



## LAB RESULTS



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

Tests	Result	Flag	Units	Reference Interval	Lab
CMP12+LP+6AC+CBC/D/Plt+PSA+					
Glucose, Serum	90		mg/dL	65-99	MB
Uric Acid, Serum	6.2		mg/dL	3.7-8.6	MB
BUN	23	High	mg/dL	6-20	MB
Creatinine, Serum	1.38	High	mg/dL	0.76-1.27	MB
eGFR If NonAfricn Am	67		mL/min/1.73	>59	MB
eGFR If Africn Am	78		mL/min/1.73	>59	MB
BUN/Creatinine Ratio	17			9-20	MB
Sodium, Serum	142		mmol/L	134-144	MB
Potassium, Serum	4.5		mmol/L	3.5-5.2	MB
Chloride, Serum	100		mmol/L	96-106	MB
Calcium, Serum	9.9		mg/dL	8.7-10.2	MB
Phosphorus, Serum	3.5		mg/dL	2.5-4.5	MB
Protein, Total, Serum	6.8		g/dL	6.0-8.5	MB
Albumin, Serum	4.6		g/dL	3.5-5.5	MB
Globulin, Total	2.2		g/dL	1.5-4.5	MB
A/G Ratio	2.1			1.2-2.2	MB
Bilirubin, Total	0.8		mg/dL	0.0-1.2	MB
Alkaline Phosphatase, S	53		IU/L	39-117	MB
LDH	158		IU/L	121-224	MB







<b>Result</b> 40 8 <b>170</b> 133 55 51	Flag High High	Units IU/L IU/L IU/L ug/dL	0 0	e Interv 40 44	val	Lab MB
40 8 <b>170</b> 133 55	-	IU/L IU/L	0 0			
40 8 <b>170</b> 133 55	-	IU/L IU/L	0 0			
8 <b>170</b> 133 55	High	IU/L	0-	44		MD
<b>170</b> 133 55	High					MB
133 55	High	ug/dL		65		MB
55			38-	169		MB
		mg/dL	100	-199		MB
51		mg/dL	t-0	149		MB
		mg/dL	>	39		MB
71		mg/dL	0-	99		MB
						MB
2.6		ratio units	0.0	-5.0		MB
			T. Chol/HDL	Ratio		
				Men		
			-			
					7.1	
			3X Avg.Risk	23.4	11.0	
< 0.5		times avg.				MB
			T. Chol/HDL		Manaa	
			1/2 Avg.Risk			
			-		4.4	
			-		7.1	
			3X Avg.Risk	23.4		
		ere obesity, a	nd family histo	ryof		
						MB
	J - ]	ng/mL	0.0-	-4.0		MB
oche ECLIA metho	dology.					
decrease and prostatectomy PSA value 0.2 PSA value 0.2 Values obtaine interchangeab	remain at undete The AUA define ng/mL or greate ng/mL or greate ed with different ly. Results cann	ectable levels as biochemical ar followed by ar. nt assay methon not be interpro	after radical recurrence as a subsequent c ds or kits cann eted as absolut	an ini onfirm ot be u	tial atory used	
18.1		pg/mL	8.7-	25.1		BN
391.9		ug/dL	138.5	-475.2		MB
30.7		pg/mL	7.6-	42.6		MB
	dology					
0.13		mg/L				MB
	Relative	Risk for Futu		ar Eve		
			LOW Average	1.00		
			High		>3.00	
4.9		x10E3/uL	3.4-	10.8		MB
5.23		x10E6/uL	4.14	-5.80		MB
15.7		g/dL	12.6	-17.7		MB
	<ul> <li>&lt; 0.5</li> <li>12.5 0.4</li> <li>oche ECLIA method</li> <li>According to f decrease and f prostatectomy</li> <li>PSA value 0.2</li> <li>PSA value 0.2</li> <li>Values obtainsinterchangeab of the present</li> <li>18.1 391.9 30.7</li> <li>oche ECLIA method</li> <li>0.13</li> <li>4.9</li> <li>5.23</li> </ul>	<pre>&lt; 0.5 The CHD Risk : factors affect diabetes, seve mature CHD. 12.5 0.4 oche ECLIA methodology. According to the American Urd decrease and remain at undete prostatectomy. The AUA define PSA value 0.2 ng/mL or greate Values obtained with differe interchangeably. Results cam of the presence or absence of 18.1 391.9 30.7 oche ECLIA methodology 0.13 Relative 4.9 5.23</pre>	< 0.5 times avg.          The CHD Risk is based on the factors affect CHD Risk such diabetes, severe obesity, and mature CHD.         12.5       umol/L         0.4       ng/mL         oche ECLIA methodology.         According to the American Urological Associadecrease and remain at undetectable levels prostatectomy. The AUA defines biochemical PSA value 0.2 ng/mL or greater followed by PSA value 0.2 ng/mL or greater.         Values obtained with different assay method interchangeably. Results cannot be interpresent of the presence or absence of malignant dia 18.1         18.1       pg/mL and gg/mL	T. Chol/HDL: 1/2 Avg.Risk Avg.Risk 2X Avg.Risk 2X Avg.Risk 2X Avg.Risk 3X Avg.Risk 2X Avg.Risk 3X Avg.Risk 2X Avg.Risk 2X Avg.Risk 2X Avg.Risk 2X Avg.Risk 2X Avg.Risk 3X Avg	T. Chol/HDL Ratio Men 1/2 Avg.Risk 3.4 Avg.Risk 3.4 Avg.Risk 23.4 < 0.5 times avg. 0.0-1.0 T. Chol/HDL Ratio Men 1/2 Avg.Risk 23.4 Men 1/2 Avg.Risk 3.4 Avg.Risk 5.0 2X Avg.Risk 9.6 3X Avg.Risk 23.4 The CHD Risk is based on the T. Chol/HDL ratio. factors affect CHD Risk such as hypertension, sm diabetes, severe obesity, and family history of mature CHD. 12.5 urnol/L 0.0-15.0 0.4 ng/mL 0.0-4.0 bothe ECLIA methodology. According to the American Urological Association, Serum PSA sho decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an ini PSA value 0.2 ng/mL or greater followed by a subsequent confirm PSA value 0.2 ng/mL or greater. Values obtained with different assay methods or kits cannot be interchangeably. Results cannot be interpreted as absolute evid of the presence or absence of malignant disease. 18.1 pg/mL 7.6-42.6 oche ECLIA methodology 0.13 mg/L 0.00-3.00 Relative Risk for Future Cardiovascular Eve Low Average 1.00 High 4.9 X10E3/uL 3.4+10.8 5.23 X10E6/uL 4.14+5.80	T. Chol/HDL Ratio Men Women 1/2 Avg.Risk 5.0 4.4 2X Avg.Risk 5.0 4.4 2X Avg.Risk 9.6 7.1 3X Avg.Risk 23.4 11.0 T. Chol/HDL Ratio Men Women 1/2 Avg.Risk 3.4 3.3 Avg.Risk 5.0 4.4 2X Avg.Risk 5.0 4.4 2X Avg.Risk 9.6 7.1 3X Avg.Risk 9.6 7.1 4.1 4.1 4.1 4.1 4.1 4.1 4.1 4

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Tests	Result	Flag	Units	Reference Interval	Lab
CMP12+LP+6AC+CBC/D/Plt+PSA+					
Hematocrit	47.8		%	37.5-51.0	MB
MCV	91		fL	79-97	MB
МСН	30.0		pg	26.6-33.0	MB
МСНС	32.8		g/dL	31.5-35.7	MB
RDW	15.9	High	%	12.3-15.4	MB
Platelets	192	-	x10E3/uL	150-379	MB
Neutrophils	60		%		MB
Lymphs	31		%		MB
Monocytes	6		%		MB
Eos	3		%		MB
Basos	0		%		MB
Immature Cells					MB
Neutrophils (Absolute)	2.9		x10E3/uL	1.4-7.0	MB
Lymphs (Absolute)	1.5		x10E3/uL	0.7-3.1	MB
Monocytes(Absolute)	0.3		x10E3/uL	0.1-0.9	MB
Eos (Absolute)	0.2		x10E3/uL	0.0-0.4	MB
Baso (Absolute)	0.0		x10E3/uL	0.0-0.2	MB
Immature Granulocytes	0		%		MB
Immature Grans (Abs)	0.0		x10E3/uL	0.0-0.1	MB
NRBC			,		MB
Hematology Comments:					MB
Urinalysis, Routine					
Specific Gravity	1.022			1.005-1.030	MB
pH	6.5			5.0-7.5	MB
Urine-Color	Yellow			Yellow	MB
Appearance	Clear			Clear	MB
WBC Esterase	Negative			Negative	MB
Protein	Negative			Negative/Trace	MB
Glucose	Negative			Negative	MB
Ketones	Negative			Negative	MB
Occult Blood	Negative			Negative	MB
Bilirubin	Negative			Negative	MB
Urobilinogen,Semi-Qn	0.2		mg/dL	0.2-1.0	MB
Nitrite, Urine	Negative		ing/ de	Negative	MB
Microscopic Examination	Comment			negutive	MB
	Microscopic not ind	icated and no	t performed.		
<u> Testosterone, Serum</u>	-				
Testosterone, Serum	517		ng/dL	348-1197	MB
Comment:	Comment				MB
	Adult male referenc		based on a popul	lation of lean males	
	up to 40 years	old.			
<u>Dihydrotestosterone</u>					
Dihydrotestosterone	12	Low	ng/dL		ES
	Reference Range:	95			
	Adult Male: 30	- 00			

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	Tests	Result	Flag	Units	Reference Interval	Lab
Hemoglobin A1c						
Hemoglobin A1c		5.1		%	4.8-5.6	MB
<u>TSH</u>		Diabet	iabetes: 5.7 - tes: >6.4 nic control for	6.4 adults with di	abetes: <7.0	
TSH		2.530		uIU/mL	0.450-4.500	МВ
Vitamin D, 25-Hyd	droxv	2.550		dio,me	0.100 1.000	110
Vitamin D, 25-H		26.8	Low	ng/mL	30.0-100.0	MB
		<ul> <li>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).</li> <li>1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.</li> <li>2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice quideline. JCEM. 2011 Jul; 96(7):1911-30.</li> </ul>				
		J	JCEM. 2011 Jul;	96(7):1911-30.		
Lab		Facility	JCEM. 2011 Jul;	96(7):1911-30. Direct	or Pho	ne
	abCorp B	-	JCEM. 2011 Jul;		or Pho 205-581	
MB La	abCorp B 801 First Avenue South, Bi	Facility	JCEM. 2011 Jul;	Direct		

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 For inquiries, the physician may contact the above locations.
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