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.

MAME: CODY SPURGEON

DOB/SEX/ST: 04/10/1970 TX

AGENT CODE: 010000
AGENT/AGENCY: XX/UNKNOWN,
EXAMINER: XX/EXAMONE

TICKET NUMBER: 0031049208

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

SUITE 900S DATE RECEIVED: 06/11/2020

8700 W BRYN MAWR AVE DATE COMPLETED: 06/11/2020 KIH 61332618

CHICAGO, IL 60631 INSURANCE KEY: POL_0101153710_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

RESULT NAME NORMAL ABNORMAL REFERENCE/CUTOFF UNITS

SERUM HIV					
SERUM HIV	NON-REACTIVE		NON-REA	CTIVE	
BLOOD CHEMISTRY PROFI	LE				
GLUCOSE	75		60 -	109	(MG/DL)
HB A1C	5.7		3.0 -	6.0	(용)
BUN	12		9 -	25	(MG/DL)
CREATININE	1.1		0.7 -	1.5	(MG/DL)
ALK. PHOS.	59		30 -	125	(U/L)
BILI. TOT.	0.6		0.2 -	1.5	(MG/DL)
AST (SGOT)	19		0 -	33	(U/L)
ALT (SGPT)	17		0 -	45	(U/L)
GGT (GGTP)	15		0 -	65	(U/L)
TOT. PROTEIN	6.4		6.1 -	8.2	(G/DL)
ALBUMIN		3.7 L	3.8 -	5.2	(G/DL)
GLOBULIN	2.7		1.9 -	3.7	(G/DL)
CHOLESTEROL	190		140 -	199	(MG/DL)
HDL CHOLESTEROL	41		35 -	80	(MG/DL)
LDL (CALCULATED)	114		0 -	129	(MG/DL)
CHOL/HDL CHOL RATIO	4.6		<	5.0	
LDL/HDL RATIO	2.78		0.9 -	5.3	
TRIGLYCERIDES		175 H	0 -	150	(MG/DL)

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: CODY SPURGEON

DOB/SEX/ST: 04/10/1970 TX

AGENT CODE: 010000
AGENT/AGENCY: XX/UNKNOWN,
EXAMINER: XX/EXAMONE

TICKET NUMBER: 0031049208

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

SUITE 900S DATE RECEIVED: 06/11/2020

8700 W BRYN MAWR AVE DATE COMPLETED: 06/11/2020 KIH 61332618

CHICAGO, IL 60631 INSURANCE KEY: POL_0101153710_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

RESULT NAME NORMAL ABNORMAL REFERENCE/CUTOFF UNITS

URINALYSIS					
GLUCOSE	NEGATIVE	0.00	-	0.24	(GM%)
PROTEIN	6	0	-	30	(MG%)
LEUKOCYTE SCREEN	NEGATIVE		NEC	SATIVE	
HEMOGLOBIN SCREEN	NEGATIVE		NEC	GATIVE	
WHITE BLOOD CELLS	NOT PERFORMED	0	_	9	(/HPF)
RED BLOOD CELLS	NOT PERFORMED	0	-	4	(/HPF)
GRANULAR CASTS	NOT PERFORMED			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	48.9	27.0	-	260.0	(MG/DL)
PROT/CREATININE RATIO	0.12	0.00	-	0.20	(MG/MGCR)
ADULTERANT TESTS WITHIN	NORMAL LIMITS				

MISCELLANEOUS URINE TESTS

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

DOB/SEX/ST: 04/10/1970 TX

AGENT CODE: 010000

AGENT/AGENCY: XX/UNKNOWN,

EXAMINER: XX/EXAMONE

TICKET NUMBER: 0031049208

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

DATE RECEIVED: 06/11/2020 SUITE 900S

SUITE 900S

SUITE 900S

BOOS

###

SERUM APPEAR: SLIGHT HEMOLYSIS

SOC SEC NO: ZIP:79007

NORMAL ABNORMAL REFERENCE/CUTOFF UNITS RESULT NAME

			•	
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)

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: CODY SPURGEON

DOB/SEX/ST: 04/10/1970 TX

AGENT CODE: 010000

AGENT/AGENCY: XX/UNKNOWN,

EXAMINER: XX/EXAMONE

TICKET NUMBER: 0031049208

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

SUITE 900S DATE RECEIVED: 06/11/2020

DATE COMPLETED: 06/11/2020 KIH 61332618 8700 W BRYN MAWR AVE

INSURANCE KEY: POL 0101153710 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:

NORMAL ABNORMAL REFERENCE/CUTOFF UNITS RESULT NAME

ADDITIONAL UNDERWRITING INFORMATION

AGENCY INFORMATION

AGENT NAME: N/A

AGENCY NAME: UNKNOWN,

AGENCY STATE: XX AGENCY CITY: ?

APPLICANT EXAM DATA

HEIGHT WEIGHT BMI	(FT/IN) (LBS)	6/0 300.0 40.6	NORMAL WEIGHT ST	ATUS: 18.5 - 24.9
BLOOD PRESS	URE	122/78	120/76	122/74
PULSE RATES	}	AT REST	AFTER EXERCISE	3 MINUTES LATER

N/A66 N/ASTANDARD (BPM) IRREGULARITY (IPM) N/A N/A N/A

Ratio A

Ago and I TRUSS as

Secretary and any observation of the secretary and the secretary a

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: CODY SPURGEON

DOB/SEX/ST: 04/10/1970 TX

AGENT CODE: 010000 AGENT/AGENCY: XX/UNKNOWN.

EXAMINER: XX/EXAMONE

TICKET NUMBER: 0031049208

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

SUITE 900S DATE RECEIVED: 06/11/2020

8/00 W BRYN MAWR AVE DATE COMPLETED: 06/11/2020 KIH 61332618 CHICAGO, IL 60631 TNSIDANCE PRO CONTRACTOR OF CONTRAC INSURANCE KEY: POL_0101153710_REQID D/T LAST MEAL: 06/08/2020 9:00 AM D/T COLLECTED: 06/08/2020 9:00 AM ATTN: JEANNINE DUPLESSIS CHIEF UNDERWRITER

SERUM APPEAR: SLIGHT HEMOLYSIS

SOC SEC NO: ZIP:79007

RESULT NAME NORMAL ABNORMAL REFERENCE/CUTOFF UNITS

MEDICATIONS:

LEVOTHYROXIN SYNTHROID

TOBACCO USAGE: NO MONTHS SINCE TOBACCO USE: 60

MEDICAL HISTORY:

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)