Access MEDICAL LABS
5151 CORPORATE WAY
JUPITER, FL 33458-3101
(866)720-8386

Client: Phys:	Patient: Phone: Address 1: Address 2: City:

Acc#	Coll. Date: 03/01/24	Recv. Date: 03/02/24	Print Date: 04/04/24
Chart#	Coll. Time: 09:34 AM	Recv. Time:03:44 PM	Print Time: 15:39
First reported on:	03/02/24 18:46	Final report date:	03/11/24

Report Status: STAT, FINAL

Test Name	Results	Reference Range	Units	
**********OUT OF RANGE SUMMARY**********				
ALBUMIN	**4.9 H**	3.2 - 4.8	g/dl	
CHOLESTEROL, TOTAL	**402 H**	<200	mg/dl	
LDL CHOLESTEROL, calc..	**333 H**	<100	mg/dl	
CHOL/HDL RATIO	**8.2 H**	<4.4		
The higher the Ratio,the higher CHD risk.				
CRP, Cardio	**13.6 H**	<3	mg/L	
Risk of Cardiovasular Disease				
Low Risk		CRP < 1.0	mg/L	
Medium Risk		CRP 1.0 - 3.0	mg/L	
High Risk		CRP > 3.0	mg/L	
Results verified by repeat analysis and dilution.				
HOMOCYSTEINE	**21.8 H**	4.5 - 15.0	umol/L	
Ideal level <8.0 umol/L				
reported: 03/07/24 19:07				
LDL-P	**>3500 H**	<1000	nmol/L	*1
Low		< 1000		
Moderate		1000 - 1299		
Borderline-High		1300 - 1599		
High		1600 - 2000		
Very High		> 2000		
HDL-P (Total)	**20.7 L**	>=30.5	umol/L	*1
Small LDL-P	**1648 H**	<=527	nmol/L	*1
Small LDL-P	**1648 H**	<=527	nmol/L	*1
Large HDL-P	**1.5 L**	>=4.8	umol/L	*1
HDL Size	**8.4 L**	>=9.2	nm	*1
APOLIPOPROTEIN B	**192 H**	46 - 142	mg/dl	
sd LDL	**88 H**	5.1 - 60.8	mg/dl	
Vitamin D,25-OH,Total	**9 L**	30 - 100	ng/ml	

Notes:

(Continued on Next Page)

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Test Name	Results	Reference Range	Units

**********OUT OF RANGE SUMMARY********** (Continued)

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.
The preferred level for Vitamin D (25-OH)is recommended to be 30 - 100 ng/ml.
Vitamin D > 150 ng/ml is considered potentially toxic.

reported: 03/11/24 14:07

OmegaCheck(TM)	**3.1 L**	>5.4	% by wt	*2

Relative Risk: HIGH
Increasing blood levels of long-chain n-3 fatty acids are associated with a lower risk of sudden cardiac death (1).
Based on the top (75th percentile) and bottom (25th percentile) quartiles of the CHL reference population, the following risk categories were established for OmegaCheck:
A cut-off of >=5.5% by wt defines a population at low relative risk, 3.8-5.4% by wt defines a population at moderate relative risk, and <=3.7% by wt defines a population at high relative risk of sudden cardiac death.
The totality of the scientific evidence demonstrates that when consumption of fish oils is limited to 3 g/day or less of EPA and DHA, there is no significant risk for increased bleeding time beyond the normal range. A daily dosage of 1 gram of EPA and DHA lowers the circulating triglycerides by about 7-10% within 2 to 3 weeks. (Reference: 1-Albert et al. NEJM. 2002; 346: 1113-1118).

Omega-6/Omega-3 Ratio	**14.7 H**	3.7 - 14.4		*2
Linoleic Acid	**30.1 H**	18.6 - 29.5	% by wt	*2

This test is performed by a Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS) method. This test was developed and its performance characteristics determined by the Cleveland HeartLab, Inc. It has not been cleared or approved by the U.S. FDA. The Cleveland HeartLab is regulated under Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

COMPLETE BLOOD COUNT

(Continued on Next Page)

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Test Name	Results	Reference Range	Units
COMPLETE BLOOD COUNT (Continued)			
WHITE BLOOD CELL	7.8	3.9 - 11.4	K/ul
RED BLOOD CELL	4.48	3.80 - 5.50	M/ul
HEMOGLOBIN	14.4	11.5 - 15.2	g/dl
HEMATOCRIT	45.4	38.0 - 51.0	%
MCV	101	83 - 103	fl
MCH	32.1	26.0 - 34.0	pg
MCHC	31.7	29.5 - 35.5	g/dl
RDW	13.8	11.0 - 15.5	%
PLATELET COUNT	383	140 - 400	k/ul
MPV	10.0	7.5 - 11.6	fl
The reference range reflects change to Siemens Advia 2120i instrumentation.			
AUTOMATED DIFFERENTIAL			
DIFFERENTIAL			
Neutrophil %	59.8	38.0 - 75.0	%
Lymphocyte %	24.5	15.0 - 49.0	%
Monocyte %	11.8	2.0 - 13.0	%
Eosinophil %	3.0	0.0 - 8.0	%
Basophil %	0.9	0.0 - 2.0	%
Neutrophil #	4.7	1.6 - 8.4	K/ul
Lymphocyte #	1.9	1.0 - 3.6	K/ul
Monocyte #	0.9	0.0 - 0.9	K/ul
Eosinophil #	0.2	0.0 - 0.6	K/ul
Basophil #	0.1	0.0 - 0.2	K/ul
HEMATOLOGY TESTS			
Reticulocyte Count	1.2	0.5 - 1.9	%
GENERAL CHEMISTRY			
GLUCOSE	87	65 - 100	mg/dl
BUN	14	6 - 20	mg/dl
CREATININE, SERUM	0.8	0.5 - 1.0	mg/dl
SODIUM	140	136 - 145	mmol/L
POTASSIUM	4.4	3.5 - 5.1	mmol/L
CHLORIDE	104	100 - 110	mmol/L
CO2	28	20 - 31	mmol/L

(Continued on Next Page)

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Test Name	Results	Reference Range	Units
GENERAL CHEMISTRY (Continued)			
CALCIUM	9.8	8.3 - 10.6	mg/dl
TOTAL PROTEIN	7.5	5.7 - 8.2	g/dl
ALBUMIN	4.9 H	3.2 - 4.8	g/dl
GLOBULIN	2.6	2.2 - 3.7	g/dl
BILIRUBIN, TOTAL	0.6	0.3 - 1.2	mg/dl
ALKALINE PHOSPHATASE	103	41 - 108	U/L
ALT	20	0 - 48	U/L
AST	19	0 - 32	U/L
Albumin/Globulin Ratio	1.9	0.8 - 2.0	
BUN/CREAT RATIO	N/A	7.3 - 21.7	
GFR, estimated	80		ml/min

If African-American, result is: >60

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

CARDIAC EVALUATION

COENZYME Q10, LC/MS/MS	1.259	0.400 - 2.200	ug/ml

DIABETES EVALUATION

HEMOGLOBIN A1C	5.3	< 5.7	%

Diagnosis	***HbA1c Level***
Normal	< 5.7 %
Prediabetes	5.7 - 6.4 %
Diabetes	= or > 6.5 %

Having prediabetes is a Risk Factor for getting type 2 diabetes. Within the prediabetes range(5.7-6.4), the higher the HbA1c,the greater the risk of diabetes. HbA1c target for diabetics depend on their history and health.

INSULIN	13.8	3.0 - 25.0	uIU/ml

(Continued on Next Page)

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Test Name	Results	Reference Range	Units
DIABETES EVALUATION (Continued)			
C-Peptide	3.79	0.81 - 3.85	ng/mL
IRON/ANEMIA EVALUATION			
IRON	77	50 - 170	ug/dl
TOTAL IRON-BIND. CAPACITY	359	250 - 425	ug/dl
% IRON SATURATION	21	15 - 50	%
FERRITIN	128.8	7.3 - 270.7	ng/ml
VITAMIN B12	661	211 - 911	pg/ml
FOLATE, SERUM	17.4	5.38 - 24.0	ng/ml
CORONARY RISK			
TRIGLYCERIDES	114	<150	mg/dl
CHOLESTEROL, TOTAL	402 H	<200	mg/dl
HDL CHOLESTEROL	49	>40	mg/dl
LDL CHOLESTEROL, calc..	333 H	<100	mg/dl
CHOL/HDL RATIO	8.2 H	<4.4	
	The higher the Ratio,the higher CHD risk.		
CRP, Cardio	13.6 H	<3	mg/L
	Risk of Cardiovasular Disease		
	Low Risk	CRP < 1.0	mg/L
	Medium Risk	CRP 1.0 - 3.0	mg/L
	High Risk	CRP > 3.0	mg/L
	Results verified by repeat analysis and dilution.		
HOMOCYSTEINE	21.8 H	4.5 - 15.0	umol/L
		Ideal level <8.0 umol/L	
LIPOPROTEIN (a)	12.0	<30	mg/dl
		reported: 03/07/24 19:07	

NMR LipoProfile+IR+Graph

(Continued on Next Page)

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Report Status: STAT, FINAL

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CORONARY RISK (Continued)				
LDL-P	**>3500 H**	<1000	nmol/L	*1
		Low		< 1000
		Moderate		1000 - 1299
		Borderline-High		1300 - 1599
		High		1600 - 2000
		Very High		> 2000
HDL-P (Total)	**20.7 L**	>=30.5	umol/L	*1
Small LDL-P	**1648 H**	<=527	nmol/L	*1
LDL Size	21.3	>20.5	nm	*1

** INTERPRETATIVE INFORMATION**
PARTICLE CONCENTRATION AND SIZE

LDL AND HDL PARTICLES	<--Lower CVD Risk Percentile in Reference Population			Higher CVD Risk-->
HDL-P (total)	High	75th	50th	25th	Low
	>34.9	34.9	30.5	26.7	<26.7
Small LDL-P	Low	25th	50th	75th	High
	<117	117	527	839	>839
LDL Size	<-Large (Pattern A)->		<-Small (Pattern B)->	
	23.0	20.6	20.5	19.0

Small LDL-P and LDL Size are associated with CVD risk, but not after LDL-P is taken into account.

Large VLDL-P	<0.8	<=2.7	nmol/L	*1
Small LDL-P	**1648 H**	<=527	nmol/L	*1
Large HDL-P	**1.5 L**	>=4.8	umol/L	*1
VLDL Size	30.3	<=46.6	nm	*1
LDL Size	21.3	>=20.8	nm	*1
HDL Size	**8.4 L**	>=9.2	nm	*1
LP-IR Score	40	<=45		*1

INSULIN RESISTANCE / DIABETES RISK MARKERS

	<--Insulin Sensitive Percentile in Reference Population			Insulin Resistant-->	
Large VLDL-P	Low	25th	50th	75th	High
	<0.9	0.9	2.7	6.9	>6.9
Small LDL-P	Low	25th	50th	75th	High

(Continued on Next Page)

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Test Name	Results	Reference Range	Units

CORONARY RISK (Continued)

	<117	117	527	839	>839
Large HDL-P	High	75th	50th	25th	Low
	>7.3	7.3	4.8	3.1	<3.1
VLDL Size	Small	25th	50th	75th	Large
	<42.4	42.4	46.6	52.5	>52.5
LDL Size	Large	75th	50th	25th	Small
	>21.2	21.2	20.8	20.4	<20.4
HDL Size	Large	75th	50th	25th	Small
	>9.6	9.6	9.2	8.9	<8.9
Insulin Resistance Score					
LP-IR SCORE	Low	25th	50th	75th	High
	<27	27	45	63	>63

LP-IR Score is inaccurate if patient is non-fasting.

The LP-IR score is a laboratory developed index that has been associated with insulin resistance and diabetes risk and should be used as one component of a physician's clinical assessment.

APOLIPOPROTEIN A-1	114	76 - 214	mg/dl
APOLIPOPROTEIN B	**192 H**	46 - 142	mg/dl
sd LDL	**88 H**	5.1 - 60.8	mg/dl
Vitamin D,25-OH,Total	**9 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.
The preferred level for Vitamin D (25-OH)is recommended to be 30 - 100 ng/ml.
Vitamin D > 150 ng/ml is considered potentially toxic.

THYROID TESTING

Reverse T3, LC/MS/MS	15.6	5.0 - 25.0	ng/dL
T3, TOTAL	167	60 - 181	ng/dl
T3, FREE	3.1	2.3 - 4.2	pg/ml

(Continued on Next Page)

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THYROID TESTING (Continued)			
T-Uptake	0.87	0.75 - 1.23	Ratio
T4, TOTAL	9.4	4.5 - 10.9	ug/dl
T4, FREE	1.14	0.89 - 1.76	ng/dl
TSH	2.582	0.550 - 4.780	uIU/ml
THYROID PEROXIDASE Abs	40	<60	IU/ml
THYROGLOBULIN Abs	42	<60	IU/ml
ENDOCRINE EVALUATION			
PROGESTERONE	0.27		ng/mL

Female Reference Ranges

Follicular phase	0.00 - 1.40	ng/mL
Luteal phase	3.34 - 25.56	ng/mL
Mid-luteal phase	4.44 - 28.03	ng/mL
Postmenopausal	0.00 - 0.73	ng/mL

Pregnant

First trimester	11.22 - 90.00	ng/mL
Second trimester	25.55 - 89.40	ng/mL
Third trimester	48.40 - 422.5	ng/mL

PREGNENOLONE, LC/MS/MS	5.4	2.5 - 75.0	ng/dL

Effective 3/13/17, Pregnenolone is performed in-house on LC/MS/MS.

ESTRONE (E1), LC/MS/MS	17.4	17.0 - 200.0	pg/ml
ESTRADIOL (E2)	<11.8		pg/mL

Female Reference Ranges
Menstruating females (by day in cycle relative to LH peak)

Follicular Phase	(-12 to -4 days)	19.5 - 144.2	pg/mL
Mid Cycle Peak	(-3 to +2 days)	63.9 - 356.7	pg/mL
Luteal Phase	(+4 to +12 days)	55.8 - 214.2	pg/mL
Post Menopausal	(untreated)	0.0 - 32.2	pg/mL

(Continued on Next Page)

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ENDOCRINE EVALUATION (Continued)			
ESTRIOL (E3), LC/MS/MS	< 0.02	< 0.20	ng/ml
DHEA-SULFATE	159.2	25.9 - 460.2	ug/dl
DIHYDROTESTOSTERONE LC/MS	<5.0	<30.0	ng/dL
TESTOSTERONE, TOTAL	14	6 - 82	ng/dl
Female Reference Ranges			
Premenopausal		9 - 48	ng/dL
Postmenopausal		<7 - 46	ng/dL
SEX HORMONE BIND GLOBULIN	40		nmol/L
Female Reference Ranges			
Premenopausal		11 - >180.00	nmol/L
Postmenopausal		23 - 159	nmol/L
TESTOSTERONE, FREE	0.2	0.2 - 2.6	ng/dl
CORTISOL	14.0		ug/dl
Normal individuals			
Morning am 7-9:		5.2 - 22.5	ug/dL
Afternoon pm 3-5 :		3.4 - 16.8	ug/dL
Lab Developed Testing	********		

Serum Pregnenolone, DHT, Estrone, Estriol, RT3 and CO-Q10 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.

(Continued on Next Page)

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Test Name	Results	Reference Range	Units

ENDOCRINE EVALUATION (Continued)

****

Leptin, Serum — reported: 03/07/24 19:07

20.3 ng/mL *1

Female Ranges by Body Mass Index (BMI)

BMI	Range	BMI	Range
11	0.7 - 3.6	24	4.4 - 24.2
12	0.8 - 4.2	25	5.1 - 28.0
13	0.9 - 4.8	26	5.9 - 32.4
14	1.0 - 5.6	27	6.8 - 37.5
15	1.2 - 6.5	28	7.9 - 43.5
16	1.4 - 7.5	29	9.1 - 50.4
17	1.6 - 8.7	30	10.6 - 58.3
18	1.8 - 10.0	31	12.2 - 67.5
19	2.1 - 11.6	32	14.1 - 78.2
20	2.4 - 13.4	33	16.4 - 90.5
21	2.8 - 15.6	34	19.0 - 105.0
22	3.3 - 18.0	35	22.0 - 121.0
23	3.8 - 20.9	36	25.4 - 141.0

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Blum WF, Juul A, "Reference Ranges of Leptin Levels According to Body Mass Index, Gender and Development Stage" in Leptin: The Voice of Adipose Tissue, Blumm WF, Kiess WF, and Rascher W, eds, 1997, 319-326.

Thyroxine Binding Globulin — reported: 03/07/24 08:14

22 13 - 39 ug/mL *1

reported: 03/11/24 14:07

OmegaCheck(TM) (EPA+DPA+DHA)

OmegaCheck(TM) **3.1 L** >5.4 % by wt *2

Relative Risk: HIGH
Increasing blood levels of long-chain n-3 fatty acids are associated with a lower risk of sudden cardiac death (1).
Based on the top (75th percentile) and bottom (25th percentile) quartiles of the CHL reference population, the following risk categories were established for OmegaCheck:
A cut-off of >=5.5% by wt defines a population at low

(Continued on Next Page)

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********** (Continued)				
	relative risk, 3.8-5.4% by wt defines a population at moderate relative risk, and <=3.7% by wt defines a population at high relative risk of sudden cardiac death. The totality of the scientific evidence demonstrates that when consumption of fish oils is limited to 3 g/day or less of EPA and DHA, there is no significant risk for increased bleeding time beyond the normal range. A daily dosage of 1 gram of EPA and DHA lowers the circulating triglycerides by about 7-10% within 2 to 3 weeks. (Reference: 1-Albert et al. NEJM. 2002; 346: 1113-1118).			
Arachidonic Acid/EPA Ratio	23.5	3.7 - 40.7		*2
Omega-6/Omega-3 Ratio	**14.7 H**	3.7 - 14.4		*2
Omega-3 total	3.1		% by wt	*2
EPA	0.5	0.2 - 2.3	% by wt	*2
DPA	1.0	0.8 - 1.8	% by wt	*2
DHA	1.6	1.4 - 5.1	% by wt	*2
Omega-6 total	45.1		% by wt	*2
	Cleveland HeartLab measures a number of omega-6 fatty acids with AA and LA being the two most abundant forms reported.			
Arachidonic Acid	12.4	8.6 - 15.6	% by wt	*2
Linoleic Acid	**30.1 H**	18.6 - 29.5	% by wt	*2
	This test is performed by a Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS) method. This test was developed and its performance characteristics determined by the Cleveland HeartLab, Inc. It has not been cleared or approved by the U.S. FDA. The Cleveland HeartLab is regulated under Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.			

COMMENTS: Fasting,

END OF REPORT

1) Unless otherwise noted, Tests Performed at :
Labcorp Burlington, 1447 York Court, Burlington, NC 272153361
Director : Sanjai Nagendra, MD 8007624344
2) Unless otherwise noted, Tests Performed at :
Cleveland Heartlab Inc, 6701 Carnegie Avenue Ste 500, Cleveland, OH 441034623
Director : Bill Richendollar, MD 8663589828