

LAB RESULTS

Last Name	Lab ID	Specimen Number	Time Collected	Date Entered	Time Reported
AGING COMPRE	374743	099-828-4249-0	4/8/2014 12:00 AM	4/9/2014	4/10/2014 11:10 AM
First Name	Middle Initial	Phone	Control Number	Account Number	Account Phone Number
HEALTHY				09134075	954-766-8433
Date of Birth	Age	Sex	Fasting	Physician Name	Physician ID
10/14/1984	29	F		Cullen K	1770670655
Address			Account Address		

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

Tests Ordered

CMP14+LP+4AC+CBC/D/Plt; Urinalysis, Routine; Microscopic Examination; Vitamin B12 and Folate; Hemoglobin A1c; Thyroxine (T4) Free, Direct, S; TSH; Vi

AGING COMPRE, HEALTHY - ID#: 374743

Tests	Result	Flag	Units	Reference Interval	Lab
<b>CMP14+LP+4AC+CBC/D/Pit</b>					
Glucose, Serum	92		mg/dL	65-99	TA
Uric Acid, Serum	3.8		mg/dL	2.5-7.1	TA
BUN	10		mg/dL	6-20	TA
Creatinine, Serum	0.68		mg/dL	0.57-1.00	TA
eGFR If NonAfricn Am	119		mL/min/1.73	>59	TA
eGFR If Africn Am	137		mL/min/1.73	>59	TA
BUN/Creatinine Ratio	15			8-20	TA
Sodium, Serum	137		mmol/L	134-144	TA
Potassium, Serum	4.3		mmol/L	3.5-5.2	TA
Chloride, Serum	103		mmol/L	97-108	TA
Carbon Dioxide, Total	22		mmol/L	19-28	TA
Calcium, Serum	8.6	Low	mg/dL	8.7-10.2	TA
Phosphorus, Serum	3.5		mg/dL	2.5-4.5	TA
Protein, Total, Serum	7.0		g/dL	6.0-8.5	TA
Albumin, Serum	4.1		g/dL	3.5-5.5	TA
Globulin, Total	2.9		g/dL	1.5-4.5	TA
A/G Ratio	1.4			1.1-2.5	TA
Bilirubin, Total	0.2		mg/dL	0.0-1.2	TA
Alkaline Phosphatase, S	56		IU/L	39-117	TA
LDH	151		IU/L	0-214	TA

Name: HEALTHY AGING COMPREHENSIVE  
Lab ID: 374743

FINAL REPORT

LIFE EXTENSION / NATIONAL DIAGNOSTICS, INC

This document contains private and confidential health information protected by state and federal law. If you have received this document in error, please call 800-208-3444.

4/11/2014 11:34:16 AM

Pick: \*70326481\*

**\*70326481\***

Mail To: HEALTHY AGING COMPREHENSIVE  
844 NE 71ST ST  
BOCA RATON, FL 33487-2436 USA

Ship Method: USPS First-Class  
Order No: 75769696

481

AGING COMPRE, HEALTHY - ID#: 374743

Tests	Result	Flag	Units	Reference Interval	Lab
<b>CMP14+LP+4AC+CBC/D/Pit</b>					
AST (SGOT)	16		IU/L	0-40	TA
ALT (SGPT)	22		IU/L	0-32	TA
Iron, Serum	55		ug/dL	35-155	TA
Cholesterol, Total	147		mg/dL	100-199	TA
Triglycerides	70		mg/dL	0-149	TA
HDL Cholesterol	36	Low	mg/dL	>39	TA
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.					
VLDL Cholesterol Cal	14		mg/dL	5-40	TA
LDL Cholesterol Calc	97		mg/dL	0-99	TA
Comment:					
T. Chol/HDL Ratio	4.1		ratio units	0.0-4.4	TA
Estimated CHD Risk	0.9		times avg.	0.0-1.0	TA
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.					
WBC	6.2		x10E3/uL	3.4-10.8	TA
RBC	4.93		x10E6/uL	3.77-5.28	TA
Hemoglobin	13.1		g/dL	11.1-15.9	TA
Hematocrit	40.5		%	34.0-46.6	TA
MCV	82		fL	79-97	TA
MCH	26.6		pg	26.6-33.0	TA
MCHC	32.3		g/dL	31.5-35.7	TA
RDW	14.5		%	12.3-15.4	TA
Platelets	273		x10E3/uL	155-379	TA
Neutrophils	57		%	40-74	TA
Lymphs	36		%	14-46	TA
Monocytes	6		%	4-12	TA
Eos	1		%	0-5	TA
Basos	0		%	0-3	TA
Immature Cells					
Neutrophils (Absolute)	3.5		x10E3/uL	1.4-7.0	TA
Lymphs (Absolute)	2.3		x10E3/uL	0.7-3.1	TA
Monocytes(Absolute)	0.4		x10E3/uL	0.1-0.9	TA
Eos (Absolute)	0.1		x10E3/uL	0.0-0.4	TA
Baso (Absolute)	0.0		x10E3/uL	0.0-0.2	TA
Immature Granulocytes	0		%	0-2	TA

FINAL REPORT

LIFE EXTENSION / NATIONAL DIAGNOSTICS, INC

This document contains private and confidential health information protected by state and federal law. If you have received this document in error, please call 800-208-3444.

AGING COMPRE, HEALTHY - ID#: 374743

Tests	Result	Flag	Units	Reference Interval	Lab
<u>CMP14+LP+4AC+CBC/D/Pt</u>					
Immature Grans (Abs)	0.0		x10E3/uL	0.0-0.1	TA
NRBC					TA
Hematology Comments:					TA
<u>Urinalysis, Routine</u>					
Specific Gravity	1.013			1.005-1.030	TA
pH	6.5			5.0-7.5	TA
Urine-Color	Yellow			Yellow	TA
Appearance	Clear			Clear	TA
WBC Esterase	3+	Abnormal		Negative	TA
Protein	Negative			Negative/Trace	TA
Glucose	Negative			Negative	TA
Glucose Reflex					TA
Ketones	Negative			Negative	TA
Occult Blood	Negative			Negative	TA
Bilirubin	Negative			Negative	TA
Urobilinogen, Semi-Qn	0.2		mg/dL	0.0-1.9	TA
Nitrite, Urine	Negative			Negative	TA
Microscopic Examination	See below:				TA
Microscopic was indicated and was performed.					
<u>Microscopic Examination</u>					
WBC	11-30	Abnormal	/hpf	0 - 5	TA
RBC	0-3		/hpf	0 - 3	TA
Epithelial Cells (non renal)	0-10		/hpf	0 - 10	TA
Epithelial Cells (renal)					TA
Casts					TA
Cast Type					TA
Crystals					TA
Crystal Type					TA
Mucus Threads	Present			Not Estab.	TA
Bacteria	Few			None seen/Few	TA
Yeast					TA
Trichomonas					TA
Comment					TA
<u>Vitamin B12 and Folate</u>					
Vitamin B12	974	High	pg/mL	211-946	TA
Folate (Folic Acid), Serum	9.4		ng/mL	>3.0	TA
A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency.					
<u>Hemoglobin A1c</u>					
Hemoglobin A1c	5.9	High	%	4.8-5.6	TA
Increased risk for diabetes: 5.7 - 6.4 Diabetes: >6.4					

FINAL REPORT

LIFE EXTENSION / NATIONAL DIAGNOSTICS, INC

This document contains private and confidential health information protected by state and federal law. If you have received this document in error, please call 800-208-3444.

AGING COMPRE, HEALTHY - ID#: 374743

Tests	Result	Flag	Units	Reference Interval	Lab
<u>Hemoglobin A1c</u>					
Hemoglobin A1c	5.9	High	%	4.8-5.6	TA
	Glycemic control for adults with diabetes: <7.0				
<u>Thyroxine (T4) Free, Direct, S</u>					
T4,Free(Direct)	1.15		ng/dL	0.82-1.77	TA
<u>TSH</u>					
TSH	1.100		uIU/mL	0.450-4.500	TA
<u>Vitamin D, 25-Hydroxy</u>					
Vitamin D, 25-Hydroxy	26.8	Low	ng/mL	30.0-100.0	TA
	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).				
	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.				
<u>C-Reactive Protein, Cardiac</u>					
C-Reactive Protein, Cardiac	1.70		mg/L	0.00-3.00	TA
	Relative Risk for Future Cardiovascular Event				
				Low <1.00	
				Average 1.00 - 3.00	
				High >3.00	
<u>Homocyst(e)ine, Plasma</u>					
Homocyst(e)ine, Plasma	5.8		umol/L	0.0-15.0	TA
<u>Fibrinogen Activity</u>					
Fibrinogen Activity	343		mg/dL	193-507	TA
<u>Insulin</u>					
Insulin	16.6		uIU/mL	2.6-24.9	TA
<u>Ferritin, Serum</u>					
Ferritin, Serum	54		ng/mL	15-150	TA
<u>Triiodothyronine,Free,Serum</u>					
Triiodothyronine,Free,Serum	2.7		pg/mL	2.0-4.4	TA

FINAL REPORT

LIFE EXTENSION / NATIONAL DIAGNOSTICS, INC

This document contains private and confidential health information protected by state and federal law. If you have received this document in error, please call 800-208-3444.

Lab	Facility	Director	Phone
TA	LabCorp T 5610 W LaSalle Street, Tampa, FL, For inquiries, the physician may contact the above locations.	Farrier, Farrier	800-877-5227

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.

FINAL REPORT

LIFE EXTENSION / NATIONAL DIAGNOSTICS, INC

This document contains private and confidential health information protected by state and federal law. If you have received this document in error, please call 800-208-3444.

4/11/2014 11:34:16 AM