PATIENT INFORMATION:

Alexandru Turca

Phone (H):
DOB:
Gender: Male **Age:** 24
Patient ID: 82617501

STATUS: **Final**

Source: Quest
Collection Date: 12/18/2025 05:37 PM UTC
Time Reported: 01/03/2026 12:11 AM UTC
Received: 01/03/2026 01:07 AM UTC
Accession Number: SZ852928W
Lab Ref #: 2612178

ORDERING PHYSICIAN:

Joshua A Emdur, D.O.

600 Congress Avenue
Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
FASTING:YES				
FASTING: YES				
IRON, TIBC AND FERRITIN PANEL Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
IRON, TOTAL	180		50-195 mcg/dL	UL
IRON BINDING CAPACITY	386		250-425 mcg/dL (calc)	UL
% SATURATION	47		20-48 % (calc)	UL
FERRITIN		**30 L**	38-380 ng/mL	UL
LIPID PANEL, STANDARD Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
CHOLESTEROL, TOTAL	154		<200 mg/dL	UL
HDL CHOLESTEROL	66		> OR = 40 mg/dL	UL
TRIGLYCERIDES	54		<150 mg/dL	UL
LDL-CHOLESTEROL	75		mg/dL (calc)	UL
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 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	2.3		<5.0 (calc)	UL
NON HDL CHOLESTEROL	88		<130 mg/dL (calc)	UL
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.				
LIPOPROTEIN (a) Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
LIPOPROTEIN (a)	<10		nmol/L	EN
Verified by repeat analysis. Reference Range <75 Risk: Optimal <75 Moderate 75-125				

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Test	In Range	Out Of Range	Reference Range	Lab
High	>125			
Cardiovascular event risk category cut points (optimal, moderate, high) are based on Tsimika S. JACC 2017;69:692-711.				
GGT Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
GGT	16		3-70 U/L	UL
URIC ACID Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
URIC ACID	5.1		4.0-8.0 mg/dL	UL
Therapeutic target for gout patients: <6.0 mg/dL				
COMPREHENSIVE METABOLIC PANEL Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
GLUCOSE	93		65-99 mg/dL	UL
Fasting reference interval				
UREA NITROGEN (BUN)	13		7-25 mg/dL	UL
CREATININE	0.93		0.60-1.24 mg/dL	UL
EGFR	118		> OR = 60 mL/min/1.73m2	UL
BUN/CREATININE RATIO	14		6-22 (calc)	UL
SODIUM	139		135-146 mmol/L	UL
POTASSIUM	4.3		3.5-5.3 mmol/L	UL
CHLORIDE	101		98-110 mmol/L	UL
CARBON DIOXIDE	28		20-32 mmol/L	UL
CALCIUM	9.9		8.6-10.3 mg/dL	UL
PROTEIN, TOTAL	7.4		6.1-8.1 g/dL	UL
ALBUMIN	5.0		3.6-5.1 g/dL	UL
GLOBULIN	2.4		1.9-3.7 g/dL (calc)	UL
ALBUMIN/GLOBULIN RATIO	2.1		1.0-2.5 (calc)	UL
BILIRUBIN, TOTAL	1.0		0.2-1.2 mg/dL	UL
ALKALINE PHOSPHATASE	49		36-130 U/L	UL
AST		**41 H**	10-40 U/L	UL
ALT		**68 H**	9-46 U/L	UL
ALBUMIN, RANDOM URINE W/O CREATININE Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
ALBUMIN, URINE	0.2		See Note: mg/dL	UL

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Test	In Range	Out Of Range	Reference Range	Lab

Reference Range:

Reference Range
Not established

RAM UL

The ADA defines abnormalities in albumin excretion as follows:

Albuminuria Category	Result (mg/g creatinine)
Normal to Mildly increased	<30
Moderately increased	30-299
Severely increased	> OR = 300

The ADA recommends that at least two of three specimens collected within a 3-6 month period be abnormal before considering a patient to be within a diagnostic category.

OMEGACHECK(R) Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

Test	In Range	Out Of Range	Reference Range	Lab
EPA+DPA+DHA		**2.6 L**	>5.4 % by wt	EZ

Relative Risk Categories:
Optimal: > or = 5.5
Moderate: 3.8-5.4
High: < or = 3.7

Increasing blood levels of long-chain n-3 fatty acids are associated with a lower risk of sudden cardiac death (1). Based on the top (75th percentile) and bottom (25th percentile) quartiles of the Quest Diagnostics reference population, the following relative risk categories were established for OmegaCheck: A cut-off of > or = 5.5% by wt defines a population at optimal relative risk, 3.8-5.4% by wt defines a population at moderate relative risk, and < or = 3.7% by wt defines a population at high relative risk of sudden cardiac death. The totality of the scientific evidence demonstrates that when consumption of fish oils is limited to 3 g/day or less of EPA and DHA, there is no significant risk for increased bleeding time beyond the normal range. A daily dosage of 1 gram of EPA and DHA lowers the circulating triglycerides by about 7-10% within 2

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Test	In Range	Out Of Range	Reference Range	Lab
to 3 weeks. (Reference: 1-Albert et al. NEJM. 2002; 346:1113-1118).				
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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.				
ARACHIDONIC ACID/EPA RATIO	36.9		3.7-40.7	EZ
OMEGA-6/OMEGA-3 RATIO	13.6		3.7-14.4	EZ
OMEGA-3 TOTAL	2.6		% by wt	EZ
EPA	0.3		0.2-2.3 % by wt	EZ
DPA		**0.7 L**	0.8-1.8 % by wt	EZ
DHA	1.7		1.4-5.1 % by wt	EZ
OMEGA-6 TOTAL	35.7		% by wt	EZ
Quest Diagnostics measures a number of omega-6 fatty acids with AA and LA being the two most abundant forms reported.				
ARACHIDONIC ACID	9.1		8.6-15.6 % by wt	EZ
LINOLEIC ACID	21.2		18.6-29.5 % by wt	EZ
LEPTIN Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
LEPTIN	1.0		ng/mL	EZ

Reference Ranges for Leptin:

Adult Lean Subjects (18-71 years) with BMI range of 18-25:

Males: 0.3-13.4 ng/mL
Females: 4.7-23.7 ng/mL

Adult Subjects (19-60 years) with BMI range of 25-30:

Males: 1.8-19.9 ng/mL
Females: 8.0-38.9 ng/mL

Pediatric Reference Ranges for Leptin:

5-9.9 years: 0.6-16.8 ng/mL
10-13.9 years: 1.4-16.5 ng/mL
14-17.9 years: 0.6-24.9 ng/mL

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Test	In Range	Out Of Range	Reference Range	Lab

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METHYLMALONIC ACID Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

METHYLMALONIC ACID		262	55-335 nmol/L	EZ

Serum methylmalonic acid (MMA) levels are used to diagnose and monitor several rare inborn errors of metabolism, including methylmalonic aciduria. The enzymatic conversion of MMA to succinic acid requires vitamin B12 (adenosyl-cobalamin) as a cofactor. Serum MMA levels are also used for assessing functional vitamin B12 deficiency. Vitamin B12 is essential for fetal neurodevelopment, particularly early in pregnancy. Undiagnosed maternal vitamin B12 deficiency may be associated with adverse fetal/neonatal outcomes, such as neural tube defects and intrauterine growth restriction.

Quest Diagnostics utilized Multi-Modal Decomposition (MMD) analysis to establish first and second trimester-specific MMA reference intervals in pregnancy, as given below:

MMA, First trimester (<13 wks gestation): 58-167 nmol/L
MMA, Second trimester (13-23 wks gestation): 63-241 nmol/L

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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.

TESTOSTERONE, FREE (DIALYSIS) AND TOTAL (MS) Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

TESTOSTERONE, TOTAL, MS		491	250-1100 ng/dL	EZ

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

TESTOSTERONE, FREE		87.5	35.0-155.0 pg/mL	EZ

This test was developed and its analytical performance

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Test	In Range	Out Of Range	Reference Range	Lab
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URINALYSIS, COMPLETE Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

COLOR	YELLOW		YELLOW	UL
APPEARANCE	CLEAR		CLEAR	UL
SPECIFIC GRAVITY	1.006		1.001-1.035	UL
PH	7.5		5.0-8.0	UL
GLUCOSE	NEGATIVE		NEGATIVE	UL
BILIRUBIN	NEGATIVE		NEGATIVE	UL
KETONES	NEGATIVE		NEGATIVE	UL
OCCULT BLOOD	NEGATIVE		NEGATIVE	UL
PROTEIN	NEGATIVE		NEGATIVE	UL
NITRITE	NEGATIVE		NEGATIVE	UL
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	UL
WBC	NONE SEEN		< OR = 5 /HPF	UL
RBC	NONE SEEN		< OR = 2 /HPF	UL
SQUAMOUS EPITHELIAL CELLS	NONE SEEN		< OR = 5 /HPF	UL
BACTERIA	NONE SEEN		NONE SEEN /HPF	UL
HYALINE CAST	NONE SEEN		NONE SEEN /LPF	UL
NOTE				UL

This urine was analyzed for the presence of WBC, RBC, bacteria, casts, and other formed elements. Only those elements seen were reported.

CBC (INCLUDES DIFF/PLT) Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

WHITE BLOOD CELL COUNT	4.1		3.8-10.8 Thousand /uL	UL
RED BLOOD CELL COUNT	5.19		4.20-5.80 Million/uL	UL
HEMOGLOBIN	15.4		13.2-17.1 g/dL	UL
HEMATOCRIT	46.5		39.4-51.1 %	UL
MCV	89.6		81.4-101.7 fL	UL
MCH	29.7		27.0-33.0 pg	UL
MCHC	33.1		31.6-35.4 g/dL	UL
RDW	12.7		11.0-15.0 %	UL
PLATELET COUNT	305		140-400 Thousand /uL	UL
MPV	11.7		7.5-12.5 fL	UL
ABSOLUTE NEUTROPHILS	2009		1500-7800 cells/uL	UL

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Test	In Range	Out Of Range	Reference Range	Lab
ABSOLUTE LYMPHOCYTES	1640		850-3900 cells/uL	UL
ABSOLUTE MONOCYTES	373		200-950 cells/uL	UL
ABSOLUTE EOSINOPHILS	29		15-500 cells/uL	UL
ABSOLUTE BASOPHILS	49		0-200 cells/uL	UL
NEUTROPHILS	49		%	UL
LYMPHOCYTES	40.0		%	UL
MONOCYTES	9.1		%	UL
EOSINOPHILS	0.7		%	UL
BASOPHILS	1.2		%	UL

ANA SCREEN, IFA, W/REFL TITER AND PATTERN Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

ANA SCREEN, IFA	NEGATIVE	NEGATIVE	EN

```
ANA IFA is a first line screen for detecting the
presence of up to approximately 150 autoantibodies in
various autoimmune diseases. A negative ANA IFA result
suggests an ANA-associated autoimmune disease is not
present at this time, but is not definitive. If there
is high clinical suspicion for Sjogren's syndrome,
testing for anti-SS-A/Ro antibody should be considered.
Anti-Jo-1 antibody should be considered for clinically
suspected inflammatory myopathies.

AC-0: Negative

International Consensus on ANA Patterns
(https://doi.org/10.1515/cclm-2018-0052)

For additional information, please refer to
http://education.QuestDiagnostics.com/faq/FAQ177
(This link is being provided for informational/
educational purposes only.)
```

HS CRP Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

HS CRP	0.2	mg/L	UL

```
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
```

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Test	In Range	Out Of Range	Reference Range	Lab

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.

RHEUMATOID FACTOR Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

RHEUMATOID FACTOR	<10		<14 IU/mL	UL

CORTISOL, TOTAL, LC/MS Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

CORTISOL, TOTAL, LC/MS	8.2		mcg/dL	EZ

Adult Reference Ranges for Cortisol, Total:

8-10 AM 4.6-20.6 mcg/dL
4-6 PM 1.8-13.6 mcg/dL

Cortisol Response to ACTH
Peak >20.0 mcg/dL
Peak >16.0 mcg/dL after IM injection

This test was developed and its analytical performance
characteristics have been determined by Quest Diagnostics.
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used for clinical purposes.

THYROID PEROXIDASE AND THYROGLOBULIN ANTIBODIES Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

THYROGLOBULIN ANTIBODIES	<1		< or = 1 IU/mL	EN
THYROID PEROXIDASE ANTIBODIES	<1		<9 IU/mL	EN

HOMOCYSTEINE Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

HOMOCYSTEINE		**14.3 H**	< or = 12.9 umol/L	UL

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Test	In Range	Out Of Range	Reference Range	Lab
Homocysteine is increased by functional deficiency of folate or vitamin B12. Testing for methylmalonic acid differentiates between these deficiencies. Other causes of increased homocysteine include renal failure, folate antagonists such as methotrexate and phenytoin, and exposure to nitrous oxide. Selhub J, et al., Ann Intern Med. 1999;131(5):331-9.				
DHEA SULFATE Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
DHEA SULFATE		461	74-617 mcg/dL	EN
INSULIN Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
INSULIN		5.8	uIU/mL	EN
Reference Range < or = 18.4 Risk: Optimal < or = 18.4 Moderate NA High >18.4 Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on Insulin Reference Interval studies performed at Quest Diagnostics in 2022.				
SEX HORMONE BINDING GLOBULIN Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
SEX HORMONE BINDING GLOBULIN		23	10-50 nmol/L	EN
FSH Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
FSH		2.5	1.4-12.8 mIU/mL	UL
LH Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
LH		2.8	1.5-9.3 mIU/mL	UL
PROLACTIN Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
PROLACTIN		7.3	2.0-18.0 ng/mL	UL
T4, FREE Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
T4, FREE		1.3	0.8-1.8 ng/dL	UL
TSH Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
TSH		0.85	0.40-4.50 mIU/L	UL
RESPIRATORY ALLERGY PROFILE REGION XIV Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:				

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Test	In Range	Out Of Range	Reference Range	Lab
39 PM UTC				
DERMATOPHAGOIDES PTERONYSSINUS (D1) IGE	<0.10		kU/L	UL
CLASS	0			UL
DERMATOPHAGOIDES FARINAE (D2) IGE	<0.10		kU/L	UL
CLASS	0			UL
PENICILLIUM NOTATUM (M1) IGE	<0.10		kU/L	UL
CLASS	0			UL
CLADOSPORIUM HERBARUM (M2) IGE	<0.10		kU/L	UL
CLASS	0			UL
ASPERGILLUS FUMIGATUS (M3) IGE	<0.10		kU/L	UL
CLASS	0			UL
ALTERNARIA ALTERNATA (M6) IGE	<0.10		kU/L	UL
CLASS	0			UL
CAT DANDER (E1) IGE	<0.10		kU/L	UL
CLASS	0			UL
DOG DANDER (E5) IGE	<0.10		kU/L	UL
CLASS	0			UL
COCKROACH (I6) IGE	<0.10		kU/L	UL
CLASS	0			UL
ALDER (T2) IGE	<0.10		kU/L	UL
CLASS	0			UL
BIRCH (T3) IGE	<0.10		kU/L	UL
CLASS	0			UL
MOUNTAIN CEDAR (T6) IGE	<0.10		kU/L	UL
CLASS	0			UL
OLIVE TREE (T9) IGE	<0.10		kU/L	UL
CLASS	0			UL
SYCAMORE (T11) IGE	<0.10		kU/L	UL
CLASS	0			UL
OAK (T7) IGE	<0.10		kU/L	UL
CLASS	0			UL
ELM (T8) IGE	<0.10		kU/L	UL
CLASS	0			UL
WHITE MULBERRY (T70) IGE	<0.10		kU/L	UL
CLASS	0			UL
BERMUDA GRASS (G2) IGE	<0.10		kU/L	UL
CLASS	0			UL

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Test	In Range	Out Of Range	Reference Range	Lab
TIMOTHY GRASS (G6) IGE	<0.10		kU/L	UL
CLASS	0			UL
COMMON RAGWEED (SHORT) (W1) IGE	<0.10		kU/L	UL
CLASS	0			UL
MUGWORT (W6) IGE	<0.10		kU/L	UL
CLASS	0			UL
RUSSIAN THISTLE (W11) IGE	<0.10		kU/L	UL
CLASS	0			UL
ROUGH PIGWEED (W14) IGE	<0.10		kU/L	UL
CLASS	0			UL
MOUSE URINE PROTEINS (E72) IGE	<0.10		kU/L	UL
CLASS	0			UL
IMMUNOGLOBULIN E	76		<OR=114 kU/L	UL

INTERPRETATION Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

INTERPRETATION UL

Specific IGE Class	kU/L	Level of Allergen Specific IGE Antibody
0	<0.10	Absent/Undetectable
0/1	0.10-0.34	Very Low Level
1	0.35-0.69	Low Level
2	0.70-3.49	Moderate Level
3	3.50-17.4	High Level
4	17.5-49.9	Very High Level
5	50-100	Very High Level
6	>100	Very High Level

The clinical relevance of allergen results of 0.10-0.34 kU/L are undetermined and intended for specialist use.

Allergens denoted with a "**" include results using one or more analyte specific reagents. In those cases, the test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

PATIENT INFORMATION:

Alexandru Turca

Phone (H):
DOB:
Gender: Male **Age:** 24
Patient ID: 82617501

STATUS: **Final**

Source: Quest
Collection Date: 12/18/2025 05:37 PM UTC
Time Reported: 01/03/2026 12:11 AM UTC
Received: 01/03/2026 01:07 AM UTC
Accession Number: SZ852928W
Lab Ref #: 2612178

ORDERING PHYSICIAN:

Joshua A Emdur, D.O.

600 Congress Avenue
Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
T3, FREE Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
T3, FREE	3.7		2.3-4.2 pg/mL	UL
ESTRADIOL Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
ESTRADIOL	<30		< OR = 39 pg/mL	UL

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.

PSA (FREE AND TOTAL) Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC				
PSA, TOTAL	0.5		< OR = 4.0 ng/mL	EN
PSA, FREE	0.3		ng/mL	EN
PSA, % FREE	60		>25 % (calc)	EN

PSA(ng/mL)	Free PSA(%)	Estimated(x) Probability of Cancer(as%)
0-2.5	(*)	Approx. 1
2.6-4.0(1)	0-27(2)	24(3)
4.1-10(4)	0-10	56
	11-15	28
	16-20	20
	21-25	16
	>or =26	8
>10(+)	N/A	>50

References:(1)Catalona et al.:Urology 60: 469-474 (2002)
(2)Catalona et al.:J.Urol 168: 922-925 (2002)

Free PSA(%)	Sensitivity(%)	Specificity(%)
< or = 25	85	19
< or = 30	93	9

PATIENT INFORMATION:

Alexandru Turca

Phone (H):
DOB:
Gender: Male **Age:** 24
Patient ID: 82617501

STATUS: **Final**

Source: Quest
Collection Date: 12/18/2025 05:37 PM UTC
Time Reported: 01/03/2026 12:11 AM UTC
Received: 01/03/2026 01:07 AM UTC
Accession Number: SZ852928W
Lab Ref #: 2612178

ORDERING PHYSICIAN:

Joshua A Emdur, D.O.

600 Congress Avenue
Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab

(3)Catalona et al.:JAMA 277: 1452-1455 (1997)
(4)Catalona et al.:JAMA 279: 1542-1547 (1998)

(x)These estimates vary with age, ethnicity, family history and DRE results.
(*)The diagnostic usefulness of % Free PSA has not been established in patients with total PSA below 2.6 ng/mL
(+)In men with PSA above 10 ng/mL, prostate cancer risk is determined by total PSA alone.

The Total PSA value from this assay system is standardized against the equimolar PSA standard. The test result will be approximately 20% higher when compared to the WHO-standardized Total PSA (Siemens assay). Comparison of serial PSA results should be interpreted with this fact in mind.

PSA was performed using the Beckman Coulter Immunoassay method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

VITAMIN D,25-OH,TOTAL,IA Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

VITAMIN D,25-OH,TOTAL,IA		**27**	**L**	30-100 ng/mL	UL

Vitamin D Status — 25-OH Vitamin D:

Deficiency: <20 ng/mL
Insufficiency: 20 - 29 ng/mL
Optimal: > or = 30 ng/mL

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).

See Note 1

APOLIPOPROTEIN B Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

APOLIPOPROTEIN B		59		mg/dL	EN

Reference Range <90

PATIENT INFORMATION:

Alexandru Turca

Phone (H):
DOB:
Gender: Male **Age:** 24
Patient ID: 82617501

STATUS: **Final**

Source: Quest
Collection Date: 12/18/2025 05:37 PM UTC
Time Reported: 01/03/2026 12:11 AM UTC
Received: 01/03/2026 01:07 AM UTC
Accession Number: SZ852928W
Lab Ref #: 2612178

ORDERING PHYSICIAN:

Joshua A Emdur, D.O.

600 Congress Avenue
Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab

```
      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 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).
```

AMYLASE Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

AMYLASE		62	21-101 U/L	UL

LIPASE Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

LIPASE		23	7-60 U/L	UL

HEMOGLOBIN A1c Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

HEMOGLOBIN A1c		5.3	<5.7 %	UL

```
      For the purpose of screening for the presence of
      diabetes:

      <5.7%       Consistent with the absence of diabetes
      5.7-6.4%    Consistent with increased risk for diabetes
                  (prediabetes)
      > or =6.5%  Consistent with diabetes

      This assay result is consistent with a decreased risk
      of diabetes.

      Currently, no consensus exists regarding use of
      hemoglobin A1c for diagnosis of diabetes in children.

      According to American Diabetes Association (ADA)
      guidelines, hemoglobin A1c <7.0% represents optimal
      control in non-pregnant diabetic patients. Different
```

PATIENT INFORMATION:

Alexandru Turca

Phone (H):
DOB:
Gender: Male **Age:** 24
Patient ID: 82617501

STATUS: **Final**

Source: Quest
Collection Date: 12/18/2025 05:37 PM UTC
Time Reported: 01/03/2026 12:11 AM UTC
Received: 01/03/2026 01:07 AM UTC
Accession Number: SZ852928W
Lab Ref #: 2612178

ORDERING PHYSICIAN:

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600 Congress Avenue
Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).				

ZINC Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

ZINC		82	60-130 mcg/dL	EN

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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.

LEAD (VENOUS) Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

LEAD (VENOUS)		<1.0	<3.5 mcg/dL	EN

No safe blood lead level (BLL) in children has been identified.

Blood lead levels above 3.5 mcg/dL have been associated with adverse health effects in all age groups. Patient management varies by age and CDC Blood Lead Level range. Refer to the CDC website regarding Lead Publications/Case Management for recommended interventions.

See Note 2

Note 1

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

Note 2

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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.

ABO GROUP AND RH TYPE Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

ABO GROUP		O		UL
RH TYPE		RH(D) POSITIVE		UL

PATIENT INFORMATION:

Alexandru Turca

Phone (H):
DOB:
Gender: Male **Age:** 24
Patient ID: 82617501

STATUS: **Final**

Source: Quest
Collection Date: 12/18/2025 05:37 PM UTC
Time Reported: 01/03/2026 12:11 AM UTC
Received: 01/03/2026 01:07 AM UTC
Accession Number: SZ852928W
Lab Ref #: 2612178

ORDERING PHYSICIAN:

Joshua A Emdur, D.O.

600 Congress Avenue
Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab

For additional information, please refer to
http://education.QuestDiagnostics.com/faq/FAQ111
(This link is being provided for informational/
educational purposes only.)

MAGNESIUM, RBC Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

MAGNESIUM, RBC	5.3		4.0-6.4 mg/dL	Z3E

(Note)
This test was developed and its analytical performance
characteristics have been determined by Quest Diagnostics.
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
med fusion
2501 South State Highway 121,Suite 1100
Lewisville TX 75067
972-966-7300
Ithiel James L. Frame, MD, PhD

MERCURY, BLOOD Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

MERCURY, BLOOD	<5		<11 mcg/L	Z3E

(Note)
This test was developed and its analytical performance
characteristics have been determined by Quest Diagnostics.
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
med fusion
2501 South State Highway 121,Suite 1100
Lewisville TX 75067
972-966-7300
Ithiel James L. Frame, MD, PhD

LIPOPROTEIN FRACTIONATION ION MOBILITY Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

LDL PARTICLE NUMBER	974		<1138 nmol/L	Z4M

Relative Risk: Optimal <1138; Moderate 1138-1409; High
>1409. Male and Female Reference Range: 1016 to 2185 nmol/L.

LDL SMALL	140		<142 nmol/L	Z4M

PATIENT INFORMATION:

Alexandru Turca

Phone (H):
DOB:
Gender: Male **Age:** 24
Patient ID: 82617501

STATUS: **Final**

Source: Quest
Collection Date: 12/18/2025 05:37 PM UTC
Time Reported: 01/03/2026 12:11 AM UTC
Received: 01/03/2026 01:07 AM UTC
Accession Number: SZ852928W
Lab Ref #: 2612178

ORDERING PHYSICIAN:

Joshua A Emdur, D.O.

600 Congress Avenue
Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
Relative Risk: Optimal <142; Moderate 142-219; High >219. Male Reference Range: 123 to 441 nmol/L; Female Reference Range: 115 to 386 nmol/L.				
LDL MEDIUM	193		<215 nmol/L	Z4M
Relative Risk: Optimal <215; Moderate 215-301; High >301. Male Reference Range: 167 to 485 nmol/L; Female Reference Range: 121 to 397 nmol/L.				
HDL LARGE		**6596 L**	>6729 nmol/L	Z4M
Relative Risk: Optimal >6729; Moderate 6729-5353; High <5353. Male Reference Range: 4334 to 10815 nmol/L; Female Reference Range: 5038 to 17886 nmol/L.				
LDL PATTERN	A		A Pattern	Z4M
Relative Risk: Optimal Pattern A; High Pattern B. Reference Range: Pattern A.				
LDL PEAK SIZE		**221.7 L**	>222.9 Angstrom	Z4M
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Cardiometabolic Center of Excellence at Cleveland HeartLab. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes. Relative Risk: Optimal >222.9; Moderate 222.9-217.4; High <217.4. Male and Female Reference Range: 216 to 234.3 Angstrom. Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on an adult U.S. reference population plus two large cohort study populations. Association between lipoprotein subfractions and cardiovascular events is based on Musunuru et al. ATVB.2009;29:1975. For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ134 (This link is being provided for informational/educational purposes only.)				

Enhanced PDF Report SZ852928W-1 Collected: 12/18/2025 05:37 PM UTC Received: 12/18/2025 05:39 PM UTC

Enhanced PDF Report SZ852928W-1 **Enhanced PDF Report SZ852928W-1.pdf [See Appendix 1 for details]**

UL	Quest Diagnostics-Sacramento - Northgate. 3714 Northgate Blvd, Sacramento, CA 95834-1617	Dir: Lorne L Holland
EN	Quest Diagnostics-West Hills. 8401 Fallbrook Ave, West Hills, CA 91304-3226	Dir: Thomas J McDonald
EZ	Quest Diagnostics/Nichols SJC-San Juan Capistrano,.	Dir: Irina Maramica MD,PhD,MBA

PATIENT INFORMATION:

Alexandru Turca

Phone (H):
DOB:
Gender: Male **Age:** 24
Patient ID: 82617501

STATUS: **Final**

Source: Quest
Collection Date: 12/18/2025 05:37 PM UTC
Time Reported: 01/03/2026 12:11 AM UTC
Received: 01/03/2026 01:07 AM UTC
Accession Number: SZ852928W
Lab Ref #: 2612178

ORDERING PHYSICIAN:

Joshua A Emdur, D.O.

600 Congress Avenue
Floor 14
Austin, TX, 78701

Test	In Range	Out Of Range	Reference Range	Lab
	33608 Ortega Hwy, San Juan Capistrano, CA 92675-2042			
Z3E	MedFusion-MedFusion. 2501 South State Highway 121, Suite 1100, Lewisville, TX 75067-8065		Dir: Ithiel James L Frame MD,PhD	
Z4M	Cleveland HeartLab Inc.-Cleveland HeartLab Inc.. 6701 Carnegie Ave, Suite 500, Cleveland, OH 44103-4623		Dir: Mohammad Q Ansari	

Range Flags Legend: L - Below low normal; H - Above high normal;

Quest Diagnostics

Report Status: Final

TURCANU, ALEXANDRU

Patient Information	Specimen Information	Client Information
TURCANU, ALEXANDRU **DOB: 08/08/2001** **AGE: 24** Gender: M Fasting: Y Phone: Patient ID: 82617501 Health ID: 8573038184859916	Specimen: SZ852928W Requisition: 0260321 Lab Ref #: 2612178 Collected: 12/18/2025 / 09:37 PST Received: 12/18/2025 / 22:23 PST Reported: 01/02/2026 / 16:11 PST	Client #: 73917267 MAIL992 EMDUR, JOSHUA FUNCTION HEALTH INC 600 CONGRESS AVE FL 14 AUSTIN, TX 78701-3263

COMMENTS: FASTING:YES

Test Name	In Range	Out Of Range	Reference Range	Lab
IRON, TIBC AND FERRITIN PANEL				
IRON AND TOTAL IRON BINDING CAPACITY				UL
IRON, TOTAL	180		50-195 mcg/dL	
IRON BINDING CAPACITY	386		250-425 mcg/dL (calc)	
% SATURATION	47		20-48 % (calc)	
FERRITIN		**30 L**	38-380 ng/mL	UL
TESTOSTERONE, FREE (DIALYSIS) AND TOTAL (MS)				
TESTOSTERONE, TOTAL, MS	491		250-1100 ng/dL	EZ
For additional information, please refer to http://education.questdiagnostics.com/faq/TotalTestosteroneL CMSMS (This link is being provided for informational/educational purposes only.)				
TESTOSTERONE, FREE (DIALYSIS)				EZ
TESTOSTERONE, FREE	87.5		35.0-155.0 pg/mL	
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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.				
LIPOPROTEIN (a)	<10		nmol/L	EN
Verified by repeat analysis.				
Reference Range <75				
Risk: Optimal <75 Moderate 75-125 High >125				
Cardiovascular event risk category cut points (optimal, moderate, high) are based on Tsimika S. JACC 2017;69:692-711.				
ALBUMIN, RANDOM URINE W/O CREATININE				UL
ALBUMIN, URINE	0.2 Reference Range Not established		mg/dL	
The ADA defines abnormalities in albumin excretion as follows:				
Albuminuria Category	Result (mg/g creatinine)			
Normal to Mildly increased	<30			
Moderately increased	30-299			
Severely increased	> OR = 300			

Quest Diagnostics

Report Status: Final

TURCANU, ALEXANDRU

Patient Information	Specimen Information	Client Information
TURCANU, ALEXANDRU **DOB: 08/08/2001** **AGE: 24** Gender: M Fasting: Y Patient ID: 82617501 Health ID: 8573038184859916	Specimen: SZ852928W Collected: 12/18/2025 / 09:37 PST Received: 12/18/2025 / 22:23 PST Reported: 01/02/2026 / 16:11 PST	Client #: 73917267 EMDUR, JOSHUA

Test Name	In Range	Out Of Range	Reference Range	Lab
The ADA recommends that at least two of three specimens collected within a 3-6 month period be abnormal before considering a patient to be within a diagnostic category.				
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL	154		<200 mg/dL	UL
HDL CHOLESTEROL	66		> OR = 40 mg/dL	UL
TRIGLYCERIDES	54		<150 mg/dL	UL
LDL-CHOLESTEROL	75		mg/dL (calc)	UL
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 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	2.3		<5.0 (calc)	UL
NON HDL CHOLESTEROL	88		<130 mg/dL (calc)	UL
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	0.2		mg/L	UL
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.				
HOMOCYSTEINE		**14.3 H**	< or = 12.9 umol/L	UL
Homocysteine is increased by functional deficiency of folate or vitamin B12. Testing for methylmalonic acid differentiates between these deficiencies. Other causes				

Quest Diagnostics

Report Status: Final

TURCANU, ALEXANDRU

Patient Information	Specimen Information	Client Information
TURCANU, ALEXANDRU **DOB: 08/08/2001** **AGE: 24** Gender: M Fasting: Y Patient ID: 82617501 Health ID: 8573038184859916	Specimen: SZ852928W Collected: 12/18/2025 / 09:37 PST Received: 12/18/2025 / 22:23 PST Reported: 01/02/2026 / 16:11 PST	Client #: 73917267 EMDUR, JOSHUA

Test Name	In Range	Out Of Range	Reference Range	Lab
of increased homocysteine include renal failure, folate antagonists such as methotrexate and phenytoin, and exposure to nitrous oxide. Selhub J, et al., Ann Intern Med. 1999;131(5):331-9.				
APOLIPOPROTEIN B	59		mg/dL	EN
			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 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				UL
GLUCOSE	93		65-99 mg/dL Fasting reference interval	
UREA NITROGEN (BUN)	13		7-25 mg/dL	
CREATININE	0.93		0.60-1.24 mg/dL	
EGFR	118		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	14		6-22 (calc)	
SODIUM	139		135-146 mmol/L	
POTASSIUM	4.3		3.5-5.3 mmol/L	
CHLORIDE	101		98-110 mmol/L	
CARBON DIOXIDE	28		20-32 mmol/L	
CALCIUM	9.9		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.4		6.1-8.1 g/dL	
ALBUMIN	5.0		3.6-5.1 g/dL	
GLOBULIN	2.4		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	2.1		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	1.0		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	49		36-130 U/L	
AST		**41 H**	10-40 U/L	
ALT		**68 H**	9-46 U/L	
HEMOGLOBIN A1c	5.3		<5.7 %	UL
For the purpose of screening for the presence of diabetes: <5.7% Consistent with the absence of diabetes 5.7-6.4% Consistent with increased risk for diabetes (prediabetes)				

Quest Diagnostics

Report Status: Final

TURCANU, ALEXANDRU

Patient Information	Specimen Information	Client Information
TURCANU, ALEXANDRU **DOB: 08/08/2001** **AGE: 24** Gender: M Fasting: Y Patient ID: 82617501 Health ID: 8573038184859916	Specimen: SZ852928W Collected: 12/18/2025 / 09:37 PST Received: 12/18/2025 / 22:23 PST Reported: 01/02/2026 / 16:11 PST	Client #: 73917267 EMDUR, JOSHUA

Test Name	In Range	Out Of Range	Reference Range	Lab
> or =6.5% Consistent with diabetes				
This assay result is consistent with a decreased risk of diabetes.				
Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.				
According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).				
URIC ACID	5.1		4.0-8.0 mg/dL	UL
Therapeutic target for gout patients: <6.0 mg/dL				
GGT	16		3-70 U/L	UL
AMYLASE	62		21-101 U/L	UL
LIPASE	23		7-60 U/L	UL
TSH	0.85		0.40-4.50 mIU/L	UL
T4, FREE	1.3		0.8-1.8 ng/dL	UL
T3, FREE	3.7		2.3-4.2 pg/mL	UL
THYROID PEROXIDASE AND THYROGLOBULIN ANTIBODIES				
THYROGLOBULIN ANTIBODIES	<1		< or = 1 IU/mL	EN
THYROID PEROXIDASE ANTIBODIES	<1		<9 IU/mL	EN
LEPTIN	1.0		ng/mL	EZ
Reference Ranges for Leptin:				
Adult Lean Subjects (18-71 years) with BMI range of 18-25:				
Males: 0.3-13.4 ng/mL Females: 4.7-23.7 ng/mL				
Adult Subjects (19-60 years) with BMI range of 25-30:				
Males: 1.8-19.9 ng/mL Females: 8.0-38.9 ng/mL				
Pediatric Reference Ranges for Leptin:				
5-9.9 years: 0.6-16.8 ng/mL 10-13.9 years: 1.4-16.5 ng/mL 14-17.9 years: 0.6-24.9 ng/mL				
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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.				
METHYLMALONIC ACID	262		55-335 nmol/L	EZ

Quest Diagnostics

Report Status: Final

TURCANU, ALEXANDRU

Patient Information	Specimen Information	Client Information
TURCANU, ALEXANDRU **DOB: 08/08/2001** **AGE: 24** Gender: M Fasting: Y Patient ID: 82617501 Health ID: 8573038184859916	Specimen: SZ852928W Collected: 12/18/2025 / 09:37 PST Received: 12/18/2025 / 22:23 PST Reported: 01/02/2026 / 16:11 PST	Client #: 73917267 EMDUR, JOSHUA

Test Name	In Range	Out Of Range	Reference Range	Lab
Serum methylmalonic acid (MMA) levels are used to diagnose and monitor several rare inborn errors of metabolism, including methylmalonic aciduria. The enzymatic conversion of MMA to succinic acid requires vitamin B12 (adenosyl-cobalamin) as a cofactor. Serum MMA levels are also used for assessing functional vitamin B12 deficiency. Vitamin B12 is essential for fetal neurodevelopment, particularly early in pregnancy. Undiagnosed maternal vitamin B12 deficiency may be associated with adverse fetal/neonatal outcomes, such as neural tube defects and intrauterine growth restriction. Quest Diagnostics utilized Multi-Modal Decomposition (MMD) analysis to establish first and second trimester-specific MMA reference intervals in pregnancy, as given below: MMA, First trimester (<13 wks gestation): 58-167 nmol/L MMA, Second trimester (13-23 wks gestation): 63-241 nmol/L This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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.				
CBC (INCLUDES DIFF/PLT)				UL
WHITE BLOOD CELL COUNT	4.1		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.19		4.20-5.80 Million/uL	
HEMOGLOBIN	15.4		13.2-17.1 g/dL	
HEMATOCRIT	46.5		39.4-51.1 %	
MCV	89.6		81.4-101.7 fL	
MCH	29.7		27.0-33.0 pg	
MCHC	33.1		31.6-35.4 g/dL	
RDW	12.7		11.0-15.0 %	
PLATELET COUNT	305		140-400 Thousand/uL	
MPV	11.7		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	2009		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	1640		850-3900 cells/uL	
ABSOLUTE MONOCYTES	373		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	29		15-500 cells/uL	
ABSOLUTE BASOPHILS	49		0-200 cells/uL	
NEUTROPHILS	49		%	
LYMPHOCYTES	40.0		%	
MONOCYTES	9.1		%	
EOSINOPHILS	0.7		%	
BASOPHILS	1.2		%	
URINALYSIS, COMPLETE				UL
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.006		1.001-1.035	
PH	7.5		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
OCCULT BLOOD	NEGATIVE		NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	

Quest Diagnostics

Report Status: Final

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Test Name	In Range	Out Of Range	Reference Range	Lab
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	
WBC	NONE SEEN		< OR = 5 /HPF	
RBC	NONE SEEN		< OR = 2 /HPF	
SQUAMOUS EPITHELIAL CELLS	NONE SEEN		< OR = 5 /HPF	
BACTERIA	NONE SEEN		NONE SEEN /HPF	
HYALINE CAST	NONE SEEN		NONE SEEN /LPF	

This urine was analyzed for the presence of WBC, RBC, bacteria, casts, and other formed elements. Only those elements seen were reported.

RHEUMATOID FACTOR	<10		<14 IU/mL	UL
CORTISOL, TOTAL, LC/MS	8.2		mcg/dL	EZ

Adult Reference Ranges for Cortisol, Total:

8-10 AM 4.6-20.6 mcg/dL
4-6 PM 1.8-13.6 mcg/dL

Cortisol Response to ACTH
Peak >20.0 mcg/dL
Peak >16.0 mcg/dL after IM injection

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DHEA SULFATE	461		74-617 mcg/dL	EN
INSULIN	5.8		uIU/mL	EN

Reference Range < or = 18.4

Risk:

Optimal	< or = 18.4
Moderate	NA
High	>18.4

Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on Insulin Reference Interval studies performed at Quest Diagnostics in 2022.

SEX HORMONE BINDING GLOBULIN	23		10-50 nmol/L	EN
FSH	2.5		1.4-12.8 mIU/mL	UL
LH	2.8		1.5-9.3 mIU/mL	UL
PROLACTIN	7.3		2.0-18.0 ng/mL	UL
ESTRADIOL	<30		< OR = 39 pg/mL	UL

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

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Test Name	In Range	Out Of Range	Reference Range	Lab

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.

PSA (FREE AND TOTAL)			EN
PSA, TOTAL	0.5	< OR = 4.0 ng/mL	
PSA, FREE	0.3	ng/mL	
PSA, % FREE	60	>25 % (calc)	

PSA(ng/mL)	Free PSA(%)	Estimated(x) Probability of Cancer(as%)
0-2.5	(*)	Approx. 1
2.6-4.0(1)	0-27(2)	24(3)
4.1-10(4)	0-10	56
	11-15	28
	16-20	20
	21-25	16
	>or =26	8
>10(+)	N/A	>50

References:(1)Catalona et al.:Urology 60: 469-474 (2002)
(2)Catalona et al.:J.Urol 168: 922-925 (2002)

Free PSA(%)	Sensitivity(%)	Specificity(%)
< or = 25	85	19
< or = 30	93	9

(3)Catalona et al.:JAMA 277: 1452-1455 (1997)
(4)Catalona et al.:JAMA 279: 1542-1547 (1998)

(x)These estimates vary with age, ethnicity, family history and DRE results.
(*)The diagnostic usefulness of % Free PSA has not been established in patients with total PSA below 2.6 ng/mL
(+)In men with PSA above 10 ng/mL, prostate cancer risk is determined by total PSA alone.

The Total PSA value from this assay system is standardized against the equimolar PSA standard. The test result will be approximately 20% higher when compared to the WHO-standardized Total PSA (Siemens assay). Comparison of serial PSA results should be interpreted with this fact in mind.

PSA was performed using the Beckman Coulter Immunoassay method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

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Test Name	In Range	Out Of Range	Reference Range	Lab
LEAD (VENOUS)	<1.0		<3.5 mcg/dL	EN
No safe blood lead level (BLL) in children has been identified. Blood lead levels above 3.5 mcg/dL have been associated with adverse health effects in all age groups. Patient management varies by age and CDC Blood Lead Level range. Refer to the CDC website regarding Lead Publications/Case Management for recommended interventions. ***See Endnote 1***				
ZINC	82		60-130 mcg/dL	EN
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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.				
ABO GROUP AND RH TYPE				UL
ABO GROUP	O			
RH TYPE	RH(D) POSITIVE			
For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ111 (This link is being provided for informational/ educational purposes only.)				
MAGNESIUM, RBC	5.3		4.0-6.4 mg/dL	Z3E
(Note) This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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 med fusion 2501 South State Highway 121,Suite 1100 Lewisville TX 75067 972-966-7300 Ithiel James L. Frame, MD, PhD				
MERCURY, BLOOD	<5		<11 mcg/L	Z3E
(Note) This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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 med fusion 2501 South State Highway 121,Suite 1100 Lewisville TX 75067 972-966-7300				

Quest Diagnostics

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Test Name	In Range	Out Of Range	Reference Range	Lab

Ithiel James L. Frame, MD, PhD

Endnote 1

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Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	27 L	30-100 ng/mL	UL

```
Vitamin D Status          25-OH Vitamin D:

Deficiency:                     <20 ng/mL
Insufficiency:            20 - 29 ng/mL
Optimal:                  > or = 30 ng/mL
```

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:

Immunology

Test Name	Result	Reference Range	Lab
ANA SCREEN, IFA, W/REFL TITER AND PATTERN			EN
ANA SCREEN, IFA	NEGATIVE	NEGATIVE	

ANA IFA is a first line screen for detecting the presence of up to approximately 150 autoantibodies in various autoimmune diseases. A negative ANA IFA result suggests an ANA-associated autoimmune disease is not present at this time, but is not definitive. If there is high clinical suspicion for Sjogren's syndrome, testing for anti-SS-A/Ro antibody should be considered. Anti-Jo-1 antibody should be considered for clinically suspected inflammatory myopathies.

AC-0: Negative

International Consensus on ANA Patterns (https://doi.org/10.1515/cclm-2018-0052)

For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ177 (This link is being provided for informational/ educational purposes only.)

Physician Comments:

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Cardio IQ®

Test Name	Current Result & Risk: Optimal	Current Result & Risk: Non-Optimal	Risk/Reference Interval: Optimal	Moderate	High	Units	Historical Result & Risk
LIPOPROTEIN FRACTIONATION, ION MOBILIT							
LDL PARTICLE NUMBER	974		<1138	1138-1409	>1409	nmol/L	
LDL SMALL	140		<142	142-219	>219	nmol/L	
LDL MEDIUM	193		<215	215-301	>301	nmol/L	
HDL LARGE		6596	>6729	6729-5353	<5353	nmol/L	
LDL PATTERN	A		A	N/A	B	Pattern	
LDL PEAK SIZE		221.7	>222.9	222.9-217.4	<217.4	Angstrom	
FATTY ACIDS							
OmegaCheck® Whole Blood: (EPA+DPA+DHA)		2.6	>=5.5	3.8-5.4	<=3.7	% by wt	
ARACHIDONIC ACID/EPA RATIO	36.9			3.7-40.7			
OMEGA-6/OMEGA-3 RATIO	13.6			3.7-14.4			
OMEGA-3 TOTAL	2.6					% by wt	
EPA	0.3			0.2-2.3		% by wt	
DPA		0.7 L		0.8-1.8		% by wt	
DHA	1.7			1.4-5.1		% by wt	
OMEGA-6 TOTAL	35.7					% by wt	
ARACHIDONIC ACID	9.1			8.6-15.6		% by wt	
LINOLEIC ACID	21.2			18.6-29.5		% by wt	

For details on reference ranges please refer to the reference range/comment section of the report.

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Medical Information For Healthcare Providers: If you have questions about any of the tests in our Cardio IQ offering, please call Client Services at our Quest Diagnostics-Cleveland HeartLab Cardiometabolic Center of Excellence. They can be reached at 866.358.9828, option 1 to arrange a consult with our clinical education team.

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Reference Range/Comments

Analyte Name	In Range	Out Range	Reference Range	Lab
DPA		**0.7**	0.8-1.8 % by wt	EZ
EPA+DPA+DHA		**2.6**	>5.4 % by wt	EZ
Relative Risk Categories: Optimal: > or = 5.5 Moderate: 3.8-5.4 High: < or = 3.7 Increasing blood levels of long-chain n-3 fatty acids are associated with a lower risk of sudden cardiac death (1). Based on the top (75th percentile) and bottom (25th percentile) quartiles of the Quest Diagnostics reference population, the following relative risk categories were established for OmegaCheck: A cut-off of > or = 5.5% by wt defines a population at optimal relative risk, 3.8-5.4% by wt defines a population at moderate relative risk, and < or = 3.7% by wt defines a population at high relative risk of sudden cardiac death. The totality of the scientific evidence demonstrates that when consumption of fish oils is limited to 3 g/day or less of EPA and DHA, there is no significant risk for increased bleeding time beyond the normal range. A daily dosage of 1 gram of EPA and DHA lowers the circulating triglycerides by about 7-10% within 2 to 3 weeks. (Reference: 1-Albert et al. NEJM. 2002; 346:1113-1118). This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. 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.				
HDL LARGE		**6596**	>6729 nmol/L	Z4M
Relative Risk: Optimal >6729; Moderate 6729-5353; High <5353. Male Reference Range: 4334 to 10815 nmol/L; Female Reference Range: 5038 to 17886 nmol/L.				
LDL PEAK SIZE		**221.7**	>222.9 Angstrom	Z4M
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Cardiometabolic Center of Excellence at Cleveland HeartLab. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes. Relative Risk: Optimal >222.9; Moderate 222.9-217.4; High <217.4. Male and Female Reference Range: 216 to 234.3 Angstrom. Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on an adult U.S. reference population plus two large cohort study populations. Association between lipoprotein subfractions and cardiovascular events is based on Musunuru et al. ATVB.2009;29:1975. For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ134 (This link is being provided for informational/educational purposes only.)				
ARACHIDONIC ACID	**9.1**		8.6-15.6 % by wt	EZ
ARACHIDONIC ACID/EPA RATIO	**36.9**		3.7-40.7	EZ
DHA	**1.7**		1.4-5.1 % by wt	EZ
EPA	**0.3**		0.2-2.3 % by wt	EZ
LDL MEDIUM	**193**		<215 nmol/L	Z4M
Relative Risk: Optimal <215; Moderate 215-301; High >301. Male Reference Range: 167 to 485 nmol/L; Female Reference Range: 121 to 397 nmol/L.				
LDL PARTICLE NUMBER	**974**		<1138 nmol/L	Z4M
Relative Risk: Optimal <1138; Moderate 1138-1409; High >1409. Male and Female Reference Range: 1016 to 2185 nmol/L.				
LDL PATTERN	**A**		A Pattern	Z4M
Relative Risk: Optimal Pattern A; High Pattern B. Reference Range: Pattern A.				
LDL SMALL	**140**		<142 nmol/L	Z4M
Relative Risk: Optimal <142; Moderate 142-219; High >219. Male Reference Range: 123 to 441 nmol/L; Female Reference Range: 115 to 386 nmol/L.				
LINOLEIC ACID	**21.2**		18.6-29.5 % by wt	EZ
OMEGA-3 TOTAL	**2.6**		% by wt	EZ
OMEGA-6 TOTAL	**35.7**		% by wt	EZ
Quest Diagnostics measures a number of omega-6 fatty acids with AA and LA being the two most abundant forms reported.				
OMEGA-6/OMEGA-3 RATIO	**13.6**		3.7-14.4	EZ

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ALLERGEN REPORT

Test Name	Result	Reference Range	Lab
IMMUNOGLOBULIN E	76	<OR=114 kU/L	UL

RESPIRATORY ALLERGY PROFILE REGION XIV		CLASS
Performing Lab: UL		0 1 2 3 4 5 6
Test Name	**Results kU/L**	
COCKROACH (I6) IGE	<0.10	
WHITE MULBERRY (T70) IGE	<0.10	
MOUSE URINE PROTEINS (E72) IGE	<0.10	

RESPIRATORY ALLERGY PROFILE REGION XIV - MITE AND MOLD GROUPING		CLASS
Performing Lab: UL		0 1 2 3 4 5 6
Test Name	**Results kU/L**	
DERMATOPHAGOIDES PTERONYSSINUS (D1) IGE	<0.10	
DERMATOPHAGOIDES FARINAE (D2) IGE	<0.10	
PENICILLIUM NOTATUM (M1) IGE	<0.10	
CLADOSPORIUM HERBARUM (M2) IGE	<0.10	
ASPERGILLUS FUMIGATUS (M3) IGE	<0.10	
ALTERNARIA ALTERNATA (M6) IGE	<0.10	

RESPIRATORY ALLERGY PROFILE REGION XIV - TREE GROUPING		CLASS
Performing Lab: UL		0 1 2 3 4 5 6
Test Name	**Results kU/L**	
ALDER (T2) IGE	<0.10	
BIRCH (T3) IGE	<0.10	
MOUNTAIN CEDAR (T6) IGE	<0.10	
OLIVE TREE (T9) IGE	<0.10	
SYCAMORE (T11) IGE	<0.10	

RESPIRATORY ALLERGY PROFILE REGION XIV - WEED GROUPING		CLASS
Performing Lab: UL		0 1 2 3 4 5 6
Test Name	**Results kU/L**	
COMMON RAGWEED (SHORT) (W1) IGE	<0.10	
MUGWORT (W6) IGE	<0.10	
RUSSIAN THISTLE (W11) IGE	<0.10	
ROUGH PIGWEED (W14) IGE	<0.10	

RESPIRATORY ALLERGY PROFILE REGION XIV - DANDER GROUPING		CLASS
Performing Lab: UL		0 1 2 3 4 5 6
Test Name	**Results kU/L**	
CAT DANDER (E1) IGE	<0.10	
DOG DANDER (E5) IGE	<0.10	

RESPIRATORY ALLERGY PROFILE REGION XIV - TREE GROUPING		CLASS
Performing Lab: UL		0 1 2 3 4 5 6
Test Name	**Results kU/L**	
OAK (T7) IGE	<0.10	
ELM (T8) IGE	<0.10	

RESPIRATORY ALLERGY PROFILE REGION XIV - GRASS GROUPING		CLASS
Performing Lab: UL		0 1 2 3 4 5 6
Test Name	**Results kU/L**	
BERMUDA GRASS (G2) IGE	<0.10	
TIMOTHY GRASS (G6) IGE	<0.10	

INTERPRETATION

Performing Lab: UL

See Endnote 1

Endnote 1

Specific IGE Class	kU/L	Level of Allergen Specific IGE Antibody
0	<0.10	Absent/Undetectable
0/1	0.10-0.34	Very Low Level
1	0.35-0.69	Low Level
2	0.70-3.49	Moderate Level

Quest Diagnostics

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3	3.50-17.4	High Level
4	17.5-49.9	Very High Level
5	50-100	Very High Level
6	>100	Very High Level

The clinical relevance of allergen results of 0.10-0.34 kU/L are undetermined and intended for specialist use.

Allergens denoted with a "**" include results using one or more analyte specific reagents. In those cases, the test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

PERFORMING SITE:

EN QUEST DIAGNOSTICS-WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91304-3226 Laboratory Director: THOMAS MCDONALD, MD, CLIA: 05D0642827

EZ QUEST DIAGNOSTICS/NICHOLS SJC, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675-2042 Laboratory Director: IRINA MARAMICA,MD,PHD,MBA, CLIA: 05D0643352

UL QUEST DIAGNOSTICS SACRAMENTO, 3714 NORTHGATE BLVD, SACRAMENTO, CA 95834-1617 Laboratory Director: LORNE L. HOLLAND, MD, CLIA: 05D0644209

Z3E MEDFUSION, 2501 SOUTH STATE HIGHWAY 121 SUITE 1100, LEWISVILLE, TX 75067-8065 Laboratory Director: ITHIEL J FRAME,MD,PHD, CLIA: 45D2004217

Z4M CLEVELAND HEARTLAB INC, 6701 CARNEGIE AVENUE SUITE 500, CLEVELAND, OH 44103-4623 Laboratory Director: M. QASIM ANSARI, MD , CLIA: 36D1032987