Patient Information	Specimen Information	Client Information
MEKA, SUJIT **DOB: 09/15/2000 AGE: 25** Gender: M Phone: 248.231.4354 Patient ID: 28A2FCD7 Health ID: 8573038169786001	Specimen: ZW349366S Requisition: 0069432 Lab Ref #: AF523AE6CDDE4256 Collected: 12/22/2025 / 09:42 CST Received: 12/23/2025 / 01:14 CST Reported: 12/26/2025 / 01:44 CST	Client #: 73929412 MAIL992 DAMASCO, LEO JUNCTION 440 N BARRANCA AVE # 3811 COVINA, CA 91723-1722

Test Name	In Range	Out Of Range	Reference Range	Lab
IRON, TIBC AND FERRITIN PANEL				
IRON AND TOTAL IRON BINDING CAPACITY				CB
IRON, TOTAL	163		50-195 mcg/dL	
IRON BINDING CAPACITY	339		250-425 mcg/dL (calc)	
% SATURATION	48		20-48 % (calc)	
FERRITIN	60		38-380 ng/mL	CB
THYROID PANEL WITH TSH				
THYROID PANEL				CB
T3 UPTAKE	33		22-35 %	
T4 (THYROXINE), TOTAL	8.0		4.9-10.5 mcg/dL	
FREE T4 INDEX (T7)	2.6		1.4-3.8	
TSH	1.13		0.40-4.50 mIU/L	CB
TESTOSTERONE, FREE, BIOAVAILABLE AND TOTAL, MS				
ALBUMIN	4.5		3.6-5.1 g/dL	Z3E
SEX HORMONE BINDING GLOBULIN	17		10-50 nmol/L	Z3E
TESTOSTERONE, FREE AND BIOAVAILABLE				Z3E
TESTOSTERONE, FREE	168.2		46.0-224.0 pg/mL	
TESTOSTERONE,BIOAVAILABLE	345.8		110.0-575.0 ng/dL	
TESTOSTERONE, TOTAL, MS	707		250-1100 ng/dL	Z3E

For additional information, please refer to
https://education.questdiagnostics.com/faq/FAQ165
(This link is being provided for informational/educational purposes only.)
(Note)

This test was developed and its analytical performance characteristics have been determined by medfusion. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

MDF
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Ithiel James L. Frame, MD, PhD

LIPID PANEL WITH RATIOS				
CHOLESTEROL, TOTAL		**225 H**	<200 mg/dL	CB
HDL CHOLESTEROL	51		> OR = 40 mg/dL	CB
TRIGLYCERIDES	80		<150 mg/dL	CB
LDL-CHOLESTEROL		**156 H**	mg/dL (calc)	CB

Reference range: <100

Desirable range <100 mg/dL for primary prevention;
<70 mg/dL for patients with CHD or diabetic patients
with > or = 2 CHD risk factors.

LDL-C is now calculated using the Martin-Hopkins

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Test Name	In Range	Out Of Range	Reference Range	Lab
calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C. Martin SS et al. JAMA. 2013;310(19): 2061-2068 (http://education.QuestDiagnostics.com/faq/FAQ164)				
CHOL/HDLC RATIO	4.4		<5.0 (calc)	CB
LDL/HDL RATIO	3.1		(calc) Below Average Risk: <2.28 Average Risk: 2.29-4.90 Moderate Risk: 4.91-7.12 High Risk: >7.13	CB
NON HDL CHOLESTEROL		**174 H**	<130 mg/dL (calc)	CB
For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.				
HS CRP	1.6		mg/L	CB
Reference Range Optimal <1.0 Jellinger PS et al. Endocr Pract.2017;23(Suppl 2):1-87. 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. Pearson TA, Mensah GA, Alexander RW, et al. Markers of inflammation and cardiovascular disease: application to clinical and public health practice: A statement for healthcare professionals from the Centers for Disease Control and Prevention and the American Heart Association. Circulation 2003; 107(3): 499-511.				
APOLIPOPROTEIN B		**109 H**	mg/dL	EZ
Reference Range: <90 Risk Category: Optimal <90 Moderate 90-129 High > or = 130 A desirable treatment target may be <80 mg/dL or lower depending on the risk category of the patient including patients on lipid lowering therapies, patients with ASCVD, diabetes with >1 risk factors, Stage 3 or greater CKD with albuminuria, or heterozygous familial hypercholesterolemia. ApoB relative risk category cut points are based on AACE/ACE				

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Test Name	In Range	Out Of Range	Reference Range	Lab
and ACC/AHA recommendations (Grundy SM, et al. 2019. doi:10.1016/j.jacc.2018.11.002; Handelsman Y, et al. 2020. doi:10.4158/CS-2020-0490).				
COMPREHENSIVE METABOLIC PANEL				CB
GLUCOSE	87		65-99 mg/dL Fasting reference interval	
UREA NITROGEN (BUN)	15		7-25 mg/dL	
CREATININE	1.03		0.60-1.24 mg/dL	
EGFR	103		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	SEE NOTE: Not Reported: BUN and Creatinine are within reference range.		6-22 (calc)	
SODIUM	141		135-146 mmol/L	
POTASSIUM	4.5		3.5-5.3 mmol/L	
CHLORIDE	103		98-110 mmol/L	
CARBON DIOXIDE	27		20-32 mmol/L	
CALCIUM	10.1		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.9		6.1-8.1 g/dL	
ALBUMIN	4.4		3.6-5.1 g/dL	
GLOBULIN	3.5		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.3		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	1.2		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	63		36-130 U/L	
AST	16		10-40 U/L	
ALT	17		9-46 U/L	
HEMOGLOBIN A1c WITH eAG				CB
HEMOGLOBIN A1c		**5.7 H**	<5.7 %	
For someone without known diabetes, a hemoglobin A1c value between 5.7% and 6.4% is consistent with prediabetes and should be confirmed with a follow-up test. For someone with known diabetes, a value <7% indicates that their diabetes is well controlled. A1c targets should be individualized based on duration of diabetes, age, comorbid conditions, and other considerations. This assay result is consistent with an increased risk of diabetes. Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes for children.				
eAG (mg/dL)	117		mg/dL	
eAG (mmol/L)	6.5		mmol/L	
URIC ACID	5.6		4.0-8.0 mg/dL	CB
Therapeutic target for gout patients: <6.0 mg/dL				
BILIRUBIN, FRACTIONATED				CB
BILIRUBIN, TOTAL	1.2		0.2-1.2 mg/dL	
BILIRUBIN, DIRECT	0.2		< OR = 0.2 mg/dL	

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Test Name	In Range	Out Of Range	Reference Range	Lab
BILIRUBIN, INDIRECT	1.0		0.2-1.2 mg/dL (calc)	
GGT	24		3-70 U/L	CB
CBC (INCLUDES DIFF/PLT)				CB
WHITE BLOOD CELL COUNT	8.9		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.29		4.20-5.80 Million/uL	
HEMOGLOBIN	15.5		13.2-17.1 g/dL	
HEMATOCRIT	48.2		39.4-51.1 %	
MCV	91.1		81.4-101.7 fL	
MCH	29.3		27.0-33.0 pg	
MCHC	32.2		31.6-35.4 g/dL	
RDW	12.4		11.0-15.0 %	
PLATELET COUNT	330		140-400 Thousand/uL	
MPV	11.2		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	5696		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2323		850-3900 cells/uL	
ABSOLUTE MONOCYTES	587		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	249		15-500 cells/uL	
ABSOLUTE BASOPHILS	45		0-200 cells/uL	
NEUTROPHILS	64		%	
LYMPHOCYTES	26.1		%	
MONOCYTES	6.6		%	
EOSINOPHILS	2.8		%	
BASOPHILS	0.5		%	
CORTISOL, TOTAL	11.9		mcg/dL	CB

The Cortisol result may be decreased on average 10-20% relative to results previously obtained with this method due to a recent quality improvement made in August 2025 by the reagent manufacturer.
Reference Range: For 8 a.m.(7-9 a.m.) Specimen: 4.0-22.0
Reference Range: For 4 p.m.(3-5 p.m.) Specimen: 3.0-17.0
* Please interpret above results accordingly *

DHEA SULFATE	259		74-617 mcg/dL	CB
ESTRADIOL		**47 H**	< OR = 39 pg/mL	CB

Reference range established on post-pubertal patient population. No pre-pubertal reference range established using this assay. For any patients for whom low Estradiol levels are anticipated (e.g. males, pre-pubertal children and hypogonadal/post-menopausal females), the Quest Diagnostics Nichols Institute Estradiol, Ultrasensitive, LCMSMS assay is recommended (order code 30289).

Please note: patients being treated with the drug fulvestrant (Faslodex(R)) have demonstrated significant interference in immunoassay methods for estradiol measurement. The cross reactivity could lead to falsely elevated estradiol test results leading to an inappropriate clinical assessment of estrogen status. Quest Diagnostics order code 30289-Estradiol, Ultrasensitive LC/MS/MS demonstrates negligible cross reactivity with fulvestrant.

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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	15 L	30-100 ng/mL	CB

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Vitamin D Status          25-OH Vitamin D:

Deficiency:                     <20 ng/mL
Insufficiency:            20 - 29 ng/mL
Optimal:                  > or = 30 ng/mL
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For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code 92888 (patients >2yrs).

For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ199 (This link is being provided for informational/ educational purposes only.)

Physician Comments:

PERFORMING SITE:

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