

Patient Information	Specimen Information	Client Information
<b>BAUMGARDNER, IRMA J</b>  <b>DOB: 04/14/1951 AGE: 69</b> Gender: F Fasting: N Phone: 806.661.8183 Patient ID: 472 Health ID: 8573020126701901	Specimen: DL605302Y Requisition: 0002090  Collected: 07/13/2020 Received: 07/15/2020 / 18:18 CDT Reported: 07/20/2020 / 08:03 CDT	Client #: 10175330 IRV00FAX LUKNER, RALF B LUKNER MEDICAL CLINIC 2545 PERRYTON PKWY STE 31 & 32 PAMPA, TX 79065-2820

COMMENTS: FASTING:NO

Test Name	In Range	Out Of Range	Reference Range	Lab
ALBUMIN, RANDOM URINE W/CREATININE				
CREATININE, RANDOM URINE	110		20-275 mg/dL	IG
ALBUMIN, RANDOM URINE W/CREATININE				IG
ALBUMIN, URINE	2.1		mg/dL	
	Reference Range			
	Not established			
ALBUMIN/CREATININE RATIO, RANDOM URINE	19		<30 mcg/mg creat	
The ADA defines abnormalities in albumin excretion as follows:				
Category	Result (mcg/mg creatinine)			
Normal	<30			
Microalbuminuria	30-299			
Clinical albuminuria	> OR = 300			
The ADA recommends that at least two of three specimens collected within a 3-6 month period be abnormal before considering a patient to be within a diagnostic category.				
LIPID PANEL, NONFASTING W/O TRIGLYCERIDES				
CHOLESTEROL, TOTAL	187	✓ Good	<200 mg/dL	IG
HDL CHOLESTEROL	83		> OR = 50 mg/dL	IG
CHOL/HDL-C RATIO	2.3		<5.0 (calc)	IG
NON HDL CHOLESTEROL	104		<130 mg/dL (calc)	IG
For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.				
DIRECT LDL	106 H		<100 mg/dL	IG
Greatly elevated Triglycerides values (>1200 mg/dL) interfere with the dLDL assay. As no Triglycerides testing was ordered, interpret results with caution.				
Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.				
COMPREHENSIVE METABOLIC PANEL				IG
GLUCOSE	115	Ok for random.	65-139 mg/dL	
Non-fasting reference interval				
UREA NITROGEN (BUN)	20	✓ Good	7-25 mg/dL	
CREATININE	0.80		0.50-0.99 mg/dL	
For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.				

Good.  
Proteinuria

will discuss diet/exercise.

Good

7/20/20

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Test Name	In Range	Out Of Range	Reference Range	Lab
eGFR NON-AFR. AMERICAN	75	✓ <i>excellent Kidney</i>	OR = 60 mL/min/1.73m2	
<del>eGFR AFRICAN AMERICAN</del>	<del>07</del>		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	138		135-146 mmol/L	
POTASSIUM	4.2		3.5-5.3 mmol/L	
CHLORIDE	103		98-110 mmol/L	
CARBON DIOXIDE	26		20-32 mmol/L	
CALCIUM	9.3		8.6-10.4 mg/dL	
PROTEIN, TOTAL	7.3		6.1-8.1 g/dL	
ALBUMIN	4.1		3.6-5.1 g/dL	
GLOBULIN	3.2		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.3		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.2		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	86		37-153 U/L	
AST	13		10-35 U/L	
ALT	13		6-29 U/L	

HEMOGLOBIN A1c W/REFL TO GLYCOMARK(R)				IG
HEMOGLOBIN A1c	5.5		<5.7 % of total Hgb	

For the purpose of screening for the presence of diabetes:

- <5.7% Consistent with the absence of diabetes
- 5.7-6.4% Consistent with increased risk for diabetes (prediabetes)
- > or =6.5% Consistent with diabetes

This assay result is consistent with a decreased risk of diabetes.

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

According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).

SED RATE BY MODIFIED WESTERGREN				IG
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See Endnote 1

CBC (INCLUDES DIFF/PLT) WITH PATHOLOGIST REVIEW				IG
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See Endnote 1

URINALYSIS, COMPLETE				IG
COLOR	YELLOW		YELLOW	
APPEARANCE		CLOUDY	CLEAR	
SPECIFIC GRAVITY	1.018		1.001-1.035	
PH	6.0		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	

*Handwritten signature and date:*  
7/20/20



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Test Name	In Range	Out Of Range	Reference Range	Lab
OCCULT BLOOD		TRACE	NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE		<b>POSITIVE</b>	NEGATIVE	
LEUKOCYTE ESTERASE		<b>3+</b>	NEGATIVE	
WBC		<b>&gt; OR = 60</b>	< OR = 5 /HPF	
RBC	0-2		< OR = 2 /HPF	
SQUAMOUS EPITHELIAL CELLS	0-5		< OR = 5 /HPF	
BACTERIA		<b>MODERATE</b>	NONE SEEN /HPF	
HYALINE CAST	NONE SEEN		NONE SEEN /LPF	
IRON AND TOTAL IRON				IG
BINDING CAPACITY				
IRON, TOTAL	93		45-160 mcg/dL	
IRON BINDING CAPACITY	297		250-450 mcg/dL (calc)	
% SATURATION	31		16-45 % (calc)	IG
VITAMIN B12/FOLATE, SERUM PANEL				
VITAMIN B12		1285 H	200-1100 pg/mL	
FOLATE, SERUM	21.9		ng/mL	
			Reference Range	
			Low: <3.4	
			Borderline: 3.4-5.4	
			Normal: >5.4	
C-REACTIVE PROTEIN		11.0 H	<8.0 mg/L	IG
EXTRA GREEN-TOP TUBE				IF
AN EXTRA SPECIMEN WAS RECEIVED WITH NO TEST REQUESTED. THE SPECIMEN WILL BE MAINTAINED IN STORAGE IN CASE ADDITIONAL TESTING IS NEEDED. PLEASE CALL THE CLIENT SERVICE DEPARTMENT FOR FURTHER ASSISTANCE.				

*c/w UTI  
However pt  
does not c/o  
sx.  
Therefore  
treatment  
not ness.*

*Elevated CRP in pt  
c inflammatory*

*Plus  
7/20/20*

Endnote 1 TEST NOT PERFORMED

Unsuitable for analysis due  
to the age of the specimen.

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Endocrinology			
Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	20 L	30-100 ng/mL	IG
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 92888 (patients >2yrs).			
Physician Comments:			

*will add a increase V: + D2*

**End Notes:**

VITAMIN D,25-OH,TOTAL,IA

For additional information, please refer to <http://education.QuestDiagnostics.com/faq/FAQ199> (This link is being provided for informational/ educational purposes only.)

IG



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**medMATCH® Drug Monitoring Report**

Legend	SUMMARY	
✓ = Consistent ✗ = Inconsistent ◆ = Prescribed	Prescribed	Not Prescribed / Inconsistent
	✓ Oxycodone	✗ Marijuana Metabolite

Test Ordered	Result	Cutoff	medMATCH™	Lab
DRUG MONITOR, PANEL 1, W/CONF, W/medMATCH, URINE			Endnote 1	IG
Amphetamines	Negative	500 ng/mL		
Barbiturates	Negative	300 ng/mL		
Benzodiazepines	Negative	100 ng/mL		
Marijuana Metabolite	Positive	20 ng/mL		
Marijuana Metabolite	684 H	5 ng/mL	INCONSISTENT	See Note 1
Cocaine Metabolite	Negative	150 ng/mL		
Methadone Metabolite	Negative	100 ng/mL		
Opiates	Negative Confirmed	100 ng/mL		
Codeine	Negative	50 ng/mL	See Note 1	
Hydrocodone	Negative	50 ng/mL	See Note 1	
Hydromorphone	Negative	50 ng/mL	See Note 1	
Morphine	Negative	50 ng/mL	See Note 1	
Norhydrocodone	Negative	50 ng/mL	See Note 1	
Oxycodone	Positive	100 ng/mL		
Noroxycodone	5272 H	50 ng/mL	See Note 1	See Note 2
◆ Oxycodone	2257 H	50 ng/mL	See Note 1	
Oxymorphone	4030 H	50 ng/mL	See Note 1	See Note 3
Phencyclidine	Negative	25 ng/mL		

Specimen Validity Testing	Test Ordered	Result	Reference Range
	Creatinine	120.3	> or = 20.0 mg/dL
	pH	6.4	4.5-9.0
	Oxidant	Negative	<200 mcg/mL

Test Ordered	Result	Cutoff	medMATCH™	Lab
DRUG MONITOR, ALCOHOL METAB, W/CONF, W/medM, U			Endnote 1	IG
Alcohol Metabolites	Negative	500 ng/mL	See Note 1	
DRUG MONITOR, HEROIN METAB, W/CONF, W/medM, U			Endnote 1	IG

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Test Ordered	Result	Cutoff	medMATCH™	Lab
6 Acetylmorphine	Negative	10 ng/mL		

## Endnote 1

This drug testing is for medical treatment only. Analysis was performed as non-forensic testing and these results should be used only by healthcare providers to render diagnosis or treatment, or to monitor progress of medical conditions.

## medMATCH comments are:

- present when drug test results may be the result of metabolism of one or more drugs or when results are inconsistent with prescribed medication(s) listed.
- may be blank when drug results are consistent with prescribed medication(s) listed.

For assistance with interpreting these drug results, please contact a Quest Diagnostics Toxicology Specialist: 1-877-40-RX TOX (1-877-407-9869), M-F, 8am-6pm EST.

- Note 1 This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.
- Note 2 Noroxycodone is a metabolite of Oxycodone.
- Note 3 Oxymorphone is a metabolite of oxycodone as well as a prescribed drug.

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**Patient Historical Positivity/SVT Summary**

No historical positivity/SVT results currently available.
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**PERFORMING SITE:**

IF QUEST DIAGNOSTICS-DALLAS, 4770 REGENT BLVD, IRVING, TX 75063 CLIA: 45D0697943  
IG QUEST DIAGNOSTICS-IRVING, 4770 REGENT BLVD., IRVING, TX 75063-2445 Laboratory Director: ROBERT L BRECKENRIDGE, MD, CLIA: 45D0697943

**LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:**

**DIRECT LDL** 106 H <100 mg/dL IG

Greatly elevated Triglycerides values (>1200 mg/dL) interfere with the dLDL assay. As no Triglycerides testing was ordered, interpret results with caution.

Desirable range <100 mg/dL for primary prevention;  
<70 mg/dL for patients with CHD or diabetic patients  
with > or = 2 CHD risk factors.

**VITAMIN D, 25-OH, TOTAL, IA** 20 L 30-100 ng/mL IG  
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 92888 (patients >2yrs).

<b>APPEARANCE</b>	CLOUDY	CLEAR	IG
<b>OCCULT BLOOD</b>	TRACE	NEGATIVE	IG
<b>NITRITE</b>	POSITIVE	NEGATIVE	IG
<b>LEUKOCYTE ESTERASE</b>	3+	NEGATIVE	IG
<b>WBC</b>	> OR = 60	< OR = 5 /HPF	IG
<b>BACTERIA</b>	MODERATE	NONE SEEN /HPF	IG
<b>VITAMIN B12</b>	1285 H	200-1100 pg/mL	IG
<b>C-REACTIVE PROTEIN</b>	11.0 H	<8.0 mg/L	IG
<b>Marijuana Metabolite</b>	POSITIVE	<20 ng/mL	IG
<b>Marijuana Metabolite</b>	684 H	<5 ng/mL	IG

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**medMATCH Marijuana Metab** INCONSISTENT  
**Oxycodone** POSITIVE  
**Noroxycodone** 5272 H

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*for URE but does not c/o sp. Thus does not require tx. will dx pt.*

*Not uncommon these days as MT use is legal in many states. & has beneficial effect on pain relief for some pt's.*

*[Signature]*  
7/20/20



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## LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

Oxycodone	2257 H	<50 ng/mL	IG
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This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Oxymorphone	4030 H	<50 ng/mL	IG
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