

Patient Information	Specimen Information	Client Information
PARK, SOUYOUNG DOB: 04/23/1966 AGE: 51 Gender: F Fasting: U Phone: NG Patient ID: NG	Specimen: AL453502N Requisition: 0485551 Collected: 01/24/2018 / 13:45 CST Received: 01/24/2018 / 23:27 CST Reported: 01/27/2018 / 00:43 CST	Client #: 49100638 QATL0000 TUCK, PAMELA P AUM NURSING CARE CENTER 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

Test Name	In Range	Out Of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL				AT
GLUCOSE		138 H	65-99 mg/dL	

Fasting reference interval

For someone without known diabetes, a glucose value >125 mg/dL indicates that they may have diabetes and this should be confirmed with a follow-up test.

UREA NITROGEN (BUN)	12	7-25 mg/dL
CREATININE	0.74	0.50-1.05 mg/dL

For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.

eGFR NON-AFR. AMERICAN	94	> OR = 60 mL/min/1.73m2
eGFR AFRICAN AMERICAN	109	> OR = 60 mL/min/1.73m2
BUN/CREATININE RATIO	NOT APPLICABLE	6-22 (calc)
SODIUM	141	135-146 mmol/L
POTASSIUM	4.2	3.5-5.3 mmol/L
CHLORIDE	105	98-110 mmol/L
CARBON DIOXIDE	24	20-31 mmol/L
CALCIUM	9.8	8.6-10.4 mg/dL
PROTEIN, TOTAL	7.4	6.1-8.1 g/dL
ALBUMIN	4.6	3.6-5.1 g/dL
GLOBULIN	2.8	1.9-3.7 g/dL (calc)
ALBUMIN/GLOBULIN RATIO	1.6	1.0-2.5 (calc)
BILIRUBIN, TOTAL	0.5	0.2-1.2 mg/dL
ALKALINE PHOSPHATASE	48	33-130 U/L
AST		10-35 U/L
ALT	45 H 50 H	6-29 U/L

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG,MD,PHD, CLIA: 11D0255931

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

GLUCOSE	138 H	65-99 mg/dL	AT
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ALT	50 H	6-29 U/L	AT

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Test Name	In Range	Out Of Range	Reference Range	Lab
TEST AUTHORIZATION				AT
TEST NAME:	COMPREHENSIVE METABOLIC			
TEST CODE:	10231SB			
CLIENT CONTACT:	MORRIS, AMY			

The laboratory testing on this patient was verbally requested or confirmed by the ordering physician or his or her authorized representative after contact with an employee of Quest Diagnostics. Federal regulations require that we maintain on file written authorization for all laboratory testing. Accordingly we are asking that the ordering physician or his or her authorized representative sign a copy of this report and promptly return it to the client service representative.

Signature: _____

Please fax this signed page to 855-253-5312 or return it via your Quest Diagnostics courier.

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA 1777 MONTREAL CIRCLE TUCKER GA 30084-6802 MEDICAL DIRECTOR: ANDREW N YOUNG, MD, PHD CLIA NO: 11D0255931