

SPECIMEN INFORMATION
SPECIMEN: BM846239
 REQUISITION:

COLLECTED: 06/27/2017 10:30
 RECEIVED: 06/27/2017 23:22
 REPORTED: 06/30/2017 12:45

PATIENT INFORMATION
TULLY-COSTA, EVELYN

DOB: 10/18/1960 AGE: 56
 GENDER: F

PHONE: 917.579.1094

REPORT STATUS **FINAL**

ORDERING PHYSICIAN
FTEHA, ALBER

CLIENT INFORMATION
T14652
 ALBERT FTEHA, MD
 ELIE FTEHA, MD
 10 PLAZA STREET
 BROOKLYN, NY 11238

12240720

| Test Name | In Range | Out of Range | Reference Range | Lab |
|---|----------|--------------|---------------------|-----|
| COMP METAB PANEL | | | | TBR |
| GLUCOSE | 114 | | 65-139 mg/dL | |
| The glucose reference range is based on a non-fasting state. | | | | |
| SODIUM | 139 | | 135-146 mmol/L | |
| POTASSIUM | 4.0 | | 3.5-5.3 mmol/L | |
| CHLORIDE | 104 | | 98-110 mmol/L | |
| CARBON DIOXIDE | | 19 L | 20-31 mmol/L | |
| UREA NITROGEN | 21 | | 7-25 mg/dL | |
| CREATININE | 0.84 | | 0.50-1.05 mg/dL | |
| The upper reference limit for Creatinine is approximately 13% higher for people identified as African-American. | | | | |
| BUN/CREATININE RATIO | NOTE | | 6-22 (calc) | |
| Bun/Creatinine ratio is not reported when the Bun and Creatinine values are within normal limits. | | | | |
| CALCIUM | 9.7 | | 8.6-10.4 mg/dL | |
| PROTEIN, TOTAL | 7.0 | | 6.1-8.1 g/dL | |
| ALBUMIN | 4.6 | | 3.6-5.1 g/dL | |
| GLOBULIN | 2.4 | | 1.9-3.7 g/dL (calc) | |
| ALBUMIN/GLOBULIN RATIO | 1.9 | | 1.0-2.5 (calc) | |
| BILIRUBIN, TOTAL | 0.4 | | 0.2-1.2 mg/dL | |
| ALKALINE PHOSPHATASE | 86 | | 33-130 U/L | |
| AST | 28 | | 10-35 U/L | |
| ALT | | 36 H | 6-29 U/L | |
| EGFR NON AFR AMERICAN | 78 | | >=60 mL/min/1.73m2 | |
| EGFR AFRICAN AMERICAN | 90 | | >=60 mL/min/1.73m2 | |
| LIPID PANEL | | | | TBR |
| CHOLESTEROL, TOTAL | | 245 H | 125-200 mg/dL | |
| HDL CHOLESTEROL | 54 | | >=46 mg/dL | |
| CHOLESTEROL/HDL RATIO | 4.5 | | < = 5.0 | |
| LDL CHOL, CALCULATED | | 165 H | <130 mg/dL | |
| See footnote 1 | | | | |
| TRIGLYCERIDES | 129 | | <150 mg/dL | |
| NON HDL CHOLESTEROL | | 191 H | mg/dL | |
| See footnote 2 | | | | |

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| TSH | 1.76 | | 0.40-4.50 mIU/L | TBR |
| T4, FREE | 1.4 | | 0.8-1.8 ng/dL | TBR |
| T3, TOTAL | 91 | | 76-181 ng/dL | TBR |
| FERRITIN | 327 | H | 10-232 ng/mL | TBR |
| CBC (INCLUDES DIFF/PLT) | | | | TBR |
| WBC | 4.7 | | 3.8-10.8 Thous/mcL | |
| RBC | 4.55 | | 3.80-5.10 Mill/mcL | |
| HEMOGLOBIN | 13.6 | | 11.7-15.5 g/dL | |
| HEMATOCRIT | 41.3 | | 35.0-45.0 % | |
| MCV | 90.7 | | 80.0-100.0 fL | |
| MCH | 29.9 | | 27.0-33.0 pg | |
| MCHC | 32.9 | | 32.0-36.0 g/dL | |
| RDW | 14.1 | | 11.0-15.0 % | |
| PLATELET COUNT | 206 | | 140-400 Thous/mcL | |
| MPV | 9.1 | | 7.5-12.5 fL | |
| TOTAL NEUTROPHILS, % | 57.1 | | 38-80 % | |
| TOTAL LYMPHOCYTES, % | 31.7 | | 15-49 % | |
| MONOCYTES, % | 8.5 | | 0-13 % | |
| EOSINOPHILS, % | 2.2 | | 0-8 % | |
| BASOPHILS, % | 0.5 | | 0-2 % | |
| NEUTROPHILS, ABSOLUTE | 2684 | | 1500-7800 Cells/mcL | |
| LYMPHOCYTES, ABSOLUTE | 1490 | | 850-3900 Cells/mcL | |
| MONOCYTES, ABSOLUTE | 400 | | 200-950 Cells/mcL | |
| EOSINOPHILS, ABSOLUTE | 103 | | 15-500 Cells/mcL | |
| BASOPHILS, ABSOLUTE | 24 | | 0-200 Cells/mcL | |

An instrument differential was performed.

VITAMIN B12 349 200-1100 pg/mL TBR

Please note: although the reference range for Vitamin B12 is 200-1100 pg/mL, it has been reported that between 5 and 10% of patients with values between 200 and 400 pg/mL may experience neuropsychiatric and hematologic abnormalities due to occult B12 deficiency; less than 1% of patients with values above 400 pg/mL will have symptoms.

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| Test Name | In Range | Out of Range | Reference Range | Lab |
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| FOLATE, SERUM | 15.7 | | > 5.4 ng/mL | TBR |
| | | Normal: | >5.4 | |
| | | Borderline: | 3.4-5.4 | |
| | | Low: | <3.4 | |
| HEP C AB W/REFL HCV HCV RATIO HEPATITIS C AB | 0.0 Non Reactive | | <1.0 Ratio Non Reactive | TBR |
| LYME DISEASE, EIA W/RFL WB LYME DISEASE SCREEN | <0.90 | | index | TBR |
| | Index | | Interpretation | |
| | <0.90 | | Negative | |
| | 0.90-1.09 | | Equivocal | |
| | >1.09 | | Positive | |

As recommended by the Food and Drug Administration (FDA), all samples with positive or equivocal results in a *Borrelia burgdorferi* antibody screen will be tested using a blot method. Positive or equivocal screening test results should not be interpreted as truly positive until verified as such using a supplemental assay (e.g., *B. burgdorferi* blot).

The screening test and/or blot for *B. burgdorferi* antibodies may be falsely negative in early stages of Lyme disease, including the period when erythema migrans is apparent.

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| HEMOGLOBIN A1C | | 6.1 H | <5.7 % of total Hgb | TBR |

For someone without known diabetes, a hemoglobin A1c value between 5.7% and 6.4% is consistent with prediabetes and should be confirmed with a follow-up test.

For someone with known diabetes, a value <7% indicates that their diabetes is well controlled. A1c targets should be individualized based on duration of diabetes, age, co-morbid conditions and other considerations.

This assay result is consistent with an increased risk of diabetes.

Currently, no consensus exists for use of hemoglobin A1c for diagnosis of diabetes for children.

| | | | | |
|------------------------------------|-----------|--|--------------|-----|
| VITAMIN D, 25-OH, TOTAL, IA | 33 | | 30-100 ng/mL | TBR |
|------------------------------------|-----------|--|--------------|-----|

Vitamin D Status 25-OH Vitamin D:

Deficiency: <20 ng/mL
 Insufficiency: 20 - 29 ng/mL
 Optimal: > or = 30 ng/mL

For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code 92888X (patients >2yrs).

For more information on this test, go to:
<http://education.questdiagnostics.com/faq/FAQ163>

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| LYME DISEASE AB (IGG, M), IB | | | | TBR |
| LYME DISEASE AB (IGG), BLOT | Negative | | Negative | |
| 18 KD (IGG) BAND | Nonreactive | | | |
| 23 KD (IGG) BAND | Nonreactive | | | |
| 28 KD (IGG) BAND | Nonreactive | | | |
| 30 KD (IGG) BAND | Nonreactive | | | |
| 39 KD (IGG) BAND | Nonreactive | | | |
| 41 KD (IGG) BAND | Nonreactive | | | |
| 45 KD (IGG) BAND | Nonreactive | | | |
| 58 KD (IGG) BAND | Nonreactive | | | |
| 66 KD (IGG) BAND | Nonreactive | | | |
| 93 KD (IGG) BAND | Nonreactive | | | |
| LYME DISEASE AB (IGM), BLOT | Negative | | Negative | |
| 23 KD (IGM) BAND | Nonreactive | | | |
| 39 KD (IGM) BAND | Nonreactive | | | |
| 41 KD (IGM) BAND | Nonreactive | | | |

As per CDC criteria, a Lyme disease IgG immunoblot must show reactivity to at least 5 of 10 specific borrelial proteins to be considered positive; similarly, a positive Lyme disease IgM immunoblot requires reactivity to 2 of 3 specific borrelial proteins. Although considered negative, IgG reactivity to fewer specific borrelial proteins or IgM reactivity to only 1 protein may indicate recent *B. burgdorferi* infection and warrant testing of a later sample. A positive IgM but negative IgG result obtained more than a month after onset of symptoms likely represents a false-positive IgM result rather than acute Lyme disease. In rare instances, Lyme disease immunoblot reactivity may represent antibodies induced by exposure to other spirochetes.

FOOTNOTE (S) :

- 1 Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.
- 2 Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target.

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PERFORMING LABORATORY INFORMATION:

TBR Quest Diagnostics One Malcolm Avenue Teterboro NJ 07608 Laboratory Director: Lawrence Tsao, M.D.
CLIA No: 31D0696246