



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
	31	M	No	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> TESTOSTERONE, TOTAL, MS	410		ng/dL	250-1100	AMD
	<p>For additional information, please refer to http://education.questdiagnostics.com/faq/TotalTestosteroneLCMSMSFAQ165 (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>				
TESTOSTERONE, FREE	96.3		pg/mL	35.0-155.0	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	25		nmol/L	10-50	AMD
<u>LIPID PANEL, STANDARD</u> CHOLESTEROL, TOTAL	207	High	mg/dL	<200	MI
HDL CHOLESTEROL	40		mg/dL	> OR = 40	MI
TRIGLYCERIDES	121		mg/dL	<150	MI

Name:

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Ship Method:

Order No:

Tests	Result	Flag	Units	Reference Interval	Lab
<u>LIPID PANEL, STANDARD</u>					
LDL-CHOLESTEROL	143	High	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 (http://education.QuestDiagnostics.com/faq/FAQ164)				
CHOL/HDL-C RATIO	5.2	High	(calc)	<5.0	MI
NON HDL CHOLESTEROL	167	High	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>					
HS CRP	1.7		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>					
HOMOCYSTEINE	13.3		umol/L	< or = 13.5	MI
	Homocysteine is increased by functional deficiency of folate or vitamin B12. Testing for methylmalonic acid differentiates between these deficiencies. Other causes of increased homocysteine include renal failure, folate antagonists such as methotrexate and phenytoin, and exposure to nitrous oxide. Selhub J, et al., Ann Intern Med. 1999;131(5):331-9.				

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<u>APOLIPOPROTEIN B</u>					
APOLIPOPROTEIN B	106	High	mg/dL	<90	AMD
	Reference Range: <90				
	Risk Category:				
	Optimal	<90			
	Moderate	90-129			
	High	> or = 130			
	A desirable treatment target may be <80 mg/dL or lower depending on the risk category of the patient including patients on lipid lowering therapies, patients with ASCVD, diabetes with >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).				
<u>COMPREHENSIVE METABOLIC PANEL</u>					
GLUCOSE	100	High	mg/dL	65-99	MI
	Fasting reference interval				
	For someone without known diabetes, a glucose value between 100 and 125 mg/dL is consistent with prediabetes and should be confirmed with a follow-up test.				
UREA NITROGEN (BUN)	9		mg/dL	7-25	MI
CREATININE	1.16		mg/dL	0.60-1.26	MI
EGFR	86		mL/min/1.73m ²	> OR = 60	MI
BUN/CREATININE RATIO	SEE NOTE:		(calc)	6-22	MI
	Not Reported: BUN and Creatinine are within reference range.				
SODIUM	142		mmol/L	135-146	MI
POTASSIUM	4.2		mmol/L	3.5-5.3	MI
CHLORIDE	105		mmol/L	98-110	MI
CARBON DIOXIDE	31		mmol/L	20-32	MI
CALCIUM	9.5		mg/dL	8.6-10.3	MI
PROTEIN, TOTAL	7.3		g/dL	6.1-8.1	MI
ALBUMIN	4.5		g/dL	3.6-5.1	MI
GLOBULIN	2.8		g/dL (calc)	1.9-3.7	MI
ALBUMIN/GLOBULIN RATIO	1.6		(calc)	1.0-2.5	MI
BILIRUBIN, TOTAL	0.4		mg/dL	0.2-1.2	MI
ALKALINE PHOSPHATASE	76		U/L	36-130	MI
AST	33		U/L	10-40	MI
ALT	28		U/L	9-46	MI

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<u>HEMOGLOBIN A1c</u>					
HEMOGLOBIN A1c	5.7	High	%	<5.7	MI
	<p>For someone without known diabetes, a hemoglobin A1c value between 5.7% and 6.4% is consistent with prediabetes and should be confirmed with a follow-up test.</p> <p>For someone with known diabetes, a value <7% indicates that their diabetes is well controlled. A1c targets should be individualized based on duration of diabetes, age, comorbid conditions, and other considerations.</p> <p>This assay result is consistent with an increased risk of diabetes.</p> <p>Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes for children.</p>				
<u>VITAMIN D,25-OH,TOTAL,IA</u>					
VITAMIN D,25-OH,TOTAL,IA	10	Low	ng/mL	30-100	MI
	<p>Vitamin D Status 25-OH Vitamin D:</p> <p>Deficiency: <20 ng/mL Insufficiency: 20 - 29 ng/mL Optimal: > 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 >2yrs).</p> <p>See Note 1</p> <p>Note 1</p> <p>For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ199 (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)	3.5		mg/dL	2.5-4.5	MI
<u>URIC ACID</u>					
URIC ACID	7.5		mg/dL	4.0-8.0	MI
<u>LD</u>					
LD	234	High	U/L	100-220	MI
<u>GGT</u>					
GGT	19		U/L	3-90	MI
<u>TSH</u>					
TSH	0.41		mIU/L	0.40-4.50	MI
<u>CBC (INCLUDES DIFF/PLT)</u>					
WHITE BLOOD CELL COUNT	7.6		Thousand/uL	3.8-10.8	MI
RED BLOOD CELL COUNT	5.01		Million/uL	4.20-5.80	MI

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<u>CBC (INCLUDES DIFF/PLT)</u>					
HEMOGLOBIN	14.3		g/dL	13.2-17.1	MI
HEMATOCRIT	42.9		%	39.4-51.1	MI
MCV	85.6		fL	81.4-101.7	MI
MCH	28.5		pg	27.0-33.0	MI
MCHC	33.3		g/dL	31.6-35.4	MI
RDW	13.0		%	11.0-15.0	MI
PLATELET COUNT	281		Thousand/uL	140-400	MI
MPV	10.9		fL	7.5-12.5	MI
ABSOLUTE NEUTROPHILS	3975		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	2896		cells/uL	850-3900	MI
ABSOLUTE MONOCYTES	638		cells/uL	200-950	MI
ABSOLUTE EOSINOPHILS	68		cells/uL	15-500	MI
ABSOLUTE BASOPHILS	23		cells/uL	0-200	MI
ABSOLUTE BLASTS	DNR		cells/uL	0	MI
ABSOLUTE NUCLEATED RBC	DNR		cells/uL	0	MI
NEUTROPHILS	52.3		%		MI
BAND NEUTROPHILS	DNR		%		MI
METAMYELOCYTES	DNR		%		MI
MYELOCYTES	DNR		%		MI
PROMYELOCYTES	DNR		%		MI
LYMPHOCYTES	38.1		%		MI
REACTIVE LYMPHOCYTES	DNR		%		MI
MONOCYTES	8.4		%		MI
EOSINOPHILS	0.9		%		MI
BASOPHILS	0.3		%		MI
BLASTS	DNR		%		MI
NUCLEATED RBC	DNR		/100 WBC	0	MI
COMMENT(S)	DNR				MI
<u>IRON, TOTAL</u>					
IRON, TOTAL	79		mcg/dL	50-180	MI
<u>FERRITIN</u>					
FERRITIN	23	Low	ng/mL	38-380	MI
<u>CORTISOL, TOTAL</u>					
CORTISOL, TOTAL	18.0		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	283		mcg/dL	93-415	MI

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<u>INSULIN</u> INSULIN	8.8		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>ESTRADIOL</u> ESTRADIOL	34		pg/mL	< OR = 39	MI
	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).				
	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.				
<u>PSA, TOTAL</u> PSA, TOTAL	0.77		ng/mL	< OR = 4.00	MI
	The total PSA value from this assay system is standardized against the WHO standard. The test result will be approximately 20% lower when compared to the equimolar-standardized total PSA (Beckman Coulter). Comparison of serial PSA results should be interpreted with this fact in mind.				
	This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.				

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Lab	Facility	Director	Phone
AMD	Quest Diagnostics/Nichols Chantilly-Chantilly VA 14225 Newbrook Dr, Chantilly, VA,	MD, PhD Patrick W Mason	--
MI	Quest Diagnostics-Miami 10200 Commerce Pkwy, Miramar, FL,	MD Julie L Friedman	--
TP	Quest Diagnostics-Tampa 4225 E Fowler Ave, Tampa, FL, For inquiries, the physician may contact the above locations.	Dr Weston Rothrock	--

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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