



F A X S H E E T

Date: Jun-23-2023 12:19:08
To: AUM UNIVERSITY
Subject: Patient Document
Fax Number: 334-244-3396
To Company:
From Name: Dawud, Najet
From Company: Valley Internal Med And Pediatrics
From Facility: Valley Internal Med And Pediatrics
Support Contact:
Number of Pages(s): 5

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6/23/23
Reviewed
J. Munton, CNP

atient: WALKER, DAVID DOB: May 28, 1960

Jun. 15. 2023 5:00PM

AUM Warhawk Health Svcs.

No. 4395 P. 1/2

P.O Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3396



**AUBURN UNIVERSITY
AT MONTGOMERY**

WARHAWK HEALTH SERVICES

Attn: Medical Records

To: Valley Internal Medicine

From: Daedra

Fax: 256-325-2765

Pages: 2

Phone: 256-325-7425

Date: 6/15/23

Re: Medical Records Request

☐ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

Comments:

Please fax medical records
back to 334-244-3396

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AUBURN UNIVERSITY
AT MONTGOMERY

STUDENT HEALTH SERVICES

P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3396

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient Information

Student Number: <u>5106</u>	
Name: <u>DAVID WALKER</u>	Date of Birth: <u>05/28/1960</u>
Address: <u>2322 COLLEGE ST.</u>	Phone Number: <u>251-366-0029</u>
City: <u>MONTGOMERY</u> State: <u>AL</u> Zip: <u>36106</u>	Email: <u>david.walker@aum.edu</u>

Please select one of the following:

- ☐ Release information FROM Auburn University at Montgomery Student Health Services to an AUM
☒ Release information from an AUM department/ outside medical facility/person (Circle one)
TO Auburn University at Montgomery Student Health Services

Outside Medical Facility/ AUM Department/Person

Name: <u>AKRAM HAGGAG</u>	Date of Birth: <u>1/1/</u>
Address: _____	Phone: <u>(256) 325-7425</u> Fax: _____
City: _____ State: _____ Zip: _____	Email: _____

Please select one of the following:

- ☒ Fax Records ☐ Mail Records ☐ Hold Records for Patient Pickup

Type(s) of Records Requested:

- ☒ Immunizations ONLY: please specify (if all, put ALL) _____
☒ Radiology Report
☒ Lab Results
☒ General summary of treatment issues, progress, current functioning
☐ Other: please specify _____

This consent may be needed at any time by the patient/client, but ending the consent will not cancel any actions that have already taken as allowed by this form. Unless the client wishes to cancel this consent at an earlier time, it will automatically stop upon the date and/or condition indicated below.

Date: _____ Event/Consent: _____

It is understood that the duration of this consent will not be longer than necessary and reasonable to carry out the purpose for which it is given.

DAVID M. WALKER
Patient Name or Authorized Representative (Please Print)

[Signature]
Patient's Signature or Authorized Representative

6/14/2023
Date

8267
Last 4 of Patient's Social Security #

[Signature]
Witness Signature (REQUIRED)

6.14.23
Date

03/2020

atient: WALKER, DAVID DOB: May 28, 1960

2021/03/23 17:15:56 1 /2

**EXACT
SCIENCES
LABORATORIES**

145 E. Badger Rd. STE 100, Madison, WI 53713
PH: 844-870-8870 | ExactLabs.com

To:

Jared Lee Connor, NP

Fax #: 256-325-2765

From:

Exact Sciences Laboratories

Fax #: 844-870-8875

Sent: 3/23/2021 at: 5:04 PM

Subject: Cologuard Results: Order #16356106

If you have any questions about this communication, please call our Customer Care Center at 1-844-870-8870. Our specialists are available 24 hours a day, seven days a week.

Thank you,

Exact Sciences Laboratories

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TEL: 844-870-8870 • FAX: 844-870-8875 • www.exactscienceslabs.com

Page: 1 of 2 (including cover)

atient: WALKER, DAVID DOB: May 28, 1960

2021/03/23 17:15:56 2 /2

**EXACT
SCIENCES
LABORATORIES**

145 E. Badger Rd, STE 100, Madison, WI 53713
PH: 844-870-8870 | exactlabs.com

Cologuard® PATIENT REPORT

ORDER INFORMATION

Patient: Walker, David M

Date of Birth: 5/28/1960

Medical Record #:

Sex: Male

Authorizing Provider: CONNOR, JARED LEE

Client Order ID:

Cologuard Specimen ID: 21C049-002432

Specimen Collected: 3/18/2021

Specimen Received: 3/19/2021

Report Date: 3/23/2021

RESULT:
Negative

A negative result indicates a low likelihood that a colorectal cancer (CRC) or an advanced adenoma (adenomatous polyps with more advanced pre-malignant features) is present. The chance that a person with a negative Cologuard test has a colorectal cancer is less than 1 in 1500 (negative predictive value >99.9%) or has an advanced adenoma is less than 5.3% (negative predictive value 94.7%). These data are based on a prospective cross-sectional screening study of 10,000 individuals at average risk for colorectal cancer who were screened with both Cologuard and colonoscopy. (Imperiale T. et al, N Engl J Med 2014;370(14):1286-1297) The normal value (reference range) for this assay is negative.

COLOGUARD RE-SCREENING RECOMMENDATION: Periodic routine colorectal cancer screening is an important part of preventive healthcare for asymptomatic persons at average risk for colorectal cancer. Following a negative Cologuard result, the American Cancer Society and U.S. Multi-Society Task Force screening guidelines recommend a Cologuard re-screening interval of 3 years. References: American Cancer Society (ACS). Colorectal cancer prevention and early detection. Atlanta, GA: American Cancer Society; [updated 2016 Apr 24]. <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html>. Accessed August 31, 2018; Rex DK, Boland CR, Dominitz JK, Colorectal Cancer Screening: Recommendations for Physicians and Patients from the U.S. Multi-Society Task Force on Colorectal Cancer Screening, Am J Gastroenterology 2017; 112:1016-1030.

COLOGUARD DESCRIPTIVE INFORMATION

TEST TYPE: Composite algorithmic analysis of stool DNA-biomarkers with hemoglobin Immunoassay. Quantitative values of individual biomarkers are not reportable and are not associated with individual biomarker result reference ranges.

Reference Range: <Not Applicable> **Specimen Type:** Stool

PRECAUTIONS AND LIMITATIONS: Cologuard is intended for colorectal cancer screening of adults of either sex, 45 years or older, who are at average-risk for colorectal cancer (CRC). Cologuard has been approved for use by the U.S. FDA. Cologuard may produce a false negative or false positive result. A negative Cologuard test result does not guarantee the absence of CRC or advanced adenoma (pre-cancer). Patients with a negative Cologuard test result should be advised to continue participating in a colorectal cancer screening program. The screening interval for Cologuard is currently recommended at an interval of every 3 years by the American Cancer Society and U.S. Multi-Society Task Force. A false positive result occurs when Cologuard produces a positive result, even though a colonoscopy may not find colorectal cancer or precancerous polyps. The performance of Cologuard has been established in a cross sectional study (i.e., single point in time) of average-risk adults aged 50-84. Cologuard performance in patients ages 45 to 49 years was estimated by sub-group analysis of near-age groups. Cologuard performance data in a 10,000 patient pivotal study using colonoscopy as the reference method can be accessed at the following location: www.exactlabs.com/results. Additional description of the Cologuard test process, warnings and precautions can be found at www.cologuardtest.com. Rx only.

Resulting Labs

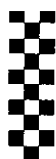
EXACT SCIENCES LABORATORIES (CLIA #52D2162828), 844-870-8870
650 Forward Dr., MADISON WI 53711
Director: Jennifer Laffin, Ph.D., FACMG

Order #: 16356106

Page: 2 of 2

Report Generated: 3/23/2021 5:04 PM

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Date: Jun-23-2023 12:20:08
To: AUM UNIVERISITY
Subject: Cumulative eReports
Fax Number: 334-244-3396
To Company:
From Name: Dawud,Najet
From Company: Valley Internal Med And Pediatrics
From Facility: Valley Internal Med And Pediatrics
Support Contact: 256-325-7425
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WALKER, DAVID M, 63 Y, M,
05/28/1960
251-366-0029

CUMULATIVE REPORTS

COMPREHENSIVE METABOLIC PANEL

Collection Date	03/16/2022	10/22/2021
Collection Time	12:36 PM	08:52 AM
Order Date	03/16/2022	10/22/2021
Result Date	03/18/2022	11/04/2021
Ordering Physician	Connor, Jared	Connor, Jared
CREATININE	0.94 0.70-1.25 mg/dL	1.03 0.70-1.25 mg/dL
ALBUMIN	4.1 3.6-5.1 g/dL	4.0 3.6-5.1 g/dL
AST	12 10-35 U/L	11 10-35 U/L
ALBUMIN/GLOBULIN RATIO	1.9 1.0-2.5 (calc)	1.8 1.0-2.5 (calc)
CARBON DIOXIDE	28 20-32 mmol/L	27 20-32 mmol/L
CALCIUM	9.5 8.6-10.3 mg/dL	9.3 8.6-10.3 mg/dL
eGFR AFRICAN AMERICAN	101 > OR = 60 mL/min/1.73m2	90 > OR = 60 mL/min/1.73m2
eGFR NON-AFR. AMERICAN	87 > OR = 60 mL/min/1.73m2	78 > OR = 60 mL/min/1.73m2
GLOBULIN	2.2 1.9-3.7 g/dL (calc)	2.2 1.9-3.7 g/dL (calc)
ALKALINE PHOSPHATASE	53 35-144 U/L	51 35-144 U/L
PROTEIN, TOTAL	6.3 6.1-8.1 g/dL	6.2 6.1-8.1 g/dL
CHLORIDE	100 98-110 mmol/L	102 98-110 mmol/L

COMPREHENSIVE METABOLIC PANEL

Collection Date	03/16/2022	10/22/2021
Collection Time	12:36 PM	08:52 AM
BILIRUBIN, TOTAL	0.3 0.2-1.2 mg/dL	0.4 0.2-1.2 mg/dL
POTASSIUM	4.2 3.5-5.3 mmol/L	4.6 3.5-5.3 mmol/L
GLUCOSE	183H 65-99 mg/dL	251H 65-99 mg/dL
SODIUM	138 135-146 mmol/L	138 135-146 mmol/L
ALT	15 9-46 U/L	14 9-46 U/L
UREA NITROGEN (BUN)	16 7-25 mg/dL	18 7-25 mg/dL
BUN/CREATININE RATIO	NOT APPLICABLE 6-22 (calc)	NOT APPLICABLE 6-22 (calc)

HEMOGLOBIN A1c

Collection Date	03/16/2022	10/22/2021
Collection Time	12:36 PM	08:52 AM
Order Date	03/16/2022	10/22/2021
Result Date	03/18/2022	11/04/2021
Ordering Physician	Connor, Jared	Connor, Jared
HEMOGLOBIN A1c	7.5H <5.7 % of total Hgb	10.2H <5.7 % of total Hgb

CBC (INCLUDES DIFF/PLT)

Collection Date	03/16/2022	10/22/2021
Collection Time	12:36 PM	08:52 AM
Order Date	03/16/2022	10/22/2021
Result Date	03/18/2022	11/04/2021
Ordering Physician	Connor, Jared	Connor, Jared

CBC (INCLUDES DIFF/PLT)

Collection Date	03/16/2022	10/22/2021
Collection Time	12:36 PM	08:52 AM
MPV	9.8 7.5-12.5 fL	9.8 7.5-12.5 fL
ABSOLUTE EOSINOPHILS	223 15-500 cells/uL	148 15-500 cells/uL
WHITE BLOOD CELL COUNT	8.9 3.8-10.8 Thousand/uL	5.9 3.8-10.8 Thousand/uL
RED BLOOD CELL COUNT	4.71 4.20-5.80 Million/uL	4.84 4.20-5.80 Million/uL
PLATELET COUNT	222 140-400 Thousand/uL	209 140-400 Thousand/uL
HEMOGLOBIN	14.3 13.2-17.1 g/dL	14.6 13.2-17.1 g/dL
ABSOLUTE LYMPHOCYTES	1121 850-3900 cells/uL	1086 850-3900 cells/uL
EOSINOPHILS	2.5 %	2.5 %
ABSOLUTE NEUTROPHILS	6577 1500-7800 cells/uL	3994 1500-7800 cells/uL
ABSOLUTE BASOPHILS	80 0-200 cells/uL	83 0-200 cells/uL
LYMPHOCYTES	12.6 %	18.4 %
BASOPHILS	0.9 %	1.4 %
MONOCYTES	10.1 %	10.0 %
ABSOLUTE MONOCYTES	899 200-950 cells/uL	590 200-950 cells/uL
MCH	30.4 27.0-33.0 pg	30.2 27.0-33.0 pg
MCHC	32.6 32.0-36.0 g/dL	33.0 32.0-36.0 g/dL

CBC (INCLUDES DIFF/PLT)

Collection Date	03/16/2022	10/22/2021
Collection Time	12:36 PM	08:52 AM
RDW	13.3 11.0-15.0 %	13.0 11.0-15.0 %
MCV	93.2 80.0-100.0 fL	91.3 80.0-100.0 fL
NEUTROPHILS	73.9 %	67.7 %
HEMATOCRIT	43.9 38.5-50.0 %	44.2 38.5-50.0 %

THYROID PANEL WITH TSH

Collection Date	03/16/2022
Collection Time	12:36 PM
Order Date	03/16/2022
Result Date	03/18/2022
Ordering Physician	Connor, Jared
T3 UPTAKE	32 22-35 %
T4 (THYROXINE), TOTAL	8.1 4.9-10.5 mcg/dL
FREE T4 INDEX (T7)	2.6 1.4-3.8
TSH	2.86 0.40-4.50 mIU/L

LIPID PANEL

Collection Date	03/16/2022	10/22/2021
Collection Time	12:36 PM	08:52 AM
Order Date	03/16/2022	10/22/2021
Result Date	03/18/2022	11/04/2021
Ordering Physician	Connor, Jared	Connor, Jared
TRIGLYCERIDES	58 <150 mg/dL	46 <150 mg/dL
CHOLESTEROL, TOTAL	120 <200 mg/dL	147 <200 mg/dL
HDL CHOLESTEROL	61 > OR = 40 mg/dL	68 > OR = 40 mg/dL
LDL-CHOLESTEROL	46 mg/dL (calc)	66 mg/dL (calc)
CHOL/HDLC RATIO	2.0 <5.0 (calc)	2.2 <5.0 (calc)
NON HDL CHOLESTEROL	59 <130 mg/dL (calc)	79 <130 mg/dL (calc)

TSH W/REFLEX TO FT4

Collection Date	10/22/2021
Collection Time	08:52 AM
Order Date	10/22/2021
Result Date	11/04/2021
Ordering Physician	Connor, Jared
TSH W/REFLEX TO FT4	1.85 0.40-4.50 mIU/L

MAGNESIUM

Collection Date	10/22/2021
Collection Time	08:52 AM

Order Date	10/22/2021
------------	------------

Result Date	11/04/2021
-------------	------------

Ordering Physician	Connor, Jared
--------------------	---------------

MAGNESIUM	2.0
	1.5-2.5 mg/dL

ANA SCR,IFA W/REFL TITER PATTERN/MPX11AB/IDENTRA

Collection Date	10/22/2021
Collection Time	08:52 AM

Order Date	10/22/2021
------------	------------

Result Date	11/04/2021
-------------	------------

Ordering Physician	Connor, Jared
--------------------	---------------

RHEUMATOID FACTOR	<14
	<14 IU/mL

CYCLIC CITRULLINATED\$PEPTIDE (CCP) AB (IGG)	<16
	UNITS

ANA SCREEN, IFA	POSITIVEA
	NEGATIVE

14.3.3 ETA PROTEIN	<0.2
	<0.2 ng/mL

DNA (DS) ANTIBODY	<1
	IU/mL

SM ANTIBODY	<1.0 NEG
	<1.0 NEG AI

SM/RNP ANTIBODY	<1.0 NEG
	<1.0 NEG AI

RNP ANTIBODY	<1.0 NEG
	<1.0 NEG AI

CHROMATIN (NUCLEOSOMAL) ANTIBODY	<1.0 NEG
	<1.0 NEG AI

WALKER, DAVID M, 05/28/1960