

LAB RESULTS

Last Name	Lab ID	Specimen Number	Time Collected	Date Entered	Time Reported
WEIGHT LOSS	373923	094-828-4439-0	4/4/2014 12:00 AM	4/4/2014	4/8/2014 6:07 AM
First Name	Middle Initial	Phone	Control Number	Account Number	Account Phone Number
COMPREHEN				09134075	954-766-8433
Date of Birth	Age	Sex	Fasting	Physician Name	Physician ID
07/21/1968	45	M		Cullen K	1770670655
Address			Account Address		

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5990 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33308

Tests Ordered

CMP14+LP+4AC+CBC/D/Plt; Testosterone,Free and Total; Hemoglobin A1c; Thyroxine (T4) Free, Direct, S; DHEA-Sulfate; Cortisol; TSH; Estradiol; Reverse

WEIGHT LOSS, COMPREHEN - ID#: 373923

Tests	Result	Flag	Units	Reference Interval	Lab
CMP14+LP+4AC+CBC/D/Pit					
Glucose, Serum	98		mg/dL	65-99	TA
Uric Acid, Serum	5.4		mg/dL	3.7-8.6	TA
BUN	15		mg/dL	6-24	TA
Creatinine, Serum	0.81		mg/dL	0.76-1.27	TA
eGFR If NonAfricn Am	107		mL/min/1.73	>59	TA
eGFR If Africn Am	124		mL/min/1.73	>59	TA
BUN/Creatinine Ratio	19			9-20	TA
Sodium, Serum	139		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	20		mmol/L	19-28	TA
Calcium, Serum	9.3		mg/dL	8.7-10.2	TA
Phosphorus, Serum	3.4		mg/dL	2.5-4.5	TA
Protein, Total, Serum	7.0		g/dL	6.0-8.5	TA
Albumin, Serum	4.6		g/dL	3.5-5.5	TA
Globulin, Total	2.4		g/dL	1.5-4.5	TA
A/G Ratio	1.9			1.1-2.5	TA
Bilirubin, Total	0.5		mg/dL	0.0-1.2	TA
Alkaline Phosphatase, S	69		IU/L	39-117	TA
LDH	154		IU/L	0-225	TA

Name: COMPREHENSIVE WEIGHT LOSS

Lab ID: 373923

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4/8/2014 11:32:34 AM

Pick: *70325305*

70325305

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

Ship Method: USPS First-Class

Order No: 75752781

305

WEIGHT LOSS, COMPREHEN - ID#: 373923

Tests	Result	Flag	Units	Reference Interval	Lab																								
CMP14+LP+4AC+CBC/D/Pit																													
AST (SGOT)	25		IU/L	0-40	TA																								
ALT (SGPT)	25		IU/L	0-44	TA																								
Iron, Serum	81		ug/dL	40-155	TA																								
Cholesterol, Total	200	High	mg/dL	100-199	TA																								
Triglycerides	91		mg/dL	0-149	TA																								
HDL Cholesterol	47		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	18		mg/dL	5-40	TA																								
LDL Cholesterol Calc	135	High	mg/dL	0-99	TA																								
Comment:					TA																								
T. Chol/HDL Ratio	4.3		ratio units	0.0-5.0	TA																								
Estimated CHD Risk	0.8		times avg.	0.0-1.0	TA																								
<table border="0"> <tr> <td colspan="4">T. Chol/HDL Ratio</td> </tr> <tr> <td></td> <td>Men</td> <td>Women</td> <td></td> </tr> <tr> <td>1/2 Avg.Risk</td> <td>3.4</td> <td>3.3</td> <td></td> </tr> <tr> <td>Avg.Risk</td> <td>5.0</td> <td>4.4</td> <td></td> </tr> <tr> <td>2X Avg.Risk</td> <td>9.6</td> <td>7.1</td> <td></td> </tr> <tr> <td>3X Avg.Risk</td> <td>23.4</td> <td>11.0</td> <td></td> </tr> </table>						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	
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	8.2		x10E3/uL	3.4-10.8	TA																								
RBC	5.10		x10E6/uL	4.14-5.80	TA																								
Hemoglobin	15.0		g/dL	12.6-17.7	TA																								
Hematocrit	44.6		%	37.5-51.0	TA																								
MCV	88		fL	79-97	TA																								
MCH	29.4		pg	26.6-33.0	TA																								
MCHC	33.6		g/dL	31.5-35.7	TA																								
RDW	13.2		%	12.3-15.4	TA																								
Platelets	311		x10E3/uL	155-379	TA																								
Neutrophils	59		%	40-74	TA																								
Lymphs	30		%	14-46	TA																								
Monocytes	6		%	4-12	TA																								
Eos	2		%	0-5	TA																								
Basos	1		%	0-3	TA																								
Immature Cells					TA																								
Neutrophils (Absolute)	4.8		x10E3/uL	1.4-7.0	TA																								
Lymphs (Absolute)	2.4		x10E3/uL	0.7-3.1	TA																								
Monocytes(Absolute)	0.5		x10E3/uL	0.1-0.9	TA																								
Eos (Absolute)	0.2		x10E3/uL	0.0-0.4	TA																								
Baso (Absolute)	0.1		x10E3/uL	0.0-0.2	TA																								
Immature Granulocytes	2		%	0-2	TA																								

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WEIGHT LOSS, COMPREHEN - ID#: 373923

Tests	Result	Flag	Units	Reference Interval	Lab
<u>CMP14+LP+4AC+CBC/D/Plt</u>					
Immature Grans (Abs)	0.1		x10E3/uL	0.0-0.1	TA
NRBC					TA
Hematology Comments:					TA
<u>Testosterone,Free and Total</u>					
Testosterone, Serum	395		ng/dL	348-1197	TA
Free Testosterone(Direct)	9.9		pg/mL	6.8-21.5	BN
<u>Hemoglobin A1c</u>					
Hemoglobin A1c	5.8	High	%	4.8-5.6	TA
	Increased risk for diabetes: 5.7 - 6.4 Diabetes: >6.4 Glycemic control for adults with diabetes: <7.0				
<u>Thyroxine (T4) Free, Direct, S</u>					
T4,Free(Direct)	1.16		ng/dL	0.82-1.77	TA
<u>DHEA-Sulfate</u>					
DHEA-Sulfate	298.0		ug/dL	71.6-375.4	TA
<u>Cortisol</u>					
Cortisol	13.4		ug/dL	2.3-19.4	TA
			Cortisol AM	6.2 - 19.4	
			Cortisol PM	2.3 - 11.9	
<u>TSH</u>					
TSH	1.870		uIU/mL	0.450-4.500	TA
<u>Estradiol</u>					
Estradiol	24.0		pg/mL	7.6-42.6	TA
	Roche ECLIA methodology				
<u>Reverse T3, Serum</u>					
Reverse T3, Serum	14.6		ng/dL	9.2-24.1	BN
<u>Vitamin D, 25-Hydroxy</u>					
Vitamin D, 25-Hydroxy	23.5	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	1.64		mg/L	0.00-3.00	TA
	Relative Risk for Future Cardiovascular Event Low <1.00				

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<u>C-Reactive Protein, Cardiac</u>					
C-Reactive Protein, Cardiac	1.64		mg/L	0.00-3.00	TA
				Average 1.00 - 3.00	
				High >3.00	
<u>Progesterone</u>					
Progesterone	0.4		ng/mL	0.2-1.4	TA
<u>Insulin</u>					
Insulin	9.2		uIU/mL	2.6-24.9	TA
<u>Ferritin, Serum</u>					
Ferritin, Serum	107		ng/mL	30-400	TA
<u>Triiodothyronine, Free, Serum</u>					
Triiodothyronine, Free, Serum	3.0		pg/mL	2.0-4.4	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

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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