

LAB RESULTS

Last Name	Lab ID	Specimen Number	Time Collected	Date Entered	Time Reported
SALANTI	397691	197-535-0249-0	7/16/2014 9:51 AM	7/16/2014	7/19/2014 9:09 AM
First Name	Middle Initial	Phone	Control Number	Account Number	Account Phone Number
ANNA				09134075	954-766-8433
Date of Birth	Age	Sex	Fasting	Physician Name	Physician ID
01/26/1952	62	F	Yes	Lang K	1285682070
Address			Account Address		

LIFE EXTENSION / NATIONAL DIAGNOSTICS, INC  
5990 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33308

Tests Ordered

CMP12+LP+6AC+CBC/D/Pit+CRP-...; Testosterone, Serum; TSH; Hemoglobin A1c; Vitamin D, 25-Hydroxy

SALANTI, ANNA - ID#: 397691

Tests	Result	Flag	Units	Reference Interval	Lab
<u>CMP12+LP+6AC+CBC/D/Pit+CRP-...</u>					
Glucose, Serum	94		mg/dL	65-99	SE
Uric Acid, Serum	4.5		mg/dL	2.5-7.1	SE
BUN	24		mg/dL	8-27	SE
Creatinine, Serum	0.72		mg/dL	0.57-1.00	SE
eGFR If NonAfricn Am	90		mL/min/1.73	>59	SE
eGFR If Africn Am	104		mL/min/1.73	>59	SE
BUN/Creatinine Ratio	33	High		11-26	SE
Sodium, Serum	139		mmol/L	134-144	SE
Potassium, Serum	4.0		mmol/L	3.5-5.2	SE
Chloride, Serum	104		mmol/L	97-108	SE
Calcium, Serum	9.3		mg/dL	8.6-10.2	SE
Phosphorus, Serum	3.7		mg/dL	2.5-4.5	SE
Protein, Total, Serum	7.2		g/dL	6.0-8.5	SE
Albumin, Serum	4.4		g/dL	3.6-4.8	SE
Globulin, Total	2.8		g/dL	1.5-4.5	SE
A/G Ratio	1.6			1.1-2.5	SE
Bilirubin, Total	0.4		mg/dL	0.0-1.2	SE
Alkaline Phosphatase, S	80		IU/L	39-117	SE
LDH	157		IU/L	0-214	SE
AST (SGOT)	18		IU/L	0-40	SE

Name: ANNA SALANTI  
Lab ID: 397691

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Pick: \*70367244\*

**\*70367244\***

Mail To: ANNA SALANTI  
7619 SW 26TH AVE  
PORTLAND, OR 97219-2538 USA

Ship Method: USPS First-Class  
Order No: 75995340

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SALANTI, ANNA - ID#: 397691

Tests	Result	Flag	Units	Reference Interval	Lab
<b>CMP12+LP+6AC+CBC/D/Pit+CRP-...</b>					
ALT (SGPT)	19		IU/L	0-32	SE
GGT	15		IU/L	0-60	SE
Iron, Serum	86		ug/dL	35-155	SE
Cholesterol, Total	222	High	mg/dL	100-199	SE
Triglycerides	99		mg/dL	0-149	SE
HDL Cholesterol	54		mg/dL	>39	SE
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.					
LDL Cholesterol Calc	148	High	mg/dL	0-99	SE
Comment:					SE
T. Chol/HDL Ratio	4.1		ratio units	0.0-4.4	SE
Estimated CHD Risk	0.9		times avg.	0.0-1.0	SE
T. Chol/HDL Ratio					
Men Women					
1/2 Avg.Risk 3.4 3.3					
Avg.Risk 5.0 4.4					
2X Avg.Risk 9.6 7.1					
3X Avg.Risk 23.4 11.0					
The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.					
Homocyst(e)ine, Plasma	10.0		umol/L	0.0-15.0	SE
Free Testosterone(Direct)	0.4		pg/mL	0.0-1.8	BN
Progesterone	0.1		ng/mL		SE
Follicular phase 0.2 - 1.5					
Luteal phase 1.7 - 27.0					
Ovulation phase 0.8 - 3.0					
Pregnant					
First trimester 8.8 - 48.6					
Second trimester 12.4 - 75.8					
Third trimester 58.5 - 222.3					
Postmenopausal 0.1 - 0.8					
DHEA-Sulfate	57.0		ug/dL	29.4-220.5	SE
Estradiol	<5.1		pg/mL		SE
Adult Female:					
Follicular phase 12.5 - 166.0					
Ovulation phase 85.8 - 498.0					
Luteal phase 43.8 - 211.0					
Postmenopausal <6.0 - 54.7					
Pregnancy					
1st trimester 215.0 - >4300.0					
Girls (1-10 years) 6.0 - 27.0					
Roche ECLIA methodology					
C-Reactive Protein, Cardiac	1.73		mg/L	0.00-3.00	SE
Relative Risk for Future Cardiovascular Event					
Low <1.00					
Average 1.00 - 3.00					

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Tests	Result	Flag	Units	Reference Interval	Lab
<u>CMP12+LP+6AC+CBC/D/Pit+CRP-...</u>					
				High	>3.00
WBC	5.8		x10E3/uL	3.4-10.8	SE
RBC	4.36		x10E6/uL	3.77-5.28	SE
Hemoglobin	13.4		g/dL	11.1-15.9	SE
Hematocrit	40.7		%	34.0-46.6	SE
MCV	93		fL	79-97	SE
MCH	30.7		pg	26.6-33.0	SE
MCHC	32.9		g/dL	31.5-35.7	SE
RDW	12.5		%	12.3-15.4	SE
Platelets	252		x10E3/uL	150-379	SE
Neutrophils	67		%	40-74	SE
Lymphs	22		%	14-46	SE
Monocytes	9		%	4-12	SE
Eos	2		%	0-5	SE
Basos	0		%	0-3	SE
Immature Cells					SE
Neutrophils (Absolute)	3.9		x10E3/uL	1.4-7.0	SE
Lymphs (Absolute)	1.3		x10E3/uL	0.7-3.1	SE
Monocytes(Absolute)	0.5		x10E3/uL	0.1-0.9	SE
Eos (Absolute)	0.1		x10E3/uL	0.0-0.4	SE
Baso (Absolute)	0.0		x10E3/uL	0.0-0.2	SE
Immature Granulocytes	0		%	0-2	SE
Immature Grans (Abs)	0.0		x10E3/uL	0.0-0.1	SE
NRBC					SE
Hematology Comments:					SE
<u>Testosterone, Serum</u>					
Testosterone, Serum	18		ng/dL	3-41	SE
Comment:					SE
<u>TSH</u>					
TSH	0.529		uIU/mL	0.450-4.500	SE
Comment:					SE
<u>Hemoglobin A1c</u>					
Hemoglobin A1c	5.5		%	4.8-5.6	SE
				Increased risk for diabetes: 5.7 - 6.4	
				Diabetes: >6.4	
				Glycemic control for adults with diabetes: <7.0	
<u>Vitamin D, 25-Hydroxy</u>					
Vitamin D, 25-Hydroxy	43.7		ng/mL	30.0-100.0	SE
				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	

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SALANTI, ANNA - ID#: 397691

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<u>Vitamin D, 25-Hydroxy</u>					
Vitamin D, 25-Hydroxy	43.7		ng/mL	30.0-100.0	SE
	insufficiency as a level between 21 and 29 ng/mL (2).				
	1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.				
	2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.				

Lab	Facility	Director	Phone
SE	LabCorp S 550 17th Avenue Ste 300, Seattle, WA,	S, S	206-861-7000
BN	LabCorp B 1447 York Court, Burlington, NC,	F, F	800-762-4344
For inquiries, the physician may contact the above locations.			

Thank you for ordering your lab tests through Life Extension/National Diagnostics, Inc. If you would like to discuss your results please call us at 1-800-208-3444. In order to ensure your privacy we ask that you have a copy of your results in front of you when making the call, as you will be asked to provide a specimen number or other identifier from the report. Our advisory team WILL NOT be able to review your lab results with you, unless you are able to provide this information from the report. We also understand that there are times when you will want to review a family members blood test results with our staff. Although Life Extension is happy to comply with these requests, permission (either verbally or in writing) must be given by the person who took the blood tests in order for us to do so. Thank you for your cooperation with these policies as we endeavor to keep your blood test results secure.

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