LABONE, LLC CLIA NO.: 26D0652092 CAP ACCREDITATION NO.: 1928504 11636 ADMINISTRATION DRIVE MARYLAND HEIGHTS, MO 63146 (913)888-1770

LAB DIRECTOR: THUY-LIEU VO, M.D.

CHOL/HDL CHOL RATIO

LDL/HDL RATIO

TRIGLYCERIDES

NAME: JAMIE L. SPURGEON

DOB/SEX/ST: 08/08/1973 F TX

<

0.6 - 4.3

5.0

0 - 150 (MG/DL)

AGENT CODE: 010000

AGENT/AGENCY: XX/UNKNOWN,

EXAMINER: XX/EXAMONE

TICKET NUMBER: 0031050254

FIDELITY LIFE ASSOCIATION INS TYPE/AMT: IND LIFE/\$ 250,000

SUITE 900S DATE RECEIVED: 06/11/2020

8700 W BRYN MAWR AVE DATE COMPLETED: 06/17/2020 KIH 61332556

CHICAGO, IL 60631 INSURANCE KEY: POL_0101153691_REQID
ATTN: JEANNINE DUPLESSIS D/T LAST MEAL: 06/08/2020 9:00 AM
CHIEF UNDERWRITER D/T COLLECTED: 06/08/2020 9:00 AM

SERUM APPEAR: SLIGHT HEMOLYSIS

SOC SEC NO: ZIP:79007

BLOOD CHEMISTRY PROFILE 60 - 109 (MG/DL) 70 GLUCOSE 6.0 (%) 3.0 -5.3 HB A1C 7 -22 (MG/DL) 13 BUN 0.6 - 1.3 (MG/DL) 30 - 125 (U/L) 0.9 CREATININE 53 ALK. PHOS. 1.2 (MG/DL) 0.2 -0.4 BILI. TOT. 33 (U/L) 0 -20 AST (SGOT) 45 (U/L) 0 -13 ALT (SGPT) 45 (U/L) 0 -10 GGT (GGTP) 6.1 - 8.2 (G/DL) 6.2 TOT. PROTEIN 3.8 - 5.2 (G/DL) 3.7 L ALBUMIN 1.9 - 3.7 (G/DL) 2.5 GLOBULIN 199 (MG/DL) 140 -180 CHOLESTEROL 35 - 100 (MG/DL) 0 - 129 (MG/DL) 45 HDL CHOLESTEROL 111 LDL (CALCULATED)

4.0

118

2.48

LABONE, LLC CLIA NO.: 26D0652092 CAP ACCREDITATION NO.: 1928504 11636 ADMINISTRATION DRIVE MARYLAND HEIGHTS, MO 63146 (913)888-1770

LAB DIRECTOR: THUY-LIEU VO, M.D.

NAME: JAMIE L. SPURGEON

DOB/SEX/ST: 08/08/1973 F TX

AGENT CODE: 010000

AGENT/AGENCY: XX/UNKNOWN,

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INS TYPE/AMT: IND LIFE/\$ 250,000 FIDELITY LIFE ASSOCIATION

DATE RECEIVED: 06/11/2020 SUITE 900S

DATE COMPLETED: 06/17/2020 KIH 61332556 8700 W BRYN MAWR AVE

INSURANCE KEY: POL_0101153691_REQID CHICAGO, IL 60631 D/T LAST MEAL: 06/08/2020 9:00 AM ATTN: JEANNINE DUPLESSIS CHIEF UNDERWRITER D/T COLLECTED: 06/08/2020 9:00 AM

SERUM APPEAR: SLIGHT HEMOLYSIS

ZIP:79007 SOC SEC NO:

ABNORMAL REFERENCE/CUTOFF UNITS NORMAL RESULT NAME URINALYSIS 0.00 - 0.24 (GM%)

GLUCOSE
PROTEIN
LEUKOCYTE SCREEN
HEMOGLOBIN SCREEN
WHITE BLOOD CELLS
RED BLOOD CELLS
RED BLOOD CELLS
NOT PERFORMED
NOT PERFORMED
NOT PERFORMED
NOT PERFORMED
NOT PERFORMED 0 - 30 (MG%) NEGATIVE NEGATIVE 0 - 9 (/HPF) 0 - 4 (/HPF) 0 (/40LPF) 0 - 10 (/40LPF) 1.003 - 1.035

HYALINE CASTS
SPECIFIC GRAVITY
URINE TEMPERATURE
96.0
185.7 90.5 - 99.6 (FAHR.) 27.0 - 260.0 (MG/DL) CREATININE PROT/CREATININE RATIO 0.07 0.00 - 0.20 (MG/MGCR)

ADULTERANT TESTS WITHIN NORMAL LIMITS

MISCELLANEOUS URINE TESTS < 0.50 (MCG/ML) COTININE (NIC) NEGATIVE < 1500 (NG/ML) DIURETIC AGENTS (DIU) NEGATIVE 300/SCRN 150/CONF (NG/ML) NEGATIVE COCAINE

LABONE, LLC CLIA NO.: 26D0652092 CAP ACCREDITATION NO.: 1928504 11636 ADMINISTRATION DRIVE MARYLAND HEIGHTS, MO 63146 (913)888-1770

LAB DIRECTOR: THUY-LIEU VO, M.D.

NAME: JAMIE L. SPURGEON

DOB/SEX/ST: 08/08/1973 F TX

AGENT CODE: 010000

AGENT/AGENCY: XX/UNKNOWN,

EXAMINER: XX/EXAMONE

TICKET NUMBER: 0031050254

INS TYPE/AMT: IND LIFE/\$ 250,000 FIDELITY LIFE ASSOCIATION

DATE RECEIVED: 06/11/2020 SUITE 9005

DATE COMPLETED: 06/17/2020 KIH 61332556 8700 W BRYN MAWR AVE

INSURANCE KEY: POL_0101153691_REQID CHICAGO, IL 60631 D/T LAST MEAL: 06/08/2020 9:00 AM
D/T COLLECTED: 06/08/2020 9:00 AM ATTN: JEANNINE DUPLESSIS CHIEF UNDERWRITER D/T COLLECTED: 06/08/2020

SERUM APPEAR: SLIGHT HEMOLYSIS

ZIP:79007 SOC SEC NO:

NORMAL ABNORMAL REFERENCE/CUTOFF UNITS RESULT NAME

URINE DRUG PROFILE		SCREEN	CONFIRM	
COCAINE MARIJUANA AMPHETAMINE METHAMPHETAMINE CODEINE MORPHINE PHENCYCLIDINE METHADONE BARBITURATES BENZODIAZEPINES	NEGATIVE	300 50 1000 1000 2000 2000 25 300 300	150 15 500 500 2000 2000 25 300 200 200	(NG/ML)
EXPANDED OPIATES CODEINE HYDROCODONE MORPHINE HYDROMORPHONE OXYCODONE OXYMORPHONE FENTANYL	NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE	300 300 300 300 100 100	2000 300 2000 300 100 100	(NG/ML) (NG/ML) (NG/ML) (NG/ML) (NG/ML) (NG/ML) (NG/ML)

LABONE, LLC CLIA NO.: 26D0652092 CAP ACCREDITATION NO.: 1928504 11636 ADMINISTRATION DRIVE MARYLAND HEIGHTS, MO 63146 (913)888-1770 LAB DIRECTOR: THUY-LIEU VO, M.D.

NAME: JAMIE L. SPURGEON

DOB/SEX/ST: 08/08/1973 F TX

AGENT CODE: 010000

AGENT/AGENCY: XX/UNKNOWN,

EXAMINER: XX/EXAMONE

TICKET NUMBER: 0031050254

INS TYPE/AMT: IND LIFE/\$ 250,000

DATE RECEIVED: 06/11/2020

DATE COMPLETED: 06/17/2020 KIH 61332556

INSURANCE KEY: POL 0101153691 REQID D/T LAST MEAL: 06/08/2020 9:00 AM 9:00 AM

D/T COLLECTED: 06/08/2020

SERUM APPEAR: SLIGHT HEMOLYSIS

ZIP:79007 SOC SEC NO:

ABNORMAL REFERENCE/CUTOFF UNITS NORMAL ______ RESULT NAME

ADDITIONAL UNDERWRITING INFORMATION

ATTN: JEANNINE DUPLESSIS CHIEF UNDERWRITER

FIDELITY LIFE ASSOCIATION

8700 W BRYN MAWR AVE

CHICAGO, IL 60631

AGENCY INFORMATION

SUITE 900S

AGENT NAME: N/A

AGENCY NAME: UNKNOWN,

AGENCY CITY: ?

AGENCY STATE: XX

APPLICANT EXAM DATA

HEIGHT (FT/IN) 5/2.0 WEIGHT (LBS) 185.0 5/2.0

NORMAL WEIGHT STATUS: 18.5 - 24.9 33.8 BMI

114/74 116/72 112/78 BLOOD PRESSURE

AT REST AFTER EXERCISE 3 MINUTES LATER PULSE RATES N/A STANDARD (BPM) 66 N/AN/A N/A IRREGULARITY (IPM)

CHAIN OF CUSTODY REPORT

REMARKS: URINE: CHAIN OF CUSTODY INFORMATION VERIFIED. SITE: DRUG TEST PERFORMED AT LABONE, LLC, LENEXA, KS

Production of Section 1995 (Section 1995) in the section of the se COLLEGER (Ele) Delice de Richard OMETAGET RATHE MORTETATIONE ÉSAL. CHANGE TOSH WEST SEED OF THE

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11636 ADMINISTRATION DRIVE MARYLAND HEIGHTS, MO 63146 (913)888-1770 IYBONE' ITC CFIF NO:: S6D0652092 CAP ACCREDITATION NO.: 1928504

LAB DIRECTOR: THUY-LIEU VO, M.D.

NOME: JAMIE I. SPURGEON

DOB\SEX\SI: 08\08\T613 E XI

YCENT CODE: 010000

AGENT/AGENCY: XX/UNKNOWN,

EXAMINER: XX/EXAMONE

MONTHS SINCE TORACCO USE:

LICKEL NUMBER: 0031020254

220,000

INS LXBE/FMI: IND FILE/\$

DATE COMPLETED: 06/17/2020 KIH 9333522 DATE RECEIVED: 06/11/2020

INSURANCE KEY: POL 0101153691 REQID

MA 00:6

D/T LAST MEAL: 06/08/2020

D/I COFFECIED: 06/08/2020

SERUM APPEAR: SLIGHT HEMOLYSIS MA 00:6

SOC SEC NO: L0067:4IZ

NEVER

RESULT NAME LAMRON **PENORMAL** REFERENCE/CUTOFF UNITS

MEDICATIONS:

TOBACCO USAGE:

CHICAGO, IL 60631

SOOS ELINS

8700 W BRYN MAWR AVE

SEROQUEL **DHENLEBWINE** METOXICAM **PIZINOPRIL** LEXAPRO ESTRADIOL

CHIEE ONDERMEITER

ATTN: JEANNINE DUPLESSIS

FIDELITY LIFE ASSOCIATION

SPIRONOLACTONE

TOPIRAMATE

MEDICYT HIZLOKK:

CARDIAC HISTORY: ON DIABETES: NO HXBEKLENZION: ON

TO THE CLIA REGULATIONS AND ARE USED FOR RISK ASSESSMENT PURPOSES. BEEN CLEARED OR APPROVED BY THE FDA. THESE ASSAYS HAVE BEEN VALIDATED PURSUANT CHARACTERISTICS HAVE BEEN DETERMINED BY QUEST DIAGNOSTICS, INC. THEY HAVE NOT THE FOLLOWING TESTS WERE DEVELOPED AND THEIR ANALYTICAL PERFORMANCE

ON

DIURETIC AGENTS (DIU) DEINE PEDKOCKIE SCHEEN OBINE HEWOCFOBIN SCHEEN