Quest Diagnostics

	PATIENT INFORMATION	
SPECIMEN INFORMATION	**John, Smith**	

SPECIMEN INFORMATION
SPECIMEN: LV340301F
REQUISITION: 00954919
Lab ref no:

COLLECTED: 2019/02/14 12:54
RECEIVED: 2019/02/14 12:55
REPORTED: 2019/02/19 14:43

PATIENT INFORMATION
John, Smith
DOB: September 11, 1984
AGE: 20
GENDER: Male
FASTING: Unknown

Clinical Info:

REPORT STATUS: FINAL

ORDERING PHYSICIAN
Jane, Doe
CLIENT INFORMATION
2019-02-19 14:43:00 -0800
Lab Testing API
280 Madison Avenue
Room 912, 9th Floor
New York, NY 10016

Test Name	Result	Flag	Reference Range	Lab
METABOLIC SYNDROME AND GLUCOSE CONTROL INCLUDING INSULIN				
METSYN RISK FACTOR	SEE NOTE	NORMAL		01

Metabolic Syndrome is defined by having three (3) or more of
the five (5) risk factors listed below. Metabolic syndrome
increases risk of diabetes, CVD (heart attack, stroke, etc.)
and liver disease.

Metabolic Syndrome Risk Factors:
Laboratory Measured
1. Triglycerides >= 150 mg/dL
2. HDL Cholesterol:
Men < 40 mg/dL
Women < 50 mg/dL
3. Fasting glucose >= than 100 mg/dL
Physician Provided
4. Waist size
Men > 37 inches (94 cm)
Women > 31.5 inches (80 cm)

GLUCOSE CONTROL	SEE NOTE	NORMAL		01

High blood glucose levels indicate pre-diabetes or diabetes.
Glucose levels are controlled by the hormone insulin. High
insulin levels, even when glucose levels are normal, are
associated with greater risk of diabetes and heart disease.

GLUCOSE	93	NORMAL	65-99 mg/dL	01
INSULIN, B CHAIN	<3.0	NORMAL	<13.7 uIU/mL	01

Fasting insulin levels less than 7.6 microIU/mL are below
the 75th percentile of the reference population. Insulin
levels above the 75th percentile are associated with a
higher risk of insulin resistance, diabetes and coronary
heart disease. The reference range is based on the 95th
percentile (observed) of a reference population of
unmedicated adults in the fasting state with a glucose of
<100 mg/dL. Insulin levels vary widely in specimens taken
from non-fasting individuals. Interpret results accordingly.
References: 1. Lorenzo et al. The metabolic syndrome as
predictor of type 2 diabetes: the San Antonio heart study.
Diabetes Care. 2003;26:3153 2. Zavaroni et al.
Hyperinsulinemia in a normal population as a predictor of
non-insulin-dependent diabetes mellitus, hypertension, and
coronary heart disease: the Barilla factory revisited.
Metabolism. 1999;48:989-94

Humalog (Lispro) is a known interference with this assay. If
Patient is taking this compound results may be artificially
elevated.

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

CHOLESTEROL, TOTAL	165	NORMAL	<200 mg/dL	01
TRIGLYCERIDES	62	NORMAL	<150 mg/dL	01
HDL CHOLESTEROL	51	NORMAL	>50 mg/dL	01

| LDL-CHOLESTEROL | 100 | HIGH | <100 mg/dL | 01 |

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
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

For additional information, please refer to
http://education.QuestDiagnostics.com/faq/FAQ164
(This link is being provided for informational/educational
purposes only.)

| CHOL/HDLC RATIO | 3.2 | NORMAL | <5.0 calc | 01 |
| NON HDL CHOLESTEROL | 114 | NORMAL | <130 mg/dL (calc) | 01 |

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.

Performing Laboratory Information:

01: Quest Diagnostics-Wood Dale, 1355 Mittel Blvd, Wood Dale IL, phone: , Medical Director: MD
Anthony V Thomas