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|----------------------------|----------------|-----------------------------|--------------------------------|
| Client: LA VITALITY | 20783 | Patient: NOACK, ADAM | |
| 9301 Wilshire Blvd | | Phone: () - | DOB: 10/04/1995 Age: 28 Sex: M |
| 404 | | Address 1: | Fasting: Y |
| BEVERLY HILLS, CA 90210 | | Address 2: | |
| Phys: KAWESCH, GARY | (561) 425-6354 | City: | State: Zip: Page: 1 |

| | | | |
|--------------------|----------------------|----------------------|----------------------|
| Acc# 004440165 | Coll. Date: 12/15/23 | Recv. Date: 12/18/23 | Print Date: 12/19/23 |
| Chart# | Coll. Time: 09:16 AM | Recv. Time: 10:23 AM | Print Time: 09:27 |
| First reported on: | 12/16/23 08:31 | Final report date: | 12/19/23 |

Report Status: FINAL

| Test Name | Results | Reference Range | Units |
|---|---------|--|-------------|
| *****OUT OF RANGE SUMMARY***** | | | |
| Glucose | 106 H | reported: 12/16/23 08:14 70 - 99 | mg/dL *I |
| Potassium | 5.3 H | 3.5 - 5.2 | mmol/L *I |
| Sex Horm Binding Glob, Serum | 57.2 H | reported: 12/16/23 11:08 16.5 - 55.9 | nmol/L *I |
| Vitamin D, 25-Hydroxy | 27.0 L | reported: 12/16/23 08:14 30.0 - 100.0 | ng/mL *I |
| <p>Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).</p> <p>1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.</p> <p>2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.</p> | | | |
| ***** | | | |
| CBC With Differential/Platelet | | | |
| WBC | 5.3 | 3.4 - 10.8 | x10E3/uL *I |
| RBC | 5.57 | 4.14 - 5.80 | x10E6/uL *I |
| Hemoglobin | 16.5 | 13.0 - 17.7 | g/dL *I |
| Hematocrit | 49.2 | 37.5 - 51.0 | % *I |
| MCV | 88 | 79 - 97 | fL *I |
| MCH | 29.6 | 26.6 - 33.0 | pg *I |
| MCHC | 33.5 | 31.5 - 35.7 | g/dL *I |
| RDW | 11.8 | 11.6 - 15.4 | % *I |
| Platelets | 230 | 150 - 450 | x10E3/uL *I |
| Neutrophils | 57 | Not Estab. | % *I |
| Lymphs | 29 | Not Estab. | % *I |
| Monocytes | 11 | Not Estab. | % *I |
| Eos | 2 | Not Estab. | % *I |
| Basos | 1 | Not Estab. | % *I |
| Neutrophils (Absolute) | 3.1 | 1.4 - 7.0 | x10E3/uL *I |

(Continued on Next Page)

RENEW

VITALITY

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| ***** (Continued) | | | |
| Lymphs (Absolute) | 1.5 | 0.7 - 3.1 | x10E3/uL *I |
| Monocytes(Absolute) | 0.6 | 0.1 - 0.9 | x10E3/uL *I |
| Eos (Absolute) | 0.1 | 0.0 - 0.4 | x10E3/uL *I |
| Baso (Absolute) | 0.0 | 0.0 - 0.2 | x10E3/uL *I |
| Immature Granulocytes | 0 | Not Estab. | % *I |
| Immature Grans (Abs) | 0.0 | 0.0 - 0.1 | x10E3/uL *I |
| reported: 12/16/23 08:14 | | | |
| Comp. Metabolic Panel (14) | | | |
| Glucose | 106 H | 70 - 99 | mg/dL *I |
| BUN | 19 | 6 - 20 | mg/dL *I |
| Creatinine | 1.21 | 0.76 - 1.27 | mg/dL *I |
| eGFR | 84 | >59 | mL/min/1.7 *I |
| BUN/Creatinine Ratio | 16 | 9 - 20 | *I |
| Sodium | 142 | 134 - 144 | mmol/L *I |
| Potassium | 5.3 H | 3.5 - 5.2 | mmol/L *I |
| Chloride | 101 | 96 - 106 | mmol/L *I |
| Carbon Dioxide, Total | 25 | 20 - 29 | mmol/L *I |
| Calcium | 9.9 | 8.7 - 10.2 | mg/dL *I |
| Protein, Total | 7.4 | 6.0 - 8.5 | g/dL *I |
| Albumin | 5.0 | 4.3 - 5.2 | g/dL *I |
| Globulin, Total | 2.4 | 1.5 - 4.5 | g/dL *I |
| A/G Ratio | 2.1 | 1.2 - 2.2 | *I |
| Bilirubin, Total | 0.4 | 0.0 - 1.2 | mg/dL *I |
| Alkaline Phosphatase | 64 | 44 - 121 | IU/L *I |
| AST (SGOT) | 21 | 0 - 40 | IU/L *I |
| ALT (SGPT) | 25 | 0 - 44 | IU/L *I |
| reported: 12/16/23 08:14 | | | |
| Lipid Panel | | | |
| Cholesterol, Total | 195 | 100 - 199 | mg/dL *I |
| Triglycerides | 59 | 0 - 149 | mg/dL *I |
| HDL Cholesterol | 88 | >39 | mg/dL *I |
| VLDL Cholesterol Cal | 11 | 5 - 40 | mg/dL *I |
| LDL Chol Calc (NIH) | 96 | 0 - 99 | mg/dL *I |
| reported: 12/16/23 08:14 | | | |
| Vitamin B12 | 578 | 232 - 1245 | pg/mL *I |
| reported: 12/16/23 08:14 | | | |
| Prostate Specific Ag | (Continued on Next Page) 0.4 | 0.0 - 4.0 | ng/mL *I |

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| Roche ECLIA methodology. | | | |
| According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater. Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease. | | | |
| TSH | 0.875 | reported: 12/16/23 08:14 0.450 - 4.500 | uIU/mL *I |
| FSH | 3.9 | reported: 12/16/23 08:14 1.5 - 12.4 | mIU/mL *I |
| Luteinizing Hormone(LH) | | | |
| LH | 4.9 | reported: 12/16/23 08:14 1.7 - 8.6 | mIU/mL *I |
| Estradiol | 25.8 | reported: 12/16/23 08:14 7.6 - 42.6 | pg/mL *I |
| Roche ECLIA methodology | | | |
| Testosterone Free, Profile I | | | |
| Testosterone | 795 | reported: 12/16/23 11:08 264 - 916 | ng/dL *I |
| Adult male reference interval is based on a population of healthy nonobese males (BMI <30) between 19 and 39 years old. Travison, et.al. JCEM 2017,102;1161-1173. PMID: 28324103. | | | |
| Sex Horm Binding Glob, Serum | 57.2 H | 16.5 - 55.9 | nmol/L *I |
| Testost., Free, Calc | 117.4 | 47.7 - 173.9 | pg/mL *I |
| Hemoglobin A1c | 5.4 | reported: 12/16/23 19:06 4.8 - 5.6 | % *I |
| Prediabetes: 5.7 - 6.4 Diabetes: >6.4 Glycemic control for adults with diabetes: <7.0 | | | |
| IGF-1 | | | |
| Insulin-Like Growth Factor I | 222 | reported: 12/19/23 08:10 101 - 307 | ng/mL *I |

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30.0 - 100.0 ng/mL */

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COMMENTS:

Fasting,
END OF REPORT

*) Unless otherwise noted, Tests Performed at :
LABCORP, 5610 WEST LA SALLE STREET, TAMPA, FL 33607