

LAB RESULTS

Last Name	Lab ID	Specimen Number	Time Collected (EST)	Date Entered	Time Reported (EST)
ELITE	482623	026-291-4979-0	1/26/2016 12:00 AM	1/26/2016	2/1/2016 6:05 AM
First Name	Middle Initial	Phone	Control Number	Account Number	Account Phone Number
MALE				09134075	954-766-8433
Date of Birth	Age	Sex	Fasting	Physician Name	Physician ID
08/16/1961	54	M		Cullen K	1619923927
Address			Account Address		

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

Tests Ordered

CMP14+LP+4AC+CBC/D/Plt; PSA Total+% Free (Serial); Testosterone,Free and Total; FSH and LH; Pregnenolone, MS; Dihydrotestosterone; Hemoglobin

ELITE, MALE - ID#: 482623

Tests	Result	Flag	Units	Reference Interval	Lab
<u>CMP14+LP+4AC+CBC/D/Plt</u>					
Glucose, Serum	109	High	mg/dL	65-99	TA
Uric Acid, Serum	7.0		mg/dL	3.7-8.6	TA
BUN	12		mg/dL	6-24	TA
Creatinine, Serum	0.98		mg/dL	0.76-1.27	TA
eGFR If NonAfrican Am	87		mL/min/1.73	>59	TA
eGFR If African Am	101		mL/min/1.73	>59	TA
BUN/Creatinine Ratio	12			9-20	TA
Sodium, Serum	140		mmol/L	134-144	TA
Potassium, Serum	4.2		mmol/L	3.5-5.2	TA
Chloride, Serum	99		mmol/L	97-108	TA
Carbon Dioxide, Total	22		mmol/L	18-29	TA
Calcium, Serum	9.8		mg/dL	8.7-10.2	TA
Phosphorus, Serum	3.2		mg/dL	2.5-4.5	TA
Protein, Total, Serum	7.6		g/dL	6.0-8.5	TA
Albumin, Serum	4.7		g/dL	3.5-5.5	TA
Globulin, Total	2.9		g/dL	1.5-4.5	TA
A/G Ratio	1.6			1.1-2.5	TA
Bilirubin, Total	0.7		mg/dL	0.0-1.2	TA
Alkaline Phosphatase, S	69		IU/L	39-117	TA
LDH	162		IU/L	121-224	TA

Name: MALE ELITE
Lab ID: 482623



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Mail To: MALE ELITE
844 NE 71ST ST
BOCA RATON, FL 33487-2436 USA

Ship Method: USPS First-Class
Order No: 78253684

ELITE, MALE - ID#: 482623

Tests	Result	Flag	Units	Reference Interval	Lab
CMP14+LP+4AC+CBC/D/Plt					
AST (SGOT)	37		IU/L	0-40	TA
ALT (SGPT)	74	High	IU/L	0-44	TA
Iron, Serum	189	High	ug/dL	38-169	TA
Please note reference interval change					
Cholesterol, Total	213	High	mg/dL	100-199	TA
Triglycerides	114		mg/dL	0-149	TA
HDL Cholesterol	55		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	23		mg/dL	5-40	TA
LDL Cholesterol Calc	135	High	mg/dL	0-99	TA
Comment:					TA
T. Chol/HDL Ratio	3.9		ratio units	0.0-5.0	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					
Estimated CHD Risk	0.7		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	5.5		x10E3/uL	3.4-10.8	TA
RBC	5.07		x10E6/uL	4.14-5.80	TA
Hemoglobin	16.0		g/dL	12.6-17.7	TA
Hematocrit	47.5		%	37.5-51.0	TA
MCV	94		fL	79-97	TA
MCH	31.6		pg	26.6-33.0	TA
MCHC	33.7		g/dL	31.5-35.7	TA
RDW	13.5		%	12.3-15.4	TA
Platelets	195		x10E3/uL	150-379	TA
Neutrophils	54		%		TA
Lymphs	31		%		TA
Monocytes	7		%		TA
Eos	7		%		TA
Basos	1		%		TA
Immature Cells					TA

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ELITE, MALE - ID#: 482623

Tests	Result	Flag	Units	Reference Interval	Lab
CMP14+LP+4AC+CBC/D/Plt					
Neutrophils (Absolute)	3.0		x10E3/uL	1.4-7.0	TA
Lymphs (Absolute)	1.7		x10E3/uL	0.7-3.1	TA
Monocytes(Absolute)	0.4		x10E3/uL	0.1-0.9	TA
Eos (Absolute)	0.4		x10E3/uL	0.0-0.4	TA
Baso (Absolute)	0.0		x10E3/uL	0.0-0.2	TA
Immature Granulocytes	0		%		TA
Immature Grans (Abs)	0.0		x10E3/uL	0.0-0.1	TA
NRBC					TA
Hematology Comments:					TA
PSA Total+% Free (Serial)					
Prostate Specific Ag, Serum	0.7		ng/mL	0.0-4.0	TA
	Roche ECLIA methodology.				
	According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater. Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.				
PSA, Free	0.10		ng/mL	N/A	TA
	Roche ECLIA methodology.				
% Free PSA	14.3		%		TA
	The table below lists the probability of prostate cancer for men with non-suspicious DRE results and total PSA between 4 and 10 ng/mL, by patient age (Catalona et al, JAMA 1998, 279:1542).				
			% Free PSA	50-64 yr	65-75 yr
			0.00-10.00%	56%	55%
			10.01-15.00%	24%	35%
			15.01-20.00%	17%	23%
			20.01-25.00%	10%	20%
			>25.00%	5%	9%
	Please note: Catalona et al did not make specific recommendations regarding the use of percent free PSA for any other population of men.				
Testosterone,Free and Total					
Testosterone, Serum	467		ng/dL	348-1197	TA
Comment:	Comment				TA
	Adult male reference interval is based on a population of lean males up to 40 years old.				
Free Testosterone(Direct)	13.5		pg/mL	7.2-24.0	BN
FSH and LH					
LH	3.0		mIU/mL	1.7-8.6	TA
FSH	5.8		mIU/mL	1.5-12.4	TA

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Tests	Result	Flag	Units	Reference Interval	Lab
<u>Pregnenolone, MS</u> Pregnenolone, MS	37 Reference Range: Adults: <151		ng/dL		ES
<u>Dihydrotestosterone</u> Dihydrotestosterone	42 Reference Range: Adult Male: 30 - 85		ng/dL		ES
<u>Hemoglobin A1c</u> Hemoglobin A1c	5.8 Pre-diabetes: 5.7 - 6.4 Diabetes: >6.4 Glycemic control for adults with diabetes: <7.0	High	%	4.8-5.6	TA
<u>Thyroxine (T4) Free, Direct, S</u> T4,Free(Direct)	1.41		ng/dL	0.82-1.77	TA
<u>DHEA-Sulfate</u> DHEA-Sulfate	194.7		ug/dL	71.6-375.4	TA
<u>TSH</u> TSH	2.170		uIU/mL	0.450-4.500	TA
<u>Estradiol</u> Estradiol	24.7 Roche ECLIA methodology		pg/mL	7.6-42.6	TA
<u>IGF-1</u> Insulin-Like Growth Factor I	161		ng/mL	61-200	BN
<u>Reverse T3, Serum</u> Reverse T3, Serum	20.1		ng/dL	9.2-24.1	BN
<u>Vitamin D, 25-Hydroxy</u> Vitamin D, 25-Hydroxy	30.5 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.		ng/mL	30.0-100.0	TA
<u>C-Reactive Protein, Cardiac</u> C-Reactive Protein, Cardiac	1.18		mg/L	0.00-3.00 Relative Risk for Future Cardiovascular Event Low <1.00 Average 1.00 - 3.00 High >3.00	TA

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Tests	Result	Flag	Units	Reference Interval	Lab
<u>Homocyst(e)ine, Plasma</u>					
Homocyst(e)ine, Plasma	10.8		umol/L	0.0-15.0	TA
<u>Progesterone</u>					
Progesterone	0.5		ng/mL	0.2-1.4	TA
<u>Insulin</u>					
Insulin	14.5		uIU/mL	2.6-24.9	TA
<u>Estrogens, Total</u>					
Estrogens, Total	73		pg/mL	40-115	BN
<u>Ferritin, Serum</u>					
Ferritin, Serum	186		ng/mL	30-400	TA
<u>Triiodothyronine,Free,Serum</u>					
Triiodothyronine,Free,Serum	4.0		pg/mL	2.0-4.4	TA
<u>Sex Horm Binding Glob, Serum</u>					
Sex Horm Binding Glob, Serum	37.1		nmol/L	19.3-76.4	TA

Lab	Facility	Director	Phone
TA	LabCorp T 5610 W LaSalle Street, Tampa, FL,	Farrier, Farrier	800-877-5227
BN	LabCorp B 1447 York Court, Burlington, NC,	F, F	800-762-4344
ES	Esoterix 4301 Lost Hills Road, Calabasas Hills, CA,	H, H	800-444-9111

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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