

Client: <b>ROCHE TEST ACCOUNT</b>	56427	Patient: <b>TEST, PATIENT</b>	
5151 CORPORATE WAY		Phone: ( ) -	DOB: 11/08/1975 Age:49 Sex:M
JUPITER, FL 33458		Address 1:	Fasting: Y
Phys: ( ) -		Address 2:	
		City:	State: Zip: Page:1

Acc# 005828301	Coll. Date: 05/21/25	Recv. Date: 05/21/25	Print Date: 05/22/25
Chart#	Coll. Time: 08:00 AM	Recv. Time: 11:58 AM	Print Time: 09:16
First reported on:	05/22/25 09:16	Final report date:	05/22/25

**Report Status: FINAL**

Test Name	Results	Reference Range	Units
<b>*****OUT OF RANGE SUMMARY*****</b>			
BUN	<b>100 H</b>	6 - 20	mg/dl
CREATININE, SERUM	<b>0.1 L</b>	0.7 - 1.2	mg/dl
BUN/CREAT RATIO	<b>3 L</b>	7.3 - 21.7	
SODIUM	<b>130 L</b>	136 - 145	mmol/L
POTASSIUM	<b>3.2 L</b>	3.5 - 5.1	mmol/L
GLOBULIN	<b>10 H</b>	2.1 - 3.6	g/dl
Albumin/Globulin Ratio	<b>5 H</b>	0.8 - 2.0	
GFR, estimated	<b>5 L</b>	> 60	ml/min
Calculation of estimated GFR is based on the MDRD Study prediction equation			
****Five Stages of Chronic Kidney Disease****			
*Stage*	*GFR Level*	*Description*	
Stage 1	90 ml/min or more	Healthy Kidneys or Kidney damage with normal or high GFR	
Stage 2	60 to 89 ml/min	Kidney damage and mild decrease in GFR	
Stage 3	30 to 59 ml/min	Moderate decrease in GFR	
Stage 4	15 to 29 ml/min	Severe decrease in GFR	
Stage 5	< 15 ml/min	Kidney failure, or on dialysis	
TRIGLYCERIDES	<b>1050 H</b>	0 - 150	mg/dl
CHOLESTEROL, TOTAL	<b>205 H</b>	0 - 200	mg/dl
HDL CHOLESTEROL	<b>55 L</b>	>60	mg/dl
CHOL/HDL RATIO	<b>120 H</b>	<5.0	
CRP, HS (Cardio)	<b>15.0 H</b>	0 - 5	mg/L
**Risk of Cardiovascular Disease**			
Low Risk		CRP < 1.0	mg/L
Medium Risk		CRP 1.0 - 3.0	mg/L
High Risk		CRP > 3.0	mg/L
sd LDL	<b>58 H</b>	12.6 - 51.7	mg/dl
LDL CHOLESTEROL, calc..	<b>130 H</b>	<100	mg/dl
TSH	<b>5.222 H</b>	0.27 - 4.2	uIU/ml
PSA, TOTAL	<b>8.100 H</b>	0 - 4	ng/ml

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JUPITER, FL 33458-3101  
(866)720-8386

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Test Name	Results	Reference Range	Units
*****OUT OF RANGE SUMMARY***** (Continued)			

The above test is performed by Roche diagnostics ECLIA methodology. Patient results performed by different assay methods may not be comparable.

DIHYDROTESTOSTERONE LC/MS	182.2 H	11.2 - 95.5	ng/dL
TESTOSTERONE, TOTAL	100 L	238 - 1048	ng/dl
TESTOSTERONE, FREE	350.0 H	5.7 - 17.9	ng/dl
Vitamin D,25-OH,Total	28 L	30 - 100	ng/ml

Notes:

Therapy is based on the measurement of Total Vitamin D (25-OH).  
Most experts agree that Vitamin D deficiency should be = or < 20 ng/ml.  
Vitamin D insufficiency is recognized as 21 - 29 ng/ml.

### COMPLETE BLOOD COUNT

WHITE BLOOD CELL	9.5	3.9 - 11.4	K/ul
RED BLOOD CELL	5.23	4.20 - 6.00	M/ul
HEMOGLOBIN	17.7	13.2 - 18.0	g/dl
HEMATOCRIT	50.1	42.0 - 56.0	%
MCV	98	83 - 102	fl
MCH	30.1	26.0 - 34.0	pg
MCHC	31.5	29.5 - 35.5	g/dl
RDW	11.5	11.0 - 15.5	%
PLATELET COUNT	400	140 - 400	k/ul
MPV	10.0	7.5 - 11.6	fl

### AUTOMATED DIFFERENTIAL

DIFFERENTIAL			
Neutrophil %	74.9	38.0 - 75.0	%
Lymphocyte %	16.5	15.0 - 49.0	%
Monocyte %	8.3	2.0 - 13.0	%
Eosinophil %	0.2	0.0 - 8.0	%

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Test Name	Results	Reference Range	Units
<b>AUTOMATED DIFFERENTIAL (Continued)</b>			
Basophil %	0.1	0.0 - 2.0	%
Neutrophil #	7.1	1.6 - 8.4	K/ul
Lymphocyte #	1.6	1.0 - 3.6	K/ul
Monocyte #	0.8	0.0 - 0.9	K/ul
Eosinophil #	0.0	0.0 - 0.6	K/ul
Basophil #	0.0	0.0 - 0.2	K/ul
<b>GENERAL CHEMISTRY</b>			
GLUCOSE	100	74 - 109	mg/dl
BUN	<b>100 H</b>	6 - 20	mg/dl
CREATININE, SERUM	<b>0.1 L</b>	0.7 - 1.2	mg/dl
BUN/CREAT RATIO	<b>3 L</b>	7.3 - 21.7	
SODIUM	<b>130 L</b>	136 - 145	mmol/L
POTASSIUM	<b>3.2 L</b>	3.5 - 5.1	mmol/L
CHLORIDE	103	98 - 107	mmol/L
CO2	26	22 - 29	mmol/L
CALCIUM	9.4	8.6 - 10	mg/dl
TOTAL PROTEIN	8.1	6.4 - 8.3	g/dl
ALBUMIN	4.0	3.5 - 5.2	g/dl
GLOBULIN	<b>10 H</b>	2.1 - 3.6	g/dl
Albumin/Globulin Ratio	<b>5 H</b>	0.8 - 2.0	
BILIRUBIN, TOTAL	0.9	0 - 1.2	mg/dl
ALKALINE PHOSPHATASE	55	40 - 129	U/L
ALT	25	0 - 41	U/L
AST	25	0 - 40	U/L
GFR, estimated	<b>5 L</b>	> 60	ml/min

Calculation of estimated GFR is based on the MDRD Study prediction equation

\*\*\*\*Five Stages of Chronic Kidney Disease\*\*\*\*

*Stage*	*GFR Level*	*Description*
Stage 1	90 ml/min or more	Healthy Kidneys or Kidney damage with normal or high GFR
Stage 2	60 to 89 ml/min	Kidney damage and mild decrease in GFR
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DIABETES EVALUATION			
HEMOGLOBIN A1C	5.4	< 5.7	%
INSULIN	5.1	2.6 - 24.9	uIU/ml
CORONARY RISK			
TRIGLYCERIDES	1050 H	0 - 150	mg/dl
CHOLESTEROL, TOTAL	205 H	0 - 200	mg/dl
HDL CHOLESTEROL	55 L	>60	mg/dl
CHOL/HDL RATIO	120 H	<5.0	
CRP, HS (Cardio)	15.0 H	0 - 5	mg/L
**Risk of Cardiovascular Disease**			
Low Risk		CRP < 1.0	mg/L
Medium Risk		CRP 1.0 - 3.0	mg/L
High Risk		CRP > 3.0	mg/L
HOMOCYSTEINE	4.9	0 - 15	umol/L
LIPOPROTEIN (a)	0.9	0 - 30	mg/dl
APOLIPOPROTEIN A-1	110	104 - 202	mg/dl
APOLIPOPROTEIN B	121	66 - 133	mg/dl6/10
sd LDL	58 H	12.6 - 51.7	mg/dl
LDL CHOLESTEROL, calc..	130 H	<100	mg/dl
THYROID TESTING			
TSH	5.222 H	0.27 - 4.2	uIU/ml
TUMOR MARKERS			
PSA, TOTAL	8.100 H	0 - 4	ng/ml

The above test is performed by Roche diagnostics ECLIA methodology. Patient results performed by different assay methods may not be comparable.

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<b>ENDOCRINE EVALUATION</b>			
DIHYDROTESTOSTERONE LC/MS	<b>182.2 H</b>	11.2 - 95.5	ng/dL
Lab Developed Testing *****			
Serum Pregnenolone, DHT, Estrone, Estriol, RT3, CO-Q10, Total Testosterone LC/MS, Androstenedione LC/MS, Progesterone LC/MS, and Estradiol LC/MS were developed and their performance characteristics determined by Access Medical Laboratories. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA and qualified to perform high-complexity testing. These tests are used for clinical purposes. It should not be regarded as investigational or for research.			
ESTRADIOL (E2)	40.0	11.3 - 43.2	pg/mL
DHEA-SULFATE	300.0	44.3 - 331	ug/dl
TESTOSTERONE, TOTAL	<b>100 L</b>	238 - 1048	ng/dl
SEX HORMONE BIND GLOBULIN	50	16.5 - 55.9	nmol/L
CORTISOL	10.0		ug/dl
**Normal individuals**			
Morning am 6-10:		6.02 - 18.4	ug/dl
Afternoon pm 4-8 :		2.68 - 10.5	ug/dl
TESTOSTERONE, FREE	<b>350.0 H</b>	5.7 - 17.9	ng/dl
<b>OTHER TESTS</b>			
Vitamin D,25-OH,Total	<b>28 L</b>	30 - 100	ng/ml

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**Test Name**

**Results**

**Reference Range**

**Units**

**OTHER TESTS (Continued)**

Notes:

Therapy is based on the measurement of Total Vitamin D (25-OH).  
Most experts agree that Vitamin D deficiency should be = or < 20 ng/ml.  
Vitamin D insufficiency is recognized as 21 - 29 ng/ml.

COMMENTS:

\_\_\_\_\_ END OF REPORT \_\_\_\_\_