

Patient Report



Specimen ID: 300-216-3278-0
Control ID: 30091484339

Acct #: 09386640

Phone: (863) 687-1300

Rte: 99

WATTS, GORDON W.
821 ALICIA RD
LAKELAND FL 33801
(863) 688-9880

Lakeland Regl Family Hlth Clin
300 Parkview Place
LAKELAND FL 33805



Patient Details

DOB: 05/16/1966
Age(y/m/d): 050/05/10
Gender: M
Patient ID:

Specimen Details

Date collected: 10/26/2016 0855 Local
Date received: 10/26/2016 1600 Local
Date entered: 10/26/2016
Date reported: 10/27/2016 0827 ET

Physician Details

Ordering: E JEAN-PIER
Referring:
ID:
NPI: 1851479257

General Comments & Additional Information

Total Volume: Not Provided

Fasting: Yes

Ordered Items

CBC/Diff Ambiguous Default; Comp. Metabolic Panel (14); Urinalysis, Routine; Lipid Panel; Vitamin B12 and Folate; Hemoglobin A1c; Thyroxine (T4) Free, Direct, S; TSH; Vitamin D, 25-Hydroxy; Magnesium, Serum; Ambig Abbrev CMP14 Default; Ambig Abbrev LP Default; Venipuncture

Table with 7 columns: TESTS, RESULT, FLAG, UNITS, REFERENCE INTERVAL, LAB. Rows include CBC/Diff Ambiguous Default (WBC, RBC, Hemoglobin, etc.) and Comp. Metabolic Panel (14) (Glucose, BUN, Creatinine, etc.).

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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
BUN/Creatinine Ratio	10			9-20	
Sodium, Serum	141		mmol/L	136-144	01
	**Please note reference interval change**				
Potassium, Serum	4.0		mmol/L	3.5-5.2	01
	**Please note reference interval change**				
Chloride, Serum	99		mmol/L	97-106	01
	**Please note reference interval change**				
Carbon Dioxide, Total	25		mmol/L	18-29	01
Calcium, Serum	9.0		mg/dL	8.7-10.2	01
Protein, Total, Serum	6.4		g/dL	6.0-8.5	01
Albumin, Serum	4.3		g/dL	3.5-5.5	01
Globulin, Total	2.1		g/dL	1.5-4.5	
A/G Ratio	2.0			1.1-2.5	
Bilirubin, Total	<0.2		mg/dL	0.0-1.2	01
Alkaline Phosphatase, S	56		IU/L	39-117	01
AST (SGOT)	22		IU/L	0-40	01
ALT (SGPT)	16		IU/L	0-44	01

## Urinalysis, Routine

Urinalysis Gross Exam					01
Specific Gravity	1.013			1.005-1.030	01
pH	6.0			5.0-7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	Negative			Negative	01
<b>Protein</b>	<b>1+ Abnormal</b>			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	0.2		mg/dL	0.2-1.0	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination	See below:				01
	Microscopic was indicated and was performed.				
WBC	0-5		/hpf	0 - 5	01
RBC	None seen		/hpf	0 - 2	01
Epithelial Cells (non renal)	None seen		/hpf	0 - 10	01
Mucus Threads	Present			Not Estab.	01
Bacteria	None seen			None seen/Few	01

## Lipid Panel

Cholesterol, Total	163		mg/dL	100-199	01
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Triglycerides	98		mg/dL	0-149	01
HDL Cholesterol	56		mg/dL	>39	01
Comment					01
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.					
VLDL Cholesterol Cal	20		mg/dL	5-40	
LDL Cholesterol Calc	87		mg/dL	0-99	

## Vitamin B12 and Folate

Vitamin B12	1299	High	pg/mL	211-946	01
Folate (Folic Acid), Serum	14.7		ng/mL	>3.0	01
Note:					01

A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency.

## Hemoglobin A1c

Hemoglobin A1c	5.2		%	4.8-5.6	01
Please Note:					01

Pre-diabetes: 5.7 - 6.4  
Diabetes: >6.4  
Glycemic control for adults with diabetes: <7.0

## Thyroxine (T4) Free, Direct, S

T4, Free (Direct)	1.14		ng/dL	0.82-1.77	01
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TSH	3.600		uIU/mL	0.450-4.500	01
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Vitamin D, 25-Hydroxy	43.8		ng/mL	30.0-100.0	01
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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.

Magnesium, Serum	2.2		mg/dL	1.6-2.3	01
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## Ambig Abbrev CMP14 Default

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this

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is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.						

### Ambig Abbrev LP Default

01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Lipid Panel, Test Code #303756 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

01	TA	LabCorp Tampa 5610 W LaSalle Street, Tampa, FL 33607-1770	Dir: Sean Farrier, MD
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For inquiries, the physician may contact **Branch: 800-877-5227 Lab: 800-877-5227**