**LIPID PANEL**

Patient Name : Referring Doctor :

Age : Date :

Sex :

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPONENT** | **YOUR VALUE** | **UNIT** | **STANDARD RANGE** |
| CHOLESTEROLE | 137 | mg/dl | 0 - 200 |
| HDL | 40 | mg/dl | 30 - 75 |
| LDL CHOL (Calculated) | 75 | mg/dl | 0 - 100 |
| VLDL | 22 | mg/dl | 5 - 40 |
| TRIGLYCERIDE | 111 | mg/dl | 0 - 150 |
| CHOL – HDL RATIO | 3.4 | mg/dl | 0.0 – 5.0 |

*LAB ASSISTANT* *REGARDS,*