

PATIENT INFORMATION
ERICSON, CARL

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 702.733.3700

DOB: 11/06/1961 Age: 50Y
 GENDER: M

ORDERING PHYSICIAN

MISC. DR

SPECIMEN INFORMATION

SPECIMEN: 01525268
 REQUISITION: A42692074
 LAB REF NO:

PHONE: 7025383486

CLIENT INFORMATION

70000
 QUEST DIAGNOSTICS
 4230 BURNHAM AVE
 LAS VEGAS, NV 89119

COLLECTED: 01/09/2012 00:00
 RECEIVED: 01/09/2012 19:04
 REPORTED: 01/10/2012 15:06

Test Name	In Range	Out of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL				
Glucose, Fasting	67		65-99 mg/dL	
BUN	14		7-25 mg/dL	
Creatinine	0.93		0.76-1.46 mg/dL	
Calcium		8.3 L	8.6-10.2 mg/dL	
Total Protein		9.4 H	6.2-8.3 g/dL	
Albumin		3.4 L	3.6-5.1 g/dL	
Total Bilirubin	0.6		0.2-1.2 mg/dL	
Alkaline Phosphatase	114		40-115 IU/L	
AST (SGOT)	30		10-35 IU/L	
ALT (SGPT)	26		9-60 IU/L	
Sodium		134 L	135-146 meq/L	
Potassium	4.6		3.5-5.3 meq/L	
Chloride	104		98-110 meq/L	
CO2		20 L	21-33 meq/L	
eGFR African American	111		>59	
eGFR Non-AFR. American	95		>59	
Glucose reference range reflects a fasting state. For non-fasting patients glucose reference range is 65 - 139 mg/dL.				
CBC (INCLUDES DIFF/PLATELETS)				
WBC	8.0		3.8-10.8 k/uL	
RBC		4.14 L	4.20-5.80 m/uL	
Hemoglobin	13.2		13.2-17.1 g/dL	
Hematocrit		37.9 L	38.5-50.0 %	
MCV	91.6		80.0-100.0 fl	
MCH	32.0		27.0-33.0 pg	
MCHC	35.0		32.0-36.0 g/dL	
Red Cell Distribution	13.8		11.0-15.0 %	
Platelet Count	193		140-400 k/uL	
Mean Platelet Volume	10.8		7.5-11.5 fl	
Segmented Neutrophils	53.1		42.0-71.0 %	
Lymphocytes	34.1		24.0-44.0 %	
Monocytes	6.1		2.0-12.0 %	
Eosinophils	5.4		0.0-8.0 %	
Basophils	1.3		0.0-2.0 %	

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Test Name	In Range	Out of Range	Reference Range	Lab
COMMENT				
COMMENT	SEE NOTE			01
One or more test(s) on this accession were ordered without a specific test code. In order to avoid testing delays, we have ordered our most basic test(s)/profile. The test results indicate test(s)/profile that we performed. If you desired either more or less testing, please immediately contact Client Services at 733-3700.				

PATIENT COMMENTS:

PATIENT FASTING.

Only one form of patient ID was present on one or more sample(s); two forms of patient ID are required by the College of American Pathologists (CAP).

CLINIC: CRESCENT HEALTH CARE- CHRONIC

DOCTOR: DR LISA COHEN

ADDRESS: 11980 TELEGRAPH RD STE 102

ADDRESS: .

CITY, STATE, ZIP: SANTA FE SPRING, CA 90670-6087

PHONE: 877-872-4844

FAX: NOT GIVEN

PLEASE FAX RESULTS TO:

702-247-1295

Performing Laboratory Information:

01 QUEST DIAGNOSTICS, INC 4230 S BURNHAM AVE, STE 250 LAS VEGAS NV 89119