: 1/26/1952 Age: 63 years Sex: F
Pt. Phone: 5039772660
Admitting: POPIEL, BRIAN JAMES
Copy To:

PROVIDENCE HEALTH & SERVICES
Oregon Region Laboratories

For all correspondence use laboratory contact information noted below.

Oregon Regional Laboratory CLIA # 38D2032720 (503) 215-6660	Providence St. Vincent CLIA # 38D0624944 (503) 215-6660	Providence Portland CLIA # 38D0624031 (503) 215-6660	Providence Milwaukie CLIA # 38D0624625 (503) 215-6660	Providence Newberg CLIA # 38D0682978 (503) 215-6660
Providence Seaside CLIA # 38D0622986 (503) 215-6660	Providence Hood River CLIA # 38D0622025 (503) 215-6660	Providence Medford CLIA # 38D0627783 (503) 215-6660	Providence Willamette Falls CLIA # 38D0064519 (503) 215-6660	Providence Marion County Lab CLIA # 38D2063812 (503) 215-6660

REFERENCE TESTING

11/30/15 08:17:00 Aldosterone, Serum, ARUP:
INTERPRETIVE INFORMATION: Aldosterone, Serum
Reference intervals for age 15 and older:
Upright 4.0 - 31.0 ng/dL
Supine Less than or equal to 16.0 ng/dL
Unspecified Less than or equal to 31.0 ng/dL
Normal serum levels of aldosterone are dependent on the sodium intake and whether the patient is upright or supine. High sodium intake will tend to suppress serum aldosterone, whereas low sodium intake will elevate serum aldosterone. The reference intervals for serum aldosterone are based on normal sodium intake.

Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).
Performed by ARUP Laboratories,
500 Chipeta Way, SLC, UT 84108 800-522-2787
www.aruplab.com, Jerry W. Hussong, MD - Lab. Director
11/30/2015 08:17:00 ARUP Misc Test 1:
Test Name = Zinc, RBC
Test # = 2006460
Specimen Type = RB EDTA RBC
Fluid Source (If applicable) = _

All tests performed at Providence Oregon Regional Laboratory, 4400 NE Halsey St, Building 3, Portland OR 97213 unless otherwise specified.

Legend: L=Low H=High P=Critical C=Corrected f=Footnote
@=Abnormal *= Interpretive Comment ^=Corrected micro susceptibility

POPIEL, BRIAN JAMES
Providence Health Systems
Providence Health System
Portland OR 97213

MRN: 20000776036
Acct #: 50158444802
Printed: 12/21/2015 9:07 AM
Chart ID: 62508500

Pt Type: Outpt
Admit Date: 11/30/2015
Page 7 of 12
N/A

Patient: SALANTI, ANNA MARIE
Patient ID:
Encounter ID:
DOB: 1/26/1952 **Age:** 63 years **Sex:** F
Pt. Phone: 5039772660
Admitting: POPIEL, BRIAN JAMES
Copy To:

PROVIDENCE HEALTH & SERVICES
 Oregon Region Laboratories

For all correspondence use laboratory contact information noted below.

Oregon Regional Laboratory CLIA # 38D2032720 (503) 215-6660	Providence St. Vincent CLIA # 38D0624944 (503) 215-6660	Providence Portland CLIA # 38D0624031 (503) 215-6660	Providence Milwaukie CLIA # 38D0624625 (503) 215-6660	Providence Newberg CLIA # 38D0662978 (503) 215-6660
Providence Seaside CLIA # 38D0622986 (503) 215-6660	Providence Hood River CLIA # 38D0622025 (503) 215-6660	Providence Medford CLIA # 38D0627783 (503) 215-6660	Providence Willamette Falls CLIA # 38D0064519 (503) 215-6660	Providence Marion County Lab CLIA # 38D2063812 (503) 215-6660

REFERENCE TESTING

11/30/15 08:17:00 ARUP Misc Test 1:

Test name	Result	Flag	Units	RefIntvl
-----------	--------	------	-------	----------

Zinc, RBC	1100		mcg/dL	
RBCs				

Reporting Limit: 44 mcg/dL

NMS Labs derived data for 2.5th - 97.5th percentile range is 794 - 1470 mcg/dL (n=2940).
 The RBC sample used for analysis was measured by weight and multiplied by the density of human RBC (1.10 g/mL) to obtain mcg/dL units.

Analysis by Inductively Coupled Plasma/Optical Emission Spectrometry (ICP/OES)

Disclaimer: Specimens for elemental testing should be collected in certified metal-free containers. Elevated results for elemental testing may be caused by environmental contamination at the time of specimen collection and should be interpreted accordingly. It is recommended that unexpected elevated results be verified by testing another specimen.

Performed at: National Medical Services, 3701 Welsh Road, Willow Grove, PA 19090

11/30/2015 08:17:00 ARUP Misc Test 2:
 Test Name = CD57+ NK Cells, Peripheral Blood by Flow Cytometry
 Test # = 2008912

Specimen Type = EDTA WB
 Fluid Source (If applicable) =

11/30/15 08:17:00 ARUP Misc Test 2:

Test name	Result	Flag	Units	RefIntvl
-----------	--------	------	-------	----------

% CD57+CD3- (NK Cells)	6		% of lymph	1-16
Abs CD57+CD3- (NK Cells)	59		cells/uL	21-357

INTERPRETIVE INFORMATION: CD57+ NK Cells, Peripheral Bld, FlowCyto

This test identifies and quantifies the CD57+/CD3- NK cells. The significance of low CD57+NK values in diagnosing and monitoring chronic Lyme disease is not well established and should be used in conjunction with other diagnostic tests specified in the Centers for Disease Control Lyme Disease case definition.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement A: aruplab.com/CS

Performed by ARUP Laboratories,
 500 Chipeta Way, SLC, UT 84108 800-522-2787
 www.aruplab.com, Jerry W. Hussong, MD - Lab. Director

All tests performed at Providence Oregon Regional Laboratory, 4400 NE Halsey St, Building 3, Portland OR 97213 unless otherwise specified.

Legend: L=Low H=High P=Critical C=Corrected f=Footnote
 @=Abnormal ^= Interpretive Comment ^=Corrected micro susceptibility

POPIEL, BRIAN JAMES
 Providence Health Systems
 Providence Health System
 Portland OR 97213

MRN: 20000776036
 Acct #: 50158444802
 Printed: 12/21/2015 9:07 AM
 Chart ID: 62508500

Pt Type: Outpt
 Admit Date: 11/30/2015
 Page 8 of 12
 N/A

Patient: **SALANTI, ANNA MARIE**
Patient ID:
Encounter ID:
DOB: 1/26/1952 Age: 63 years Sex: F
Pt. Phone: 5039772660
Admitting: POPIEL, BRIAN JAMES
Copy To:

PROVIDENCE HEALTH & SERVICES
Oregon Region Laboratories

For all correspondence use laboratory contact information noted below.

- | | | | | |
|---|---|--|--|---|
| Oregon Regional Laboratory
CLIA # 38D2032720
(503) 215-6660 | Providence St. Vincent
CLIA # 38D0624944
(503) 215-6660 | Providence Portland
CLIA # 38D0624031
(503) 215-6660 | Providence Milwaukie
CLIA # 38D0624625
(503) 215-6660 | Providence Newberg
CLIA # 38D0662978
(503) 215-6660 |
| Providence Seaside
CLIA # 38D0622986
(503) 215-6660 | Providence Hood River
CLIA # 38D0622025
(503) 215-6660 | Providence Medford
CLIA # 38D0627783
(503) 215-6660 | Providence Willamette Falls
CLIA # 38D0064519
(503) 215-6660 | Providence Marion County Lab
CLIA # 38D2063812
(503) 215-6660 |

REFERENCE TESTING

11/30/2015 08:17:00 ARUP Misc Test 3:
Test Name = Cortisol, Free
Test # = 0098391
Specimen Type = Red Top Serum
Fluid Source (If applicable) =
11/30/15 08:17:00 ARUP Misc Test 3:
Test name Result Flag Units RefIntvl

Cortisol, Free 0.61 ug/dL
INTERPRETIVE INFORMATION: Cortisol, Free
8-10 a.m. collection: 0.31-1.19 ug/dL
4-6 p.m. collection: 0.15-0.94 ug/dL
Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS
Performed by ARUP Laboratories,
500 Chipeta Way, SLC, UT 84108 800-522-2787
www.aruplab.com, Jerry W. Hussong, MD - Lab. Director
11/30/15 08:17:00 Candida Antibody IgA, ARUP:
INTERPRETIVE INFORMATION: Candida Ab, IgA
0.89 EV or less: Negative - No significant level of detectable Candida albicans antibody.
0.90-0.99 EV: Equivocal - Questionable presence of antibodies. Repeat testing in 10-14 days may be helpful.
1.00 EV or greater: Positive - Antibody to Candida albicans detected, which may indicate a current or past infection.

The best evidence for current infection is a significant change on two appropriately timed specimens where both tests are done in the same laboratory at the same time. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.
Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

All tests performed at Providence Oregon Regional Laboratory, 4400 NE Halsey St, Building 3, Portland OR 97213 unless otherwise specified.

Legend: L=Low H=High P=Critical C=Corrected f=Footnote
@=Abnormal ^= Interpretive Comment ^=Corrected micro susceptibility

POPIEL, BRIAN JAMES
Providence Health Systems
Providence Health System
Portland OR 97213

MRN: 20000776036
Acct #: 50158444802
Printed: 12/21/2015 9:07 AM
Chart ID: 62508500

Pt Type: Outpt
Admit Date: 11/30/2015
Page 9 of 12
N/A

Patient: **SALANTI, ANNA MARIE**
Patient ID:
Encounter ID:
DOB: 1/26/1952 Age: 63 years Sex: F
Pt. Phone: 5039772660
Admitting: POPIEL, BRIAN JAMES
Copy To:

PROVIDENCE HEALTH & SERVICES
Oregon Region Laboratories

For all correspondence use laboratory contact information noted below.

Oregon Regional Laboratory CLIA # 38D2032720 (503) 215-6660	Providence St. Vincent CLIA # 38D0624944 (503) 215-6660	Providence Portland CLIA # 38D0624031 (503) 215-6660	Providence Milwaukie CLIA # 38D0624625 (503) 215-6660	Providence Newberg CLIA # 38D0662978 (503) 215-6660
Providence Seaside CLIA # 38D0622986 (503) 215-6660	Providence Hood River CLIA # 38D0622025 (503) 215-6660	Providence Medford CLIA # 38D0627783 (503) 215-6660	Providence Willamette Falls CLIA # 38D0064519 (503) 215-6660	Providence Marion County Lab CLIA # 38D2063812 (503) 215-6660

REFERENCE TESTING

11/30/15 08:17:00 Candida Antribody IgG, ARUP:
INTERPRETIVE INFORMATION: Candida Ab, IgG
0.89 EV or less: Negative - No significant level of detectable Candida albicans antibody.
0.90-0.99 EV: Equivocal - Questionable presence of antibodies. Repeat testing in 10-14 days may be helpful.
1.00 EV or greater: Positive - Antibody to Candida albicans detected, which may indicate a current or past infection.

The best evidence for current infection is a significant change on two appropriately timed specimens where both tests are done in the same laboratory at the same time. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

11/30/15 08:17:00 Candida Antibody IgM, ARUP:
INTERPRETIVE INFORMATION: Candida Ab, IgM
0.89 EV or less: Negative - No significant level of detectable Candida albicans antibody.
0.90-0.99 EV: Equivocal - Questionable presence of antibodies. Repeat testing in 10-14 days may be helpful.
1.00 EV or greater: Positive - Antibody to Candida albicans detected, which may indicate a current or past infection.

The best evidence for current infection is a significant change on two appropriately timed specimens where both tests are done in the same laboratory at the same time. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Jerry W. Hussong, MD - Lab. Director

All tests performed at Providence Oregon Regional Laboratory, 4400 NE Halsey St, Building 3, Portland OR 97213 unless otherwise specified.

Legend: L=Low H=High P=Critical C=Corrected f=Footnote
@=Abnormal *= Interpretive Comment ^=Corrected micro susceptibility

POPIEL, BRIAN JAMES
Providence Health Systems
Providence Health System
Portland OR 97213

MRN: 20000776036
Acct #: 50158444802
Printed: 12/21/2015 9:07 AM
Chart ID: 62508500

Pt Type: Outpt
Admit Date: 11/30/2015
Page 10 of 12
N/A

Patient: **SALANTI, ANNA MARIE**
Patient ID:
Encounter ID:
DOB: 1/26/1952 Age: 63 years Sex: F
Pt. Phone: 5039772660
Admitting: POPIEL, BRIAN JAMES
Copy To:

PROVIDENCE HEALTH & SERVICES
Oregon Region Laboratories

For all correspondence use laboratory contact information noted below.

Oregon Regional Laboratory CLIA # 38D2032720 (503) 215-6660	Providence St. Vincent CLIA # 38D0624944 (503) 215-6660	Providence Portland CLIA # 38D0624031 (503) 215-6660	Providence Milwaukie CLIA # 38D0624625 (503) 215-6660	Providence Newberg CLIA # 38D0662978 (503) 215-6660
Providence Seaside CLIA # 38D0622986 (503) 215-6660	Providence Hood River CLIA # 38D0622025 (503) 215-6660	Providence Medford CLIA # 38D0627783 (503) 215-6660	Providence Willamette Falls CLIA # 38D0064519 (503) 215-6660	Providence Marion County Lab CLIA # 38D2063812 (503) 215-6660

REFERENCE TESTING

11/30/15 08:17:00 Dihydrotestosterone, ARUP:
INTERPRETIVE INFORMATION: 5-a-Dihydrotestosterone by Tandem Mass Spectrometry, Serum
Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Jerry W. Hussong, MD - Lab. Director
11/30/15 08:17:00 Testosterone, Female/Child, Total, ARUP:

Total Testosterone, Females 18 years and older
Premenopausal 9-55 ng/dL
Postmenopausal 5-32 ng/dL
REFERENCE INTERVAL: Testosterone, LC-MS/MS
Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).
Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS
11/30/15 08:17:00 Sex Hormone Binding Globulin, ARUP:
REFERENCE INTERVAL: Sex Hormone Binding Globulin
Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).
11/30/15 08:17:00 Testosterone, Free LC-MS/MS, ARUP:

To convert to pmol/L, multiply pg/mL by 3.47
The concentration of Free Testosterone is derived from a mathematical expression based on the constant for the binding of testosterone to sex hormone binding globulin.
REFERENCE INTERVAL: Testosterone, Free LC-MS/MS
Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).
Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Jerry W. Hussong, MD - Lab. Director

All tests performed at Providence Oregon Regional Laboratory, 4400 NE Halsey St, Building 3, Portland OR 97213 unless otherwise specified.

Legend: L=Low H=High P=Critical C=Corrected f=Footnote
@=Abnormal *= Interpretive Comment ^=Corrected micro susceptibility

POPIEL, BRIAN JAMES
Providence Health Systems
Providence Health System
Portland OR 97213

MRN: 20000776036
Acct #: 50158444802
Printed: 12/21/2015 9:07 AM
Chart ID: 62508500

Pt Type: Outpt
Admit Date: 11/30/2015
Page 11 of 12
N/A

Patient: **SALANTI, ANNA MARIE**
Patient ID:
Encounter ID:
DOB: 1/26/1952 Age: 63 years Sex: F
Pt. Phone: 5039772660
Admitting: POPIEL, BRIAN JAMES
Copy To:

PROVIDENCE HEALTH & SERVICES
Oregon Region Laboratories

For all correspondence use laboratory contact information noted below.

Oregon Regional Laboratory CLIA # 38D2032720 (503) 215-6660	Providence St. Vincent CLIA # 38D0624944 (503) 215-6660	Providence Portland CLIA # 38D0624031 (503) 215-6660	Providence Milwaukie CLIA # 38D0624625 (503) 215-6660	Providence Newberg CLIA # 38D0662978 (503) 215-6660
Providence Seaside CLIA # 38D0622986 (503) 215-6660	Providence Hood River CLIA # 38D0622025 (503) 215-6660	Providence Medford CLIA # 38D0627783 (503) 215-6660	Providence Willamette Falls CLIA # 38D0064519 (503) 215-6660	Providence Marion County Lab CLIA # 38D2063812 (503) 215-6660

REFERENCE TESTING

11/30/15 08:17:00 T3 Reverse, ARUP:
 INTERPRETIVE INFORMATION: Trilodothyronine, Reverse - LC-MS/MS
 Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS
 Performed by ARUP Laboratories,
 500 Chipeta Way, SLC, UT 84108 800-522-2787
 www.aruplab.com, Jerry W. Hussong, MD - Lab. Director
 11/30/15 08:17:00 Pregnenolone, ARUP:
 REFERENCE INTERVAL: Pregnenolone by MS/MS, Serum
 Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).
 Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS
 Performed by ARUP Laboratories,
 500 Chipeta Way, SLC, UT 84108 800-522-2787
 www.aruplab.com, Jerry W. Hussong, MD - Lab. Director
 11/30/15 08:17:00 Magnesium, RBC (ARUP):
 INTERPRETIVE INFORMATION: MG RBC
 RBC magnesium results reflect the intracellular stores and general homeostasis of magnesium. Results may be falsely low if RBCs in the submitted specimen are lysed or not promptly separated from the plasma.
 Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS
 Performed by ARUP Laboratories,
 500 Chipeta Way, SLC, UT 84108 800-522-2787
 www.aruplab.com, Jerry W. Hussong, MD - Lab. Director

All tests performed at Providence Oregon Regional Laboratory, 4400 NE Halsey St, Building 3, Portland OR 97213 unless otherwise specified.

Legend: L=Low H=High P=Critical C=Corrected f=Footnote
@=Abnormal *= Interpretive Comment ^=Corrected micro susceptibility

POPIEL, BRIAN JAMES
Providence Health Systems
Providence Health System
Portland OR 97213

MRN: 20000776036
Acct #: 50158444802
Printed: 12/21/2015 9:07 AM
Chart ID: 62508500

Pt Type: Outpt
Admit Date: 11/30/2015
Page 12 of 12
N/A