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PATIENT INFORMATION BURGER, AMBROSE

ID: E9676326

DOB: 05/06/1945 AGE: 74

GENDER: M FASTING: Y

PHONE: 845.361.3207

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02/04/20 15:58:53 201-393-5000

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QUEST DIAGNOSTICS INCORPORATED

CLIENT SERVICE 866.697.8378

SPECIMEN INFORMATION

SPECIMEN: RM748608

REQUISITION: T079700055874

COLLECTED: 01/14/2020 10:16 RECEIVED: 01/14/2020 23:38 REPORTED: 02/04/2020 15:36 2/4/20

03:38:13

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FINAL REPORT STATUS REPRINT

ORDERING PHYSICIAN

KOULOVA, LIDIA

CLIENT INFORMATION

T07970

GOSHEN MEDICAL ASSOC. 70 HATFIELD LANE

GOSHEN, NY 10924-2015

COMMENTS: FASTING

The original copy of this report was printed on: 01/16/2020 at 07:06

Test Name	In Range	Out of R	ange	Reference Range	Lab
URINALYSIS, REFLEX					TBR
COLOR	Yellow			Yellow	
APPEARANCE	Clear			Clear	
SPECIFIC GRAVITY	1.017			1.001-1.035	
РН	7.0			5.0-0.0	
GLUCOSE	Negative			Negativo	
BILIRUBIN	Negative			Negative	
KETONES	Negative			Negative	
OCCULT BLOOD	Negative			Negative	
PROTEIN		1+		Negative	
NITRITE	Negative			Negative	
LEUKOCYTE ESTERASE	Negative			Negative	
WBC	None Seen			<or=5 hpf<="" td=""><td></td></or=5>	
RBC	0-2			<or=2 hpf<="" td=""><td></td></or=2>	
squamous epithelial cells	None Seen			<or=5 hpf<="" td=""><td></td></or=5>	
BACTERIA	None Seen			None Seen /hpf	
HYALINE CAST	None Seen			None Seen /lpf	
PSA, FREE AND TOTAL					TBR
PSA, TOTAL	0.5			< or = 4.0 ng/mL	
PSA, FREE	0.1			ng/mL	
PSA, % FREE		20	L	>25 % (calc)	

PSA (ng/mL)	Free PSA(%)	Estimated(x) Probability of Cancer(as%)
0-2.5	(*)	Approx. 1
2.6-4.0(1)	0-27(2)	24(3)
4.1-10(4)	0-10	56
	11-15	29
	16-20	20
	21-25	16
	>or =26	8
>10(+)	N/A	>50

References: (1) Catalona et al.: Urology 60: 469-474 (2002)

BURGER, AMBROSE - RM748608

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Duest

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PATIENT INFORMATION BURGER, AMBROSE

FINAL REPORT STATUS REPRINT

DOB: 05/06/1945 AGE: 74

GENDER: M FASTING: Y

ORDERING PHYSICIAN KOULOVA, LIDIA

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SPECIMEN INFORMATION EPECIMEN: RM748608

COLLECTED: 01/14/2020 10:16 REPORTED: 02/04/2020 15:36

Test Name

In Range Out of Range Reference Range Lab

(2) Catalona et al.: J. Urol 168: 922-925 (2002) Free PSA(%) Sensitivity(%) Specificity(%) < or = 25 85 19 < ox = 3093 9

- (3) Catalona et al.: JAMA 277: 1452-1455 (1997)
- (4) Catalona et al.: JAMA 279: 1542-1547 (1998)
- (x) These estimates vary with age, ethnicity, family history and DRE results.
- (*) The diagnostic usefulness of % Free PSA has not been ostablished in patients with total PSA below 2.6 ng/mL
- (+) In men with PSA above 10 ng/mL, prostate cancer risk is determined by total PSA alone.

The Total PSA value from this assay system is standardized against the equimolar PSA standard. The test result will be approximately 20% higher when compared to the WHO-standardized Total PSA (Siemens assay). Comparison of serial PSA results should be interpreted with this fact in mind.

PSA was performed using the Beckman Coulter Immunoassay method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

CULTURE, URINE, ROUTINE

TBR

FINAL

No growth

PERFORMING LABORATORY INFORMATION:

TBR Quest Diagnostics one Malcolm Avenue Teterbore MJ 07609 Daboratory Director: Lawrence TERO, M.D. CLIA No: 3100696246

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PATIENT INFORMATION
BURGER, AMBROSE

DOB: 05/06/1945 AGE: 74 GENDER: M FASTING: Y

SPECIMEN INFORMATION SPECIMEN: RM748608

COLLECTED: 01/14/2020 10:16 REPORTED: 02/04/2020 15:36

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

PROTEIN PSA, % FREE 1+ Negative 20 L >25 % (calc)

PSA (ng/mL)	Free PSA(%)	Estimated(x) Probability
		of Cancer (ast)
0-2.5	(*)	Approx. 1
2.6-4.0(1)	0-27(2)	24(3)
4.1-10(4)	0-10	56
	11-15	29
	16-20	20
	21-25	16
	>or =26	8
>1.0 (+)	N/A	>50

(4) Catalona et al.: JAMA 279: 1542-1547 (1998)

- (x) These estimates vary with age, ethnicity, family history and DRE results.
- (*) The diagnostic usefulness of % Free PSA has not been established in patients with total PSA below 2.6 ng/mL
- (+) In men with PSA above 10 ng/mL, prostate cancer risk is determined by total PSA alone.

The Total PSA value from this assay system is standardized against the equimolar PSA standard. The test result will be approximately 20% higher when compared to the WHO-standardized Total PSA (Siemens assay). Comparison of serial PSA results should be interpreted with this fact in mind.

PSA was performed using the Beckman Coulter Immunoassay method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the

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02/04/2020

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SPECIMEN INFORMATION

REPORTED:

SPECIMEN: RM748608 COLLECTED: 01/14/2020 PATIENT INFORMATION
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KOULOVA, LIDIA

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LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

10:16

15:36

presence or absence of disease.