



229 49th Street
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Fermina M. Mazzella, MD
 Laboratory Director
 CLIA No: 33D1057336

Phys: **NATURAL BALANCE WELLNESS MEDICAL CENTER**

1310 SOUTH MAIN ST
 ANN ARBOR, MI 48104
 (734) 929-2696

Patient:

DOB: Age: Gender:
 Phone: Fasting: Y
 Spec#

BOGCESS, TONY

Accession: **1810172467** Coll. Date: 10/15/18 Recv. Date: 10/17/18 Print. Date: 10/27/18
 Chart#: Coll. Time: 19:00 Recv. Time: 15:42 Print. Time: 19:51
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Test Name	In Range	Out of Range	Reference	Units
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HEMATOLOGY

CBC WITH DIFFERENTIAL

WBC	6.5		4.0-11.0	10(3)/uL
RBC	4.5		3.9-5.0	10(6)/uL
HEMOGLOBIN	12.4		11.9-15.5	g/dL
HEMATOCRIT	38.0		35.0-45.0	%
MCV	84.8		80-99	fL
MCH	28		25-33	pg
MCHC	33		31-35	g/dL
RDWSD	40.6		37.0-49.2	fL
RDWCV	13.2		11.0-15.5	%
PLT	221		150-450	10(3)/uL
MPV	10.1		9.7-13.0	fL
NE#	3.00		1.40-6.51	10(3)/uL
LY#	2.43		0.57-3.97	10(3)/uL
MO#	0.83		0.22-0.93	10(3)/uL
EO#	0.08		0.00-0.39	10(3)/uL
IG#		0.13 H	0.00-0.03	10(3)/uL
NE%	46.00		38.66-74.15	%
LY%	37		19-53	%
MO%		12.7 H	2.0-12.5	%
EO%	1.2		0-7	%
BA%	0.8		0-2	%
IG%		2.00 H	0.00-0.50	%

ESR

ESR	1		<=20	mm/hr
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CHEMISTRY

CMP (COMPREHENSIVE METABOLIC PANEL)

GLUCOSE FASTING, SERUM		64 L	65-99	mg/dL
SODIUM, SERUM	137		132-146	mEq/L
POTASSIUM, SERUM	note.0			mEq/L
Moderate hemolysis				
CHLORIDE, SERUM	104		99-109	mEq/L
CARBON DIOXIDE	25		22-35	mEq/L
ANION GAP				
unable to calculate.				
BLOOD UREA NITROGEN	11		9-23	mg/dL



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CHEMISTRY (Continued)

CREATININE, SERUM 0.80 0.50-1.10 mg/dL
 BUN/CREATININE RATIO

BUN/CREATININE RATIO is not reported when the BUN and Creatinine values are within the normal range.

CALCIUM, SERUM 9.1 8.3-10.6 mg/dL
 TOTAL PROTEIN 7.1 5.7-8.2 g/dL
 ALBUMIN 4.8 3.2-4.8 g/dL
 GLOBULIN 2.3 1.8-4 g/dL
 A/G RATIO 2.09 1.00-2.10 g/dl
BILIRUBIN, TOTAL 1.6 H 0.3-1.2 mg/dL
 ALKALINE PHOSPHATASE, ALP 66 45-129 U/L
 ALT (SGPT) 19 10-49 U/L
 AST 30 14-34 U/L
 EGFR NON AFR AMERICAN 95 >=60 mL/min/1.73m²
 EGFR AFR AMERICAN 115 >=60 mL/min/1.73m²

BILIRUBIN, DIRECT
 BILIRUBIN DIRECT 0.4 0.1-0.4 mg/dL

MAGNESIUM, SERUM
 MAGNESIUM, SERUM 2.2 1.3-2.7 mg/dL

MAGNESIUM, RBC
 MAGNESIUM, RBC 4.0 4.0-6.4 mg/dL *1

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This test was performed at:
 Quest Diagnostics Nichols Institute Chantilly
 14225 Newbrook Drive
 Chantilly, VA 20151

URIC ACID



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CHEMISTRY (Continued)

URIC ACID 4.7 3.1-7.8 mg/dL

PHOSPHATE (PHOSPHORUS)

PHOSPHATE (PHOSPHORUS) 3.8 2.4-5.1 mg/dL

HOMOCYSTEINE

HOMOCYSTEINE 15.1 H 3.7-13.9 umol/L

Patients taking methotrexate, nicotinic acid, theophylline, nitrous oxide, S-adenosyl-methionine, or L-dopa can have elevated HCY levels.

LACTATE DEHYDROGENASE LDH

LACTATE DEHYDROGENASE LDH 292 H 100-200 U/L

IRON AND IRON-BINDING CAP

IRON, TOTAL 64 40-190 ug/dL

TRANSFERRIN 366 196-490 mg/dL

TIBC 513.2 H 250-450 ug/dL

UIBC 449.2 H 130.0-375.0ug/dL

%SATURATION 12.5 L 15.00-50.00%

FERRITIN

FERRITIN 14.8 10.0-291.0 ng/mL

Iron deficiency: 0.68-34.5 ng/mL

Other anemias: 13.0-1390.8 ng/mL

Iron overload: 334.6-8573.0 ng/mL

Renal dialysis: 31.3-1321.2 ng/mL

Chronic liver disease: 7.9-12826.0 ng/mL

LEPTIN

LEPTIN 6.0 *1 ng/mL

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



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CHEMISTRY (Continued)

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 performed by:
 Quest Diagnostics Nichols Institute
 33608 Ortega Highway
 San Juan Capistrano, California 92690
 Medical Director: Irina Maramica MD

C-REACTIVE PROTEIN, HIGH SENSITIVITY
 CRP, HIGH SENSITIVITY 0.35 <=3 mg/L

Interpretation of the results:

Average cardiovascular risk according to AHA/CDC guidelines.

For ages >17 years:

CRP mg/dL	Risk
<1.0	Low cardiovascular risk according to AHA/CDC
1.0-3.0	Average cardiovascular risk according to AHA/CDC
>3.0-10.0	High cardiovascular risk according to AHA/CDC
>10.0	Persistent elevations may represent non-cardiovascular inflammation.

For ages < or = 17 years:

AHA/CDC recommendations for cardiovascular risk assessment does not apply to



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CHEMISTRY (Continued)
 non-adults

ANTISTREPTOLYSIN O (ASO) ANTIBODY

ASO ANTISTREPTOLYSIN O AB 157.7 0.0-200.0 IU/mL

CHOLESTEROL

CHOLESTEROL 146 <=200 mg/dL

Desirable Range < 200 mg/dL
 Borderline High Risk 200 to 239 mg/dL
 High risk > or = 240 mg/dL

CERULOPLASMIN

CERULOPLASMIN 30 18-53 mg/dL *1

HISTAMINE, PLASMA

HISTAMINE, PLASMA 11.0 H < OR = 1.8 ng/mL *1

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 Medical Director: Irina Maramica MD

GLYCO

HEMOGLOBIN A1C

HEMOGLOBIN A1C 4.3 4.2-5.6 %

Test Performed by Capillary Electrophoresis for HbA1c

See Below:

Non Diabetic <=5.7 %



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GLYCO (Continued)

Mild Risk	5.7%	<=6.1	%
Mod Risk	6.1%	<=6.5	%
High Risk Diabetic		>=6.5	%

GLYCOMARK (R)

GLYCOMARK 17.84 7.3-36.6 ug/mL

GlycoMark reference ranges apply to persons without diabetes. In people with diabetes, under good to moderate glycemic control (Hemoglobin A1c levels =8%) GlycoMark level <8 g/mL suggest significant glycemic variability most likely due to post meal blood glucose levels increasing above 180 mg/dL.

ELECTROPHORESIS

IGA SERUM

IMMUNOGLOBULIN A (IGA) SERUM 297 57-300 mg/dl

IGG SERUM

IMMUNOGLOBULIN G (IGG) SERUM 1017 694-1618 mg/dl

IGM SERUM

IMMUNOGLOBULIN M (IGM) SERUM 85 48-271 mg/dl

ENDOCRINOLOGY

THYROID PANEL

TSH, 3RD GENERATION 1.00 0.35-5.50 uIU/mL

Pregnancy:

First Trimester: 0.30-4.50 uIU/mL
 Second Trimester: 0.50-4.60 uIU/mL
 Third Trimester: 0.80-5.20 uIU/mL

T4 FREE, THYROXINE	1.35	0.89-1.76	ng/dL
T4 TOTAL THYROXINE	8.6	4.5-10.9	ug/dL
T3 FREE TRIIODOTHYRONINE	2.70	2.30-4.20	pg/mL
T3 TOTAL	86	60.0-181.0	ng/dL
T3 UPTAKE	26.00	22.50-37.00	%
FTI	2.24	1.20-4.90	Index

T3, REVERSE

T3 REVERSE, LC/MS/MS 28 H 8-25 *1 ng/dL



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THYROID STIMULATING IMMUN TSI	<0.10		0-0.55	IU/L
TRAB (TSH RECEPTOR BINDING ANTIBODY) TRAB	<6.0		<=16.0	*1 %

Reference Range: <=16% inhibition

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 Quest Diagnostics Nichols Institute Chantilly
 14225 Newbrook Drive
 Chantilly, VA 20151

THYROGLOBULIN IGG AB Thyroglobulin IgG	<12 <40 Negative 40-60 Equivocal >60 Positive		0-40	IU/ml
THYROID PEROXIDASE ANTIBO Thyroid Peroxidase IgG	<4 <25 Negative 25-35 Equivocal >35 Positive		0-25	IU/ml
ESTRONE, LC/MS/MS				*1



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ENDOCRINOLOGY (Continued)

No suitable specimen received for test requested. Please resubmit.

ESTRADIOL-E2

ESTRADIOL-E2 97 SEE BELOW pg/mL

Adult Female Normal Ranges:

Follicular Phase: 19-144 pg/mL
 Mid-Cycle: 64-357 pg/mL
 Luteal Phase: 56-214 pg/mL
 Postmenopausal <=32 pg/mL

The drug Fulvestrant cross reactivity could lead to falsely elevated estradiol test results leading to an inappropriate clinical assessment of estrogen status

PREGNENOLONE

*1

No suitable specimen received for test requested. Please resubmit.

TESTOSTERONE FREE & TOTAL

SEX HORMONE BINDING GLOBU 114 18.0-144.0 nmol/L
 TESTOSTERONE FREE CALCULATED 0.10 0.01-0.64 ng/dL
 FREE TESTOSTERONE% 0.7 %

TESTOSTERONE TOTAL

TESTOSTERONE TOTAL 18.08 <=73.0 ng/dL

Female Normal Ranges:

73 ng/dL Postmenopausal: < or = 43 ng/dL Premenopausal: < or =

FSH(FOLLICLE STIMULATING HORMONE)

FSH(FOLLICLE STIMULATING HORMONE) 15.4 *SEE BELOW mIU/mL



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ENDOCRINOLOGY (Continued)

Female Normal Ranges :

- Follicular Phase: 2.5 - 10.2 mIU/mL
- Midcycle Peak: 3.4 - 33.4 mIU/mL
- Luteal Phase: 1.5 - 9.1 mIU/mL
- Pregnant: < 0.3 mIU/mL
- Postmenopausal: 23.0 - 116.3 mIU/mL

LH (LUTEINIZING HORMONE)

LH(LUTEINIZING HORMONE) 9.2 *SEE BELOW mIU/mL

Female Normal Ranges:

- Follicular Phase: 1.9 - 12.5 mIU/mL
- Midcycle Peak: 8.7 - 76.3 mIU/mL
- Luteal Phase: 0.5 - 16.9 mIU/mL
- Pregnant: <0.5 - 1.5 mIU/mL
- Postmenopausal: 15.9 - 54.0 mIU/mL
- Contraceptives: 0.7 - 5.6 mIU/mL

PROLACTIN (PRL)

PROLACTIN 6.9 2.8-29.2 ng/mL

Female Normal Ranges:

- Non-Pregnant: 2.8 - 29.2 ng/mL
- Pregnant: 9.7 - 208.5 ng/mL
- Postmenopausal: 1.8 - 20.3 ng/mL

CORTISOL AM

CORTISOL AM 8.4 4.3-25.0 ug/dL

DHEA SULFATE

DHEA-SULFATE 163.2 23-266 ug/dl



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ENDOCRINOLOGY (Continued)

ADIPONECTIN *1
 ADIPONECTIN 14 mcg/mL

Reference Ranges for Adiponectin:

Body Mass Index	Males (mcg/mL)	Females (mcg/mL)
<25 kg/meters-squared	4-26	5-37
25-30 kg/meters-squared	4-20	5-28
>30 kg/meters-squared	2-20	4-22

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 Medical Director: Irina Maramica MD

PARATHYROID HORMONE INTACT
 PTH, INTACT 31.7 18.5-88.0 pg/mL
 New reference ranges for iPTH

IMMUNOLOGY/SEROLOGY

GLIADIN DEAMIDATED AB, IGG
 Gliadin, Deamidated Peptide IgG <0.4 0-7 U/ml
 <7 Negative
 7-10 Equivocal
 >10 Positive

GLIADIN DEAMIDATED AB, IGA



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IMMUNOLOGY/SEROLOGY (Continued)

Gliadin, Deamidated Peptide IgA4.2 0-7 U/ml
 <7 Negative
 7-10 Equivocal
 >10 Positive

ANA/DS DNA

ANA Screen(Symphony) 0.1 0-0.7 Ratio
 <0.7 Negative
 0.7-1.00 Equivocal
 >1.00 Positive

dsDNA <0.5 0-10 IU/ml
 <10 Negative
 10-15 Equivocal
 >15 Positive

ANA IFA SCR W/REFL TITER

ANA SCREEN, IFA Negative Negative *1

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 ANA-associated autoimmune diseases are not present at this time.

Visit Physician FAQs for interpretation of all antibodies in the cascade, prevalence, and association with diseases at <http://education.QuestDiagnostics.com/faq/FAQ177>

RHEUMATOID FACTOR IGG/IGM

RHEUMATOID FACTOR IGG/IGM 7.60 0.00-14.00 IU/mL

DNASE-B AB

DNASE-B AB 287 < 301 U/mL

This test performed by:
 Quest Diagnostics Nichols Institute
 27027 Tourney Road
 Valencia, CA 91355-5386



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IMMUNOLOGY/SEROLOGY (Continued)

TISSUE TRANSGLUTAM(IGG,A)

Celikey tTG IgA	0.7		0-7	U/ml
	<7 Negative			
	7-10 Equivocal			
	>10 Positive			
Celikey tTG IgG	<0.6		0-7	U/ml
	<7 Negative			
	7-10 Equivocal			
	>10 Positive			

ALLERGY

IGE SERUM

TOTAL IGE	8.02		0-25.0	kU/L
Specific IgE(kU/L)	Level			Class
<0.10	Normal			0
0.10-0.34	Equivocal/Borderline	Clinical relevance undetermined		0/1
0.35-0.70	Low			1
0.71-3.50	Moderate			2
3.51-17.5	High			3
17.6-50.0	Very High			4
51.0-100.0	Very High			5
>100.0	Very High			6

TRACE ELEMENTS

COPPER, SERUM

COPPER	1206.29		700-1750	ug/L
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This test was developed and its performance characteristics determined by Empire City Laboratories. It has not been cleared or approved by the US Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing.

COPPER, RBC

COPPER,RBC	85			*1 mcg/dL
Reporting Limit: 44 mcg/dL				



229 49th Street
 Brooklyn, NY 11220-1708
 Tel. (718) 788-3840
 Fax. (718) 788-3871

Fermina M. Mazzella, MD
 Laboratory Director
 CLIA No: 33D1057336

Phys: **NATURAL BALANCE WELLNESS MEDICAL CENTER**

1310 SOUTH MAIN ST
 ANN ARBOR, MI 48104
 (734) 929-2696

Patient:

DOB:
 Phone:
 Spec#

BOGGESS, TONY

Accession: **1810172467** Coll. Date: 10/15/18 Recv. Date: 10/17/18 Print. Date: 10/27/18
 Chart#: Coll. Time: 19:00 Recv. Time: 15:42 Print. Time: 19:51
 First reported on: 10/17/2018 22:29 Final report date: 10/27/2018 19:51

Test Name	In Range	Out of Range	Reference	Units
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TRACE ELEMENTS (Continued)

NMS Labs derived data for 2.5th - 97.5th percentile range is 59 - 91 mcg/dL (n=1999).
 The RBC sample used for analysis was measured by weight and multiplied by the density of human RBC (1.10 g/mL) to obtain mcg/dL units.
 Analysis by Inductively Coupled Plasma/Optical Emission Spectrometry (ICP/OES)
 Disclaimer: Specimens for elemental testing should be collected in certified metal-free containers. Elevated results for elemental testing may be caused by environmental contamination at the time of specimen collection and should be interpreted accordingly. It is recommended that unexpected elevated results be verified by testing another specimen.

Test performed by:
 NMS LABS
 3701 Welsh Road P.O. Box 433A
 Willow Grove, PA 19090-0437

ZINC,RBC

ZINC,RBC 1100

*1
 mcg/dL

Reporting Limit: 44 mcg/dL
 NMS Labs derived data for 2.5th - 97.5th percentile range is 794 - 1470 mcg/dL (n=2940).
 The RBC sample used for analysis was measured by weight and multiplied by the density of human RBC (1.10 g/mL) to obtain mcg/dL units.
 Analysis by Inductively Coupled Plasma/Optical Emission Spectrometry (ICP/OES)
 Disclaimer: Specimens for elemental testing should be collected in certified metal-free containers. Elevated results for elemental testing may be caused by environmental contamination at the time of specimen collection and should be interpreted accordingly. It is recommended that unexpected elevated results be verified by testing another specimen.

Test performed by:



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TRACE ELEMENTS (Continued)

NMS LABS
 3701 Welsh Road P.O. Box 433A
 Willow Grove, PA 19090-0437

ZINC, SERUM

ZINC, SERUM 774.82 600-1300 ug/L

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NUTRITION

FOLATE SERUM (FOLIC ACID)

FOLATE SERUM 19.3 >=5.38 ng/mL

Adult Ranges:
 Deficient serum folate: 0.35-3.37 ng/mL
 Indeterminate serum folate: 3.38-5.38 ng/mL
 Normal serum folate: >5.38 ng/mL

VITAMIN B12

VITAMIN B12 352 211-911 pg/mL

VITAMIN D 25-HYDROXY

VITAMIN D 25-HYDROXY 29.43 L 33.00-100.00 ng/mL

< 10 ng/mL Severe Deficiency
 10-29 ng/mL Mild to Moderate Deficiency
 33-100 ng/mL Optimum Levels
 > 100 ng/mL Toxicity Possible

VITAMIN D 1.25-DIHYDROXY

VITAMIN D 1.25 51.1 19.9-79.3 pg/mL

OTHER

OMEGACHECK *1



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OTHER (Continued)

EPA+DPA+DHA 5.5 >5.4 % by wt

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 CHL reference population, the following risk categories were established for OmegaCheck: A cut-off of $\geq 5.5\%$ by wt defines a population at low relative risk, 3.8-5.4% by wt defines a population at moderate relative risk, and $\leq 3.7\%$ 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 is performed by a Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS) method. This test was developed and its performance characteristics determined by the Cleveland HeartLab. It has not been cleared or approved by the U.S. FDA. The Cleveland HeartLab is regulated under Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

ARACHIDONIC ACD/EPA RATIO 10.0 H <5.0

OMEGA-6/OMEGA-3 RATIO 7.6 H <4.5

OMEGA-3 TOTAL 5.5 % by wt

EPA 1.1 L >2.0 % by wt

DPA 1.4 >1.0 % by wt

DHA 3.0 L >4.0 % by wt

OMEGA-6 TOTAL 41.7 % by wt

Cleveland HeartLab measures a number of omega-6 fatty acids with AA and LA being the two most abundant forms reported.

ARACHIDONIC ACID 11.0 H <9.0 % by wt

LINOLEIC ACID 27.8 H <20.0 % by wt

Test performed at:
 Cleveland HeartLab, Inc
 6701 Carnegie Ave



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 Brooklyn, NY 11220-1708
 Tel. (718) 788-3840
 Fax. (718) 788-3871

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OTHER (Continued)

Cleveland, OH 44103

MAILOUT SUMMARY

*1) QUEST DIAGNOSTICS INC, ONE MALCOLM AVE, TETERBORO, NJ, 07608