

LAB RESULTS

Last Name	Lab ID	Specim	en Number	Time Collected (EST)	Date Entered	Time Reported (EST)		
PANEL	716665	053-291-4530-0		2/22/2019 12:00 AM	2/22/2019	2/25/2019 6:05 AM		
First Name	Middle Initial	Phone		Phone		Control Number	Account Number	Account Phone Number
MALE					09134075	954-766-8433		
Date of Birth	Age	Sex	Fasting	Physician Name	Physician ID			
12/01/1986	32	Μ		Cullen K	1619923927			
	Address			Account Address				
	LIFE EXTENSION / NATIONAL DIAGNOSTICS, INC							
	5990 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33308							
Tests Ordered								
CMD12 J. D. CAC / CDC/D/D/t. DCA J. Jamestahin Alex. Testestevene, Comm. TCU. Vitemin D. 25 J. January, Tesuling, Analine metain D.								

CMP12+LP+6AC+CBC/D/Plt+PSA+...; Hemoglobin A1c; Testosterone, Serum; TSH; Vitamin D, 25-Hydroxy; Insulin; Apolipoprotein B

				PANEL, MALE - ID#: 716665	
Tests	Result	Flag	Units	Reference Interval	Lab
CMP12+LP+6AC+CBC/D/Plt+PSA+					
Glucose	84		mg/dL	65-99	TA
Uric Acid	7.8		mg/dL	3.7-8.6	TA
BUN	21	High	mg/dL	6-20	ТА
Creatinine	1.22		mg/dL	0.76-1.27	TA
eGFR If NonAfricn Am	78		mL/min/1.73	>59	TA
eGFR If Africn Am	90		mL/min/1.73	>59	TA
BUN/Creatinine Ratio	17			9-20	TA
Sodium	144		mmol/L	134-144	TA
Potassium	4.8		mmol/L	3.5-5.2	TA
Chloride	101		mmol/L	96-106	ТА
Calcium	10.2		mg/dL	8.7-10.2	ТА
Phosphorus	3.2		mg/dL	2.5-4.5	TA
Protein, Total	7.6		g/dL	6.0-8.5	ТА
Albumin	5.1		g/dL	3.5-5.5	ТА
Globulin, Total	2.5		g/dL	1.5-4.5	ТА
A/G Ratio	2.0			1.2-2.2	TA
Bilirubin, Total	0.5		mg/dL	0.0-1.2	TA
Alkaline Phosphatase	48		IU/L	39-117	TA
LDH	195		IU/L	121-224	TA

Name: MALE PANEL

Lab ID:

716665

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MALE PANEL 3600 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309

USA

Ship Method: USPS First-Class Order No: 82764538



293

Pick: *70823293*



			PANEL, MALE	
Tests	Result	Flag Units	Reference Interval	Lab
MP12+LP+6AC+CBC/D/Plt+PSA+				
AST (SGOT)	35	IU/L	0-40	TA
ALT (SGPT)	35	IU/L	0-44	TA
GGT	25	IU/L	IU/L 0-65	
Iron	137	ug/dL 38-169		ТА
Cholesterol, Total	168	168 mg/dL 100-199		ТА
Triglycerides	81	mg/dL	0-149	ТА
HDL Cholesterol	73	mg/dL	>39	TA
_DL Cholesterol Calc	79	mg/dL	0-99	TA
Comment:			0.55	TA
Γ. Chol/HDL Ratio	2.3	ratio	0.0-5.0	TA
	2.5	Tatio	T. Chol/HDL Ratio	IA
				Iomen
			1/2 Avg.Risk 3.4	3.3
			Avg.Risk 5.0	4.4
			2X Avg.Risk 9.6	7.1 11.0
stimated CHD Risk	< 0.5	times avg.	3X Avg.Risk 23.4 0.0-1.0	TA
Sumated CHD RISK	< 0.5	times avg.	T. Chol/HDL Ratio	1 <i>F</i>
				Iomen
			1/2 Avg.Risk 3.4	3.3
			Avg.Risk 5.0	4.4
			2X Avg.Risk 9.6	7.1
	f	The CHD Risk is based on the CHD Risk is based on the factors affect CHD Risk such	ne T. Chol/HDL ratio. O Ch as hypertension, smok	
	f C n	Eactors affect CHD Risk suc diabetes, severe obesity, a mature CHD.	ne T. Chol/HDL ratio. O ch as hypertension, smok and family history of pr	Other ing, re-
	f c n 7.5	Eactors affect CHD Risk suc diabetes, severe obesity, a nature CHD. umol/L	ne T. Chol/HDL ratio. O ch as hypertension, smok and family history of pr 0.0-15.0	other ing, re- TA
	f C n	Eactors affect CHD Risk suc diabetes, severe obesity, a nature CHD. umol/L ng/mL	ne T. Chol/HDL ratio. O ch as hypertension, smok and family history of pr	other ing, re- TA
	f c 7.5 0.5 Roche ECLIA methodol According to the decrease and rem prostatectomy. T PSA value 0.2 ng PSA value 0.2 ng PSA value 0.2 ng Values obtained interchangeably.	Eactors affect CHD Risk such about the constraint of the constrain	he T. Chol/HDL ratio. O ch as hypertension, smok and family history of pr 0.0-15.0 0.0-4.0 ciation, Serum PSA shoul s after radical l recurrence as an initi y a subsequent confirmat ods or kits cannot be us reted as absolute eviden	ing, e- TA TA d
rostate Specific Ag, Serum	f c 7.5 0.5 Roche ECLIA methodol According to the decrease and rem prostatectomy. T PSA value 0.2 no PSA value 0.2 no Values obtained interchangeably. of the presence	Eactors affect CHD Risk such about the service obesity, a mature CHD. umol/L ng/mL logy. American Urological Association and at undetectable levels the AUA defines biochemical g/mL or greater followed by g/mL or greater. with different assay methor Results cannot be interprior absence of malignant di	he T. Chol/HDL ratio. O ch as hypertension, smok and family history of pr 0.0-15.0 0.0-4.0 ciation, Serum PSA shoul s after radical l recurrence as an initi y a subsequent confirmat ods or kits cannot be us reted as absolute eviden isease.	ing, e- TA TA d al ory ed ce
Prostate Specific Ag, Serum Free Testosterone(Direct)	7.5 0.5 Roche ECLIA methodol According to the decrease and rem prostatectomy. T PSA value 0.2 ng PSA value 0.2 ng Values obtained interchangeably. of the presence 11.4	Eactors affect CHD Risk such about the constraint of the constrai	he T. Chol/HDL ratio. O ch as hypertension, smok and family history of pr 0.0-15.0 0.0-4.0 ciation, Serum PSA shoul s after radical l recurrence as an initi y a subsequent confirmat ods or kits cannot be us reted as absolute eviden isease. 8.7-25.1	ting, e- TA TA d al ory ed ce BN
rostate Specific Ag, Serum ree Testosterone(Direct) DHEA-Sulfate	7.5 0.5 Roche ECLIA methodol According to the decrease and rem prostatectomy. T PSA value 0.2 no Values obtained interchangeably. of the presence 11.4 267.2	Eactors affect CHD Risk such about the constraint of the second	he T. Chol/HDL ratio. O ch as hypertension, smok and family history of pr 0.0-15.0 0.0-4.0 ciation, Serum PSA shoul s after radical 1 recurrence as an initi y a subsequent confirmat ods or kits cannot be us reted as absolute eviden isease. 8.7-25.1 138.5-475.2	ther ing, e- TA TA d al ory ed toe BN TA
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rostate Specific Ag, Serum ree Testosterone(Direct) HEA-Sulfate stradiol	7.5 0.5 Roche ECLIA methodol According to the decrease and rem prostatectomy. T PSA value 0.2 ng PSA value 0.2 ng Values obtained interchangeably. of the presence 11.4 267.2 32.7 Roche ECLIA methodol	Eactors affect CHD Risk such abilities, severe obesity, a mature CHD. umol/L ng/mL logy. American Urological Association and at undetectable levels be AMA defines biochemical g/mL or greater followed by g/mL or greater. with different assay methor . Results cannot be interprior or absence of malignant di pg/mL ug/dL pg/mL logy	he T. Chol/HDL ratio. O ch as hypertension, smok and family history of pr 0.0-15.0 0.0-4.0 ciation, Serum PSA shoul s after radical l recurrence as an initi y a subsequent confirmat ods or kits cannot be us reted as absolute eviden isease. 8.7-25.1 138.5-475.2 7.6-42.6	ether ing, e- TA TA TA TA TA TA TA Sed Sed Sed Sed Sed TA TA TA
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rostate Specific Ag, Serum ree Testosterone(Direct) DHEA-Sulfate istradiol	7.5 0.5 Roche ECLIA methodol According to the decrease and rem prostatectomy. T PSA value 0.2 ng PSA value 0.2 ng Values obtained interchangeably. of the presence 11.4 267.2 32.7 Roche ECLIA methodol	Eactors affect CHD Risk such abiabetes, severe obesity, a mature CHD. umol/L ng/mL logy. American Urological Association and at undetectable levels Che AUA defines biochemical g/mL or greater followed by g/mL or greater. with different assay methor . Results cannot be interprise or absence of malignant di pg/mL ug/dL pg/mL logy mg/L	he T. Chol/HDL ratio. O ch as hypertension, smok and family history of pr 0.0-15.0 0.0-4.0 ciation, Serum PSA shoul s after radical l recurrence as an initi y a subsequent confirmat ods or kits cannot be us reted as absolute eviden isease. 8.7-25.1 138.5-475.2 7.6-42.6 0.00-3.00 ure Cardiovascular Event	ting, e- TA TA d al .ory ed tce BN TA TA
Prostate Specific Ag, Serum Free Testosterone(Direct) DHEA-Sulfate Estradiol	7.5 0.5 Roche ECLIA methodol According to the decrease and rem prostatectomy. T PSA value 0.2 ng PSA value 0.2 ng Values obtained interchangeably. of the presence 11.4 267.2 32.7 Roche ECLIA methodol	Eactors affect CHD Risk such abiabetes, severe obesity, a mature CHD. umol/L ng/mL logy. American Urological Association and at undetectable levels Che AUA defines biochemical g/mL or greater followed by g/mL or greater. with different assay methor . Results cannot be interprise or absence of malignant di pg/mL ug/dL pg/mL logy mg/L	he T. Chol/HDL ratio. O ch as hypertension, smok and family history of pr 0.0-15.0 0.0-4.0 ciation, Serum PSA shoul s after radical l recurrence as an initi y a subsequent confirmat ods or kits cannot be us reted as absolute eviden isease. 8.7-25.1 138.5-475.2 7.6-42.6 0.00-3.00 ure Cardiovascular Event Low < Average 1.00 -	ether ing, e- TA TA d al ory ed ice BN TA TA TA
ree Testosterone(Direct) DHEA-Sulfate stradiol E-Reactive Protein, Cardiac	7.5 0.5 Roche ECLIA methodol According to the decrease and rem prostatectomy. T PSA value 0.2 ng PSA value 0.2 ng Values obtained interchangeably. of the presence 11.4 267.2 32.7 Roche ECLIA methodol 2.04	Eactors affect CHD Risk such abilities, severe obesity, a mature CHD. umol/L ng/mL logy. A American Urological Association and at undetectable levels Che AUA defines biochemical g/mL or greater followed by g/mL or greater. with different assay methor . Results cannot be interport or absence of malignant di pg/mL ug/dL pg/mL logy mg/L Relative Risk for Futo	he T. Chol/HDL ratio. O ch as hypertension, smok and family history of pr 0.0-15.0 0.0-4.0 ciation, Serum PSA shoul s after radical l recurrence as an initi y a subsequent confirmat ods or kits cannot be us reted as absolute eviden isease. 8.7-25.1 138.5-475.2 7.6-42.6 0.00-3.00 ure Cardiovascular Event Low < Average 1.00 - High >	ether ing, e- TA TA A A al ory ed ce BN TA TA TA TA
rostate Specific Ag, Serum ree Testosterone(Direct) DHEA-Sulfate istradiol C-Reactive Protein, Cardiac	7.5 0.5 Roche ECLIA methodol According to the decrease and rem prostatectomy. T PSA value 0.2 ng PSA value 0.2 ng Values obtained interchangeably. of the presence 11.4 267.2 32.7 Roche ECLIA methodol 2.04	Eactors affect CHD Risk such abiabetes, severe obesity, a mature CHD. umol/L ng/mL logy. A American Urological Association and a undetectable levels Che AUA defines biochemical g/mL or greater followed by g/mL or greater. with different assay methor a Results cannot be interport or absence of malignant di pg/mL ug/dL pg/mL logy mg/L Relative Risk for Futo x10E3/uL	he T. Chol/HDL ratio. O ch as hypertension, smok and family history of pr 0.0-15.0 0.0-4.0 ciation, Serum PSA shoul s after radical l recurrence as an initi y a subsequent confirmat ods or kits cannot be us reted as absolute eviden isease. 8.7-25.1 138.5-475.2 7.6-42.6 0.00-3.00 ure Cardiovascular Event Low < Average 1.00 -	ether ing, e- TA TA TA A A al ory ed ce BN TA TA TA TA TA TA TA TA TA
Prostate Specific Ag, Serum Free Testosterone(Direct) DHEA-Sulfate Estradiol C-Reactive Protein, Cardiac	7.5 0.5 Roche ECLIA methodol According to the decrease and rem prostatectomy. T PSA value 0.2 ng PSA value 0.2 ng Values obtained interchangeably. of the presence 11.4 267.2 32.7 Roche ECLIA methodol 2.04	Eactors affect CHD Risk such abilities, severe obesity, a mature CHD. umol/L ng/mL logy. A American Urological Association and at undetectable levels Che AUA defines biochemical g/mL or greater followed by g/mL or greater. with different assay methor . Results cannot be interport or absence of malignant di pg/mL ug/dL pg/mL logy mg/L Relative Risk for Futo	he T. Chol/HDL ratio. O ch as hypertension, smok and family history of pr 0.0-15.0 0.0-4.0 ciation, Serum PSA shoul s after radical l recurrence as an initi y a subsequent confirmat ods or kits cannot be us reted as absolute eviden isease. 8.7-25.1 138.5-475.2 7.6-42.6 0.00-3.00 ure Cardiovascular Event Low < Average 1.00 - High >	ether ing, e- TA TA A A al ory ed ce BN TA TA TA TA TA TA TA TA TA TA
Homocyst(e)ine Prostate Specific Ag, Serum Free Testosterone(Direct) DHEA-Sulfate Estradiol C-Reactive Protein, Cardiac WBC RBC Hemoglobin	7.5 0.5 Roche ECLIA methodol According to the decrease and rem prostatectomy. T PSA value 0.2 ng PSA value 0.2 ng Values obtained interchangeably. of the presence 11.4 267.2 32.7 Roche ECLIA methodol 2.04	Eactors affect CHD Risk such abiabetes, severe obesity, a mature CHD. umol/L ng/mL logy. A American Urological Association and a undetectable levels Che AUA defines biochemical g/mL or greater followed by g/mL or greater. with different assay methor a Results cannot be interport or absence of malignant di pg/mL ug/dL pg/mL logy mg/L Relative Risk for Futo x10E3/uL	he T. Chol/HDL ratio. O ch as hypertension, smok and family history of pr 0.0-15.0 0.0-4.0 ciation, Serum PSA shoul s after radical l recurrence as an initi y a subsequent confirmat ods or kits cannot be us reted as absolute eviden isease. 8.7-25.1 138.5-475.2 7.6-42.6 0.00-3.00 ure Cardiovascular Event Low < Average 1.00 - High > 3.4-10.8	ether ing, e- TA TA A A al ory ed ace BN TA TA TA

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				PANEL, MALE - ID	#: 716665		
Tests	Result	Flag	Units	Reference Interval	Lab		
CMP12+LP+6AC+CBC/D/Plt+PSA+							
MCV	91		fL	79-97	TA		
MCH	31.3		pg	26.6-33.0	TA		
МСНС	34.4		g/dL	31.5-35.7	ТА		
RDW	13.3		%	12.3-15.4	TA		
Platelets	306		x10E3/uL	150-379	ТА		
Neutrophils	62		%	Not Estab.	TA		
Lymphs	26		%	Not Estab.	TA		
Monocytes	6		%	Not Estab.	TA		
Eos	6		%	Not Estab.	TA		
Basos	0		%	Not Estab.	ТА		
Immature Cells					ТА		
Neutrophils (Absolute)	3.8		x10E3/uL	1.4-7.0	ТА		
Lymphs (Absolute)	1.6		x10E3/uL	0.7-3.1	ТА		
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		%	Not Estab.	ТА		
Immature Grans (Abs)	0.0		x10E3/uL	0.0-0.1	ТА		
NRBC	0.0		XIOLO/ UL	0.0 0.1	TA		
Hematology Comments:					TA		
					14		
Hemoglobin A1c	F 1		0/		Ŧ۸		
Hemoglobin A1c	5.1		%	4.8-5.6	TA		
	Predia	abetes: 5.7 -	6.4	·			
		tes: >6.4					
	Glycer	mic control for	r adults with dia	abetes: <7.0			
Testosterone, Serum							
Testosterone, Serum	473		ng/dL	264-916	TA		
	Adult male reference interval is based on a population of healthy nonobese males (BMI <30) between 19 and 39 years old.						
	-		02;1161-1173. PMI	-			
TSH							
TSH	1.780		uIU/mL	0.450-4.500	ТА		
	1.700		uto/inc	0.450-4.500	14		
Vitamin D, 25-Hydroxy	26.0			20.0.100.0	Τ.		
Vitamin D, 25-Hydroxy	36.8	av had been de	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						
			D less than 20 r				
		-	n to further defi				
	insufficiency as a level between 21 and 29 ng/mL (2). 1. IOM (Institute of Medicine). 2010. Dietary reference						
			. Washington DC:	•			
		ademies Press.	· habiiziigeeii 20				
			schoff-Ferrari HA				
	Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice						
			<pre>Society clinical ; 96(7):1911-30.</pre>	practice			
Insulin	garacrine. (our					
Insulin	5.7		uIU/mL	2.6-24.9	ТА		
	5.7			2.0 2 1.5	IA		

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					PAN	EL, MALE - ID#:	716665
	Tests R	esult	Flag	Units	Referenc	e Interval	Lab
Apolipoprotein	<u> </u>						
Apolipoprotein	ו B	88		mg/dL	<	:90	BN
				Desira	ble	< 90	
					rderline High		
					gh	100 - 120	
				Ve	ry High	>120	
				ASCVD RISK		THERAPEUTIC TARGET	
				CATEGORY		APO B (mg/dL)	
				igh Risk	<80 (if extr	ceme risk <70)	
			High R	isk	<90		
				te Risk	<90		
				Please note	reference inte	erval change	
Lab	Facility			Dir	ector	Phone	
TA	LabCorp T		Farrier, Farrier		800-877-5227		
	5610 W LaSalle Street, Tampa, FL,						
BN	LabCorp B			Nagendra, Nagen	dra	800-762-43	344
	1447 York Court, Burlington, NC,			5 , 5			
	For inquiries, the physician may contact the above	ve locations					
	i or inquines, the physician may contact the above	re iocacions.					

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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