



LE National Diagnostics, Inc., 900 North Federal Highway, FT. Lauderdale, FL 33304  
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## LAB RESULTS

Last Name	Lab ID	Specimen Number	Time Collected	Date Entered	Time Reported
First Name	Middle Initial	Phone	Control Number	Account Number	Account Phone Number
				73948973	954-766-8433
Date of Birth	Age	Sex	Fasting	Physician Name	Physician ID
	25	F	Yes	Matadeen- C	1811197619
Address			Account Address		

LIFE EXTENSION / NATIONAL DIAGNOSTICS, INC  
900 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33304

### Tests Ordered

TESTOSTERONE, FREE (DIALYSIS);; LIPID PANEL, STANDARD; HS CRP; HOMOCYSTEINE; APOLIPOPROTEIN B; COMPREHENSIVE METABOLIC PANEL;

Tests	Result	Flag	Units	Reference Interval	Lab
<u>TESTOSTERONE, FREE (DIALYSIS)</u> <b>TESTOSTERONE, TOTAL, MS</b>	<b>60</b>	<b>High</b>	ng/dL	2-45	AMD
	<p>For additional information, please refer to <a href="http://education.questdiagnostics.com/faq/TotalTestosteroneLCMSMSFAQ165">http://education.questdiagnostics.com/faq/TotalTestosteroneLCMSMSFAQ165</a> (This link is being provided for informational/educational purposes only.)</p> <p>This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.</p>				
<b>TESTOSTERONE, FREE</b>	<b>8.5</b>	<b>High</b>	pg/mL	0.1-6.4	AMD
	<p>This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.</p>				
SEX HORMONE BINDING GLOBULIN	30		nmol/L	17-124	AMD
<u>LIPID PANEL, STANDARD</u> CHOLESTEROL, TOTAL	173		mg/dL	<200	MI
<b>HDL CHOLESTEROL</b>	<b>46</b>	<b>Low</b>	mg/dL	> OR = 50	MI
TRIGLYCERIDES	125		mg/dL	<150	MI

Name:

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Lab ID:

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Ship Method:

Order No:

Tests	Result	Flag	Units	Reference Interval	Lab
<u>LIPID PANEL, STANDARD</u>					
<b>LDL-CHOLESTEROL</b>	<b>104</b>	<b>High</b>	mg/dL (calc)		MI
	Reference range: <100				
	Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.				
	LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C. Martin SS et al. JAMA. 2013;310(19): 2061-2068 ( <a href="http://education.QuestDiagnostics.com/faq/FAQ164">http://education.QuestDiagnostics.com/faq/FAQ164</a> )				
CHOL/HDLC RATIO	3.8		(calc)	<5.0	MI
NON HDL CHOLESTEROL	127		mg/dL (calc)	<130	MI
	For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.				
<u>HS CRP</u>					
<b>HS CRP</b>	<b>3.2</b>	<b>High</b>	mg/L		MI
	Reference Range Optimal <1.0 Jellinger PS et al. Endocr Pract.2017;23(Suppl 2):1-87. For ages >17 Years: hs-CRP mg/L Risk According to AHA/CDC Guidelines <1.0 Lower relative cardiovascular risk. 1.0-3.0 Average relative cardiovascular risk. 3.1-10.0 Higher relative cardiovascular risk. Consider retesting in 1 to 2 weeks to exclude a benign transient elevation in the baseline CRP value secondary to infection or inflammation. >10.0 Persistent elevation, upon retesting, may be associated with infection and inflammation.				
	Pearson TA, Mensah GA, Alexander RW, et al. Markers of inflammation and cardiovascular disease: application to clinical and public health practice: A statement for healthcare professionals from the Centers for Disease Control and Prevention and the American Heart Association. Circulation 2003; 107(3): 499-511.				
<u>HOMOCYSTEINE</u>					
<b>HOMOCYSTEINE</b>	<b>5.8</b>		umol/L	< or = 10.9	MI
	Homocysteine is increased by functional deficiency of folate or vitamin B12. Testing for methylmalonic acid deficiencies. Other causes include renal failure, folate deficiency and phenytoin, and other drugs.				
	Selhub J, et al., Ann Intern Med. 1999;131(5):331-9.				

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Tests	Result	Flag	Units	Reference Interval	Lab
<u>APOLIPOPROTEIN B</u>					
<b>APOLIPOPROTEIN B</b>	<b>91</b>	<b>High</b>	mg/dL	<90	AMD
	Reference Range: <90				
	Risk Category:				
	Optimal	<90			
	Moderate	90-129			
	High	> or = 130			
	<p>A desirable treatment target may be &lt;80 mg/dL or lower depending on the risk category of the patient including patients on lipid lowering therapies, patients with ASCVD, diabetes with &gt;1 risk factors, Stage 3 or greater CKD with albuminuria, or heterozygous familial hypercholesterolemia. ApoB relative risk category cut points are based AACE/ACE and ACC/AHA recommendations. (Grundy SM, et al. 2019.doi:10.1016/j.jacc.2018.11.002; Handelsman Y, et al. 2020. doi:10.4158/CS-2020-0490).</p>				
<u>COMPREHENSIVE METABOLIC PANEL</u>					
GLUCOSE	87		mg/dL	65-99	MI
	Fasting reference interval				
UREA NITROGEN (BUN)	8		mg/dL	7-25	MI
CREATININE	0.88		mg/dL	0.50-0.96	MI
EGFR	93		mL/min/1.73m2	> OR = 60	MI
BUN/CREATININE RATIO	SEE NOTE:		(calc)	6-22	MI
	Not Reported: BUN and Creatinine are within reference range.				
SODIUM	140		mmol/L	135-146	MI
POTASSIUM	4.3		mmol/L	3.5-5.3	MI
CHLORIDE	106		mmol/L	98-110	MI
CARBON DIOXIDE	27		mmol/L	20-32	MI
CALCIUM	9.7		mg/dL	8.6-10.2	MI
PROTEIN, TOTAL	6.7		g/dL	6.1-8.1	MI
ALBUMIN	4.4		g/dL	3.6-5.1	MI
GLOBULIN	2.3		g/dL (calc)	1.9-3.7	MI
ALBUMIN/GLOBULIN RATIO	1.9		(calc)	1.0-2.5	MI
BILIRUBIN, TOTAL	0.3		mg/dL	0.2-1.2	MI
ALKALINE PHOSPHATASE	89		U/L	31-125	MI
AST	20		U/L	10-30	MI
<b>ALT</b>	<b>33</b>	<b>High</b>	U/L	6-29	MI

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Tests	Result	Flag	Units	Reference Interval	Lab
<u>HEMOGLOBIN A1c</u> HEMOGLOBIN A1c	5.4		%	<5.7	MI
	<p>For the purpose of screening for the presence of diabetes:</p> <p>&lt;5.7% Consistent with the absence of diabetes            5.7-6.4% Consistent with increased risk for diabetes (prediabetes)            &gt; or =6.5% Consistent with diabetes</p> <p>This assay result is consistent with a decreased risk of diabetes.</p> <p>Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.</p> <p>According to American Diabetes Association (ADA) guidelines, hemoglobin A1c &lt;7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).</p>				
<u>VITAMIN D,25-OH,TOTAL,IA</u> VITAMIN D,25-OH,TOTAL,IA	23	Low	ng/mL	30-100	MI
	<p>Vitamin D Status 25-OH Vitamin D:</p> <p>Deficiency: &lt;20 ng/mL            Insufficiency: 20 - 29 ng/mL            Optimal: &gt; or = 30 ng/mL</p> <p>For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssured(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code 92888 (patients &gt;2yrs).</p> <p>See Note 1</p> <p>Note 1</p> <p>For additional information, please refer to <a href="http://education.QuestDiagnostics.com/faq/FAQ199">http://education.QuestDiagnostics.com/faq/FAQ199</a> (This link is being provided for informational/educational purposes only.)</p>				
<u>MAGNESIUM</u> MAGNESIUM	2.0		mg/dL	1.5-2.5	MI
<u>PHOSPHATE (AS PHOSPHORUS)</u> PHOSPHATE (AS PHOSPHORUS)	3.4		mg/dL	2.5-4.5	MI
<u>URIC ACID</u> URIC ACID	5.5		mg/dL	2.5-7.0	MI
<u>LD</u> LD	128		U/L	100-200	MI
<u>GGT</u> GGT	34		U/L	3-40	MI

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<u>TSH</u>					
<b>TSH</b>	<b>0.23</b>	<b>Low</b>	mIU/L		MI
	Reference Range				
	> or = 20 Years 0.40-4.50				
	Pregnancy Ranges				
	First trimester	0.26-2.66			
	Second trimester	0.55-2.73			
	Third trimester	0.43-2.91			
<u>CBC (INCLUDES DIFF/PLT)</u>					
WHITE BLOOD CELL COUNT	4.6		Thousand/uL	3.8-10.8	MI
RED BLOOD CELL COUNT	4.79		Million/uL	3.80-5.10	MI
HEMOGLOBIN	14.4		g/dL	11.7-15.5	MI
HEMATOCRIT	43.5		%	35.9-46.0	MI
MCV	90.8		fL	81.4-101.7	MI
MCH	30.1		pg	27.0-33.0	MI
MCHC	33.1		g/dL	31.6-35.4	MI
RDW	12.1		%	11.0-15.0	MI
PLATELET COUNT	264		Thousand/uL	140-400	MI
MPV	10.5		fL	7.5-12.5	MI
ABSOLUTE NEUTROPHILS	2116		cells/uL	1500-7800	MI
ABSOLUTE BAND NEUTROPHILS	DNR		cells/uL	0-750	MI
ABSOLUTE METAMYELOCYTES	DNR		cells/uL	0	MI
ABSOLUTE MYELOCYTES	DNR		cells/uL	0	MI
ABSOLUTE PROMYELOCYTES	DNR		cells/uL	0	MI
ABSOLUTE LYMPHOCYTES	2093		cells/uL	850-3900	MI
ABSOLUTE MONOCYTES	336		cells/uL	200-950	MI
ABSOLUTE EOSINOPHILS	28		cells/uL	15-500	MI
ABSOLUTE BASOPHILS	28		cells/uL	0-200	MI
ABSOLUTE BLASTS	DNR		cells/uL	0	MI
ABSOLUTE NUCLEATED RBC	DNR		cells/uL	0	MI
NEUTROPHILS	46		%		MI
BAND NEUTROPHILS	DNR		%		MI
METAMYELOCYTES	DNR		%		MI
MYELOCYTES	DNR		%		MI
PROMYELOCYTES	DNR		%		MI
LYMPHOCYTES	45.5		%		MI
REACTIVE LYMPHOCYTES	DNR		%		MI
MONOCYTES	7.3		%		MI
EOSINOPHILS	0.6		%		MI
BASOPHILS	0.6		%		MI
BLASTS	DNR		%		MI
NUCLEATED RBC	DNR		/100 WBC	0	MI
COMMENT(S)	DNR				MI
<u>IRON, TOTAL</u>					
IRON, TOTAL	58		mcg/dL	40-190	MI
<u>FERRITIN</u>					
FERRITIN	33		ng/mL	16-154	MI

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<u>CORTISOL, TOTAL</u> CORTISOL, TOTAL	13.6		mcg/dL		TP
	Reference Range: For 8 a.m.(7-9 a.m.) Specimen: 4.0-22.0 Reference Range: For 4 p.m.(3-5 p.m.) Specimen: 3.0-17.0 * Please interpret above results accordingly *				
<u>DHEA SULFATE</u> DHEA SULFATE	235		mcg/dL	14-349	MI
<u>INSULIN</u> INSULIN	22.8	High	uIU/mL		MI
	Reference Range < or = 18.4				
	Risk: Optimal < or = 18.4 Moderate NA High >18.4				
	Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on Insulin Reference Interval studies performed at Quest Diagnostics in 2022.				
<u>PROGESTERONE</u> PROGESTERONE	0.5		ng/mL		MI
	Reference Ranges Female Follicular Phase < 1.0 Luteal Phase 2.6-21.5 Post menopausal < 0.5 Pregnancy 1st Trimester 4.1-34.0 2nd Trimester 24.0-76.0 3rd Trimester 52.0-302.0				

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Tests	Result	Flag	Units	Reference Interval	Lab
<u>ESTRADIOL</u> ESTRADIOL	72 Reference Range Female: Follicular Phase: 30-144 Mid-Cycle: 64-357 Luteal Phase: 56-214 Postmenopausal: < or = 31		pg/mL		MI
<p>Reference range established on post-pubertal patient population. No pre-pubertal reference range established using this assay. For any patients for whom low Estradiol levels are anticipated (e.g. males, pre-pubertal children and hypogonadal/post-menopausal females), the Quest Diagnostics Nichols Institute Estradiol, Ultrasensitive, LCMSMS assay is recommended (order code 30289).</p> <p>Please note: patients being treated with the drug fulvestrant (Faslodex(R)) have demonstrated significant interference in immunoassay methods for estradiol measurement. The cross reactivity could lead to falsely elevated estradiol test results leading to an inappropriate clinical assessment of estrogen status. Quest Diagnostics order code 30289-Estradiol, Ultrasensitive LC/MS/MS demonstrates negligible cross reactivity with fulvestrant.</p>					

Lab	Facility	Director	Phone
<b>AMD</b>	<b>Quest Diagnostics/Nichols Chantilly-Chantilly VA</b> 14225 Newbrook Dr, Chantilly, VA,	MD, PhD Patrick W Mason	--
<b>MI</b>	<b>Quest Diagnostics-Miami</b> 10200 Commerce Pkwy, Miramar, FL,	MD Julie L Friedman	--
<b>TP</b>	<b>Quest Diagnostics-Tampa</b> 4225 E Fowler Ave, Tampa, FL,	Dr Weston Rothrock	--
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 Wellness Specialists 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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