

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

D/T COLLECTED: 06/08/2020 9:00 AM

SERUM APPEAR: SLIGHT HEMOLYSIS

SOC SEC NO: ZIP: 79007

RESULT NAME	NORMAL	ABNORMAL	REFERENCE/CUTOFF	UNITS
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SERUM HIV

SERUM HIV

NON-REACTIVE

NON-REACTIVE

BLOOD CHEMISTRY PROFILE

GLUCOSE	70		60 - 109	(MG/DL)
HB A1C	5.3		3.0 - 6.0	(%)
BUN	13		7 - 22	(MG/DL)
CREATININE	0.9		0.6 - 1.3	(MG/DL)
ALK. PHOS.	53		30 - 125	(U/L)
BILI. TOT.	0.4		0.2 - 1.2	(MG/DL)
AST (SGOT)	20		0 - 33	(U/L)
ALT (SGPT)	13		0 - 45	(U/L)
GGT (GGTP)	10		0 - 45	(U/L)
TOT. PROTEIN	6.2		6.1 - 8.2	(G/DL)
ALBUMIN		3.7 L	3.8 - 5.2	(G/DL)
GLOBULIN	2.5		1.9 - 3.7	(G/DL)
CHOLESTEROL	180		140 - 199	(MG/DL)
HDL CHOLESTEROL	45		35 - 100	(MG/DL)
LDL (CALCULATED)	111		0 - 129	(MG/DL)
CHOL/HDL CHOL RATIO	4.0		< 5.0	
LDL/HDL RATIO	2.48		0.6 - 4.3	
TRIGLYCERIDES	118		0 - 150	(MG/DL)



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URINALYSIS				
GLUCOSE	NEGATIVE		0.00 - 0.24	(GM%)
PROTEIN	13		0 - 30	(MG%)
LEUKOCYTE SCREEN	NEGATIVE		NEGATIVE	
HEMOGLOBIN SCREEN	NEGATIVE		NEGATIVE	
WHITE BLOOD CELLS	NOT PERFORMED		0 - 9	(/HPF)
RED BLOOD CELLS	NOT PERFORMED		0 - 4	(/HPF)
GRANULAR CASTS	NOT PERFORMED		0 - 0	(/40LPF)
HYALINE CASTS	NOT PERFORMED		0 - 10	(/40LPF)
SPECIFIC GRAVITY	NOT PERFORMED		1.003 - 1.035	
URINE TEMPERATURE	96.0		90.5 - 99.6	(FAHR.)
CREATININE	185.7		27.0 - 260.0	(MG/DL)
PROT/CREATININE RATIO	0.07		0.00 - 0.20	(MG/MGCR)
ADULTERANT TESTS WITHIN NORMAL LIMITS				

MISCELLANEOUS URINE TESTS

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

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URINE DRUG PROFILE

		SCREEN	CONFIRM	

COCAINE	NEGATIVE	300	150	(NG/ML)
MARIJUANA	NEGATIVE	50	15	(NG/ML)
AMPHETAMINE	NEGATIVE	1000	500	(NG/ML)
METHAMPHETAMINE	NEGATIVE	1000	500	(NG/ML)
CODEINE	NEGATIVE	2000	2000	(NG/ML)
MORPHINE	NEGATIVE	2000	2000	(NG/ML)
PHENCYCLIDINE	NEGATIVE	25	25	(NG/ML)
METHADONE	NEGATIVE	300	300	(NG/ML)
BARBITURATES	NEGATIVE	300	200	(NG/ML)
BENZODIAZEPINES	NEGATIVE	300	200	(NG/ML)
EXPANDED OPIATES				
CODEINE	NEGATIVE	300	2000	(NG/ML)
HYDROCODONE	NEGATIVE	300	300	(NG/ML)
MORPHINE	NEGATIVE	300	2000	(NG/ML)
HYDROMORPHONE	NEGATIVE	300	300	(NG/ML)
OXYCODONE	NEGATIVE	100	100	(NG/ML)
OXYMORPHONE	NEGATIVE	100	100	(NG/ML)
FENTANYL	NEGATIVE	1	0.5	(NG/ML)

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FIDELITY LIFE ASSOCIATION
SUITE 900S
8700 W BRYN MAWR AVE
CHICAGO, IL 60631
ATTN: JEANNINE DUPLESSIS
CHIEF UNDERWRITER

SOC SEC NO: ZIP: 79007

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ADDITIONAL UNDERWRITING INFORMATION

AGENCY INFORMATION

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
BMI 33.8

NORMAL WEIGHT STATUS: 18.5 - 24.9

BLOOD PRESSURE 112/78

116/72 114/74

PULSE RATES AT REST
STANDARD (BPM) 66
IRREGULARITY (IPM) N/A

AFTER EXERCISE 3 MINUTES LATER
N/A N/A
N/A N/A

CHAIN OF CUSTODY REPORT

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

RECEIVED: 10/10/1964 10:10 AM
FROM: SAC, NEW YORK (100-100000)
SUBJECT: [illegible]

TO: DIRECTOR, FBI (100-100000)
FROM: SAC, NEW YORK (100-100000)
SUBJECT: [illegible]
[illegible text follows]

[illegible text follows]

[illegible text follows]

[illegible text follows]

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MEDICATIONS:

ESTRADIOL
LEXAPRO
LISINAPRIL
MELOXICAM
PHENTERMINE
SEROQUEL
SPIRONOLACTONE
TOPIRAMATE

TOBACCO USAGE: NO
MONTHS SINCE TOBACCO USE: NEVER
MEDICAL HISTORY: NO
HYPERTENSION: NO
DIABETES: NO
CARDIAC HISTORY: NO

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

URINE HEMOGLOBIN SCREEN
URINE LEUKOCYTE SCREEN
DIURETIC AGENTS (DIU)