PATIENT INFORMATION

REPORT STATUS: FINAL

SPECIMEN INFORMATION
SPECIMEN:
REQUISITION:
LAB REF NO:

DOB:
AGE:
GENDER:
FASTING:

Clinical Info:

ORDERING PHYSICIAN

CLIENT INFORMATION

COLLECTED:
RECEIVED:
REPORTED:

Test Name	Result	Flag	Reference Range	Lab
FASTING:YES				
LIPID PANEL				
CHOLESTEROL, TOTAL	287	HIGH	125-200 mg/dL	01
HDL CHOLESTEROL	42	LOW	> OR = 46 mg/dL	01
TRIGLYCERIDES	99		<150 mg/dL	01
LDL-CHOLESTEROL	225	HIGH	<130 mg/dL (calc)	01
LDL-C levels > or = 190 mg/dL may indicate familial hypercholesterolemia (FH). Clinical assessment and measurement of blood lipid levels should be considered for all first degree relatives of patients with an FH diagnosis. J of Clinical Lipidology 5:S1-S8 2011.				
Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.				
CHOL/HDLC RATIO	6.8	HIGH	< OR = 5.0 (calc)	01
NON HDL CHOLESTEROL	245	HIGH	mg/dL (calc)	01
Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target.				
HS CRP				
HS CRP	2.6		mg/L	01
Average relative cardiovascular risk according to AHA/CDC guidelines.				
For ages >17 Years:				
hs-CRP mg/L	Risk According to AHA/CDC Guidelines			
<1.0	Lower relative cardiovascular risk.			
1.0-3.0	Average relative cardiovascular risk.			
3.1-10.0	Higher relative cardiovascular risk. Consider retesting in 1 to 2 weeks to exclude a benign transient elevation in the baseline CRP value secondary to infection or inflammation.			
>10.0	Persistent elevation, upon retesting, may be associated with infection and inflammation.			
HOMOCYSTEINE				
HOMOCYSTEINE	10.8	HIGH	<10.4 umol/L	01
Homocysteine is increased by functional deficiency of folate or vitamin B12. Testing for methylmalonic acid differentiates between these deficiencies. Other causes of increased homocysteine include renal failure, folate antagonists such as methotrexate and phenytoin, and exposure to nitrous oxide.				

Performing Laboratory Information: