

1100 West Commercial Blvd. Ft. Lauderdale, FL 33309 • 1-800-208-3444

BLOOD TEST

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LAB RESULTS

Last Name	Lab ID	Specim	en Number	Date & Time Collected	Date Entered	Date & Time Reported
EMANUELSON	140884	110-8	81-2766-0	4/20/2010 11:13 AM	4/20/2010	4/22/2010 4:12 PM
First Name	Middle Initial					
JERRY	L	(200	544-5440			
Date of Birth	Age	Sex	Fasting	Physician Name	Physician ID	
03/24/1948	62	М	Yes	PARDELL H	D27319	
	Address				Account Address	

LIFE EXTENSION / NATIONAL DIAGNOSTICS, INC 1100 WEST COMMERCIAL BLVD, FT. LAUDERDALE, FL 33309

Tests Ordered

CMP12+LP+6AC+CBC/D/Plt+PSA+...; Hemoglobin A1c; Testosterone, Serum; TSH; IGF-1; Vitamin D, 25-Hydroxy

EMANUELSON, JERRY - ID#: 140884

Tests	Result	Flag	Units	Reference Interval	Lab
MP12+LP+6AC+CBC/D/Plt+PSA+.					
Glucose, Serum	97		mg/dL	65-99	01
Uric Acid, Serum	4.9		mg/dL	2.4-8.2	01
BUN	12		mg/dL	5-26	01
Creatinine, Serum	0.97		mg/dL	0.76-1.27	01
eGFR	>59		mL/min/1.73	>59	01
eGFR AfricanAmerican	>59		mL/min/1.73	>59	01
BUN/Creatinine Ratio	proteinuria is prese www.kdoqi.org. 12	ent. Additional	l information may	be found at	01
BUN/Creatinine Ratio	12			8-27	01
Sodium, Serum	136		mmol/L	135-145	01
Potassium, Serum	4.2		mmol/L	3.5-5.2	01
Chloride, Serum	99		mmol/L	97-108	01
Calcium, Serum	9.1		mg/dL	8.6-10.2	01
Phosphorus, Serum	4.7	High	mg/dL	2.5-4.5	01
	Verified by repeat	t analysis			
Protein, Total, Serum	6.8		g/dL	6.0-8.5	01
Albumin, Serum	4.3		g/dL	3.6-4.8	01
Globulin, Total	2.5		g/dL	1.5-4.5	01
A/G Ratio	1.7			1.1-2.5	01

Name:

JERRY L EMANUELSON

Lab ID:

140884

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4/23/2010 6:00:12 AM



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Tests	Result	Flag Units	Reference Interval	Lab
CMP12+LP+6AC+CBC/D/Plt+PSA+				No.
Bilirubin, Total	0.5	mg/dL	0.1-1.2	01
	Effective April 26, reference interval wil Newborns, term and near 24 hours old: 48 hours old: 72 hours old: 96 hours to 1 month old Children 1 month and o Adults:	l be changing to: r term: 0.0 - 8.0 0.0 - 13.2 0.0 - 15.6 d: 0.0 - 16.6	, mg/dL	
	Panic value will be c		ts	
Allerline Dheenhatase S	>17.0 mg/dL will be c	alled as panics.	25-160	01
Alkaline Phosphatase, S LDH	136	IU/L	100-250	OI.
	29	IU/L	0-40	01
AST (SGOT)	31.	IU/L	0-55	01
ALT (SGPT)	30		0-65	OT
GGT		IU/L	40-155	OT OT
Iron, Serum	a	ug/dL		OT OT
Cholesterol, Total	122	mg/dL	100-199	-
Triglycerides	42	mg/dL	0-149	01
HDL Cholesterol	50	mg/dL	>39	01
	According to ATP-III G negative risk factor f		g/dL is considered a	
LDL Cholesterol Calc	64	mg/dL	0-99	01
T. Chol/HDL Ratio	2.4	ratio units		01
Estimated CHD Risk	< 0.5	times avg		01
	T. Chol/HDL Ratio Men Women 1/2 Avg.Risk 3.4 3 Avg.Risk 5.0 4.4 2X Avg.Risk 9.6 7. 3X Avg.Risk 23.4 11.	.3		
	factors affect CHD Ris	on the T. Chol/HDL rat k such as hypertension ty, and family history	, smoking, of pre-	
Homocyst(e)ine, Plasma	9.0	umol/L	0.0-15.0	01
Prostate Specific Ag, Serum	1.2 Roche ECLIA methodolog	ng/mL y	0.0-4.0	01
	decrease and remain at prostatectomy. The AUA PSA value 0.2 ng/mL or PSA value 0.2 ng/mL or Values obtained with d	undetectable levels a defines biochemical r greater followed by a greater. ifferent assay methods	tion, Serum PSA should fter radical ecurrence as an initial subsequent confirmatory or kits cannot be used ed as absolute evidence	

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Tests	Result	Flag	Units	Reference Interval	Lab
MP12+LP+6AC+CBC/D/Plt+PSA+					
	of the presence or	absence of mal	ignant disease.		
Free Testosterone(Direct)	11.5		pg/mL	6.6-18.1	02
DHEA-Sulfate	105.2		ug/dL	51.7-295.0	01
Estradiol	27.2		pg/mL	7.6-42.6	01
	Roche ECLIA methodo	logy			
C-Reactive Protein, Cardiac	2.02	1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	mg/L	0.00-3.00	01.
	Relative Risk for F	uture Cardiova <1.00	scular Event		
		- 3.00			
	High	>3.00			
MBC	5.1		x1.0E3/uL	4.0-10.5	01
RBC	4.51		x10E6/uL	4.20-6.00	01
lemoglobin	15.0		g/dL	13.0-18.0	01
lematocrit	44.7		%	37.0-55.0	01
MCV	99	High	fL.	80-98	01
MCH	33.3		pg	27.0-34.0	01
NCHC	33.6		g/dL	32.0-36.0	01
EDW	12.8		%	11.7-15.0	01
Platelets	240		x10E3/uL	140-415	01
leutrophils	52		%	40-74	01
ymphs	35		%	14-46	01
lonocytes	7		%	4-13	01
ios	6		%	0-7	01
asos	0		%	0-3	01
mmature Cells					01
leutrophils (Absolute)	2.7		x10E3/uL	1.8-7.8	01
ymphs (Absolute)	1.8		x10E3/uL	0.7-4.5	01
(lonocytes(Absolute)	0.4		x10E3/uL	0.1-1.0	01
ios (Absolute)	0.3		x10E3/uL	0.0-0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0-0.2	01
mmature Granulocytes					01
mmature Grans (Abs)					01
NRBC					01
lematology Comments:					01
emoglobin A1c					
lemoglobin A1c	5.9	High	%	4.8-5.6	01
	Increased risk for	diabetes:	5.7 -	6.4	
	Diabetes:			6.4	
estosterone, Serum	Glycemic control fo	r adults with	diabetes: <	7.0	
Testosterone, Serum	717		ng/dL	280-800	01
	/1/		rig/CL	250-000	· ·
<u>SH</u>	4 000		. 2011 / 1	0.450.4.500	~
TSH	1.290		uIU/mL	0.450-4.500	01

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Tests	Result	Flag	Units	Reference Interval	Lab
<u>IGF-1</u>					
Insulin-Like Growth Factor I	97		ng/mL	75-212	02
Vitamin D, 25-Hydroxy					
Vitamin D, 25-Hydroxy	44.7		ng/mL	32.0-100.0	, 01
	Recent studies cons threshold for optima Hollis BW. J Nutr. 2	al health.		g/mL to be a	

Facility	Director	Phone
LabCorp De	Ryan, Ryan PhD	800-795-3699
8490 Upland Drive, Englewood, CO, 801120000		
LabCorp Bu	Hancock, Hancock MD	800-762-4344
1447 York Court, Burlington, NC, 272153361		
For inquiries, the physician may contact the above locations.		
	LabCorp De 8490 Upland Drive, Englewood, CO, 801120000 LabCorp Bu 1447 York Court, Burlington, NC, 272153361	LabCorp De Ryan, Ryan PhD 8490 Upland Drive, Englewood, CO, 801120000 LabCorp Bu Hancock, Hancock MD 1447 York Court, Burlington, NC, 272153361

Thank you for ordering your lab tests through Life Extension/National Diagnostics, Inc. If you would like to discuss your results with one of our knowledgeable health advisors please call us at 1-800-208-3444. In order to ensure your privacy we ask that you have a copy of your results in front of you when making the call, as you will be asked to provide a specimen number or other identifier from the report. Our advisory team WILL NOT be able to review your lab results with you, unless you are able to provide this information from the report. We also understand that there are times when you will want to review a family members blood test results with our staff. Although Life Extension is happy to comply with these requests, permission (either verbally or in writing) must be given by the person who took the blood tests in order for us to do so. Thank you for your cooperation with these policies as we endeavor to keep your blood test results secure.

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