

Sample results. Actual results may vary.

PATIENT INFORMATION

REPORT STATUS: FINAL

ORDERING PHYSICIAN

CLIENT INFORMATION



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SPECIMEN INFORMATION

SPECIMEN:

REQUISITION:

LAB REF NO:

DOB:

AGE:

GENDER:

FASTING:

Clinical Info:

COLLECTED:

RECEIVED:

REPORTED:

| Test Name | Result | Flag | Reference Range | Lab |
|---------------------------------------------------|------------------------------|------|----------------------|-----|
| FASTING: UNKNOWN | | | | |
| CBC (INCLUDES DIFF/PLT) | | | | |
| WHITE BLOOD CELL COUNT | 6.4 | | 3.8-10.8 Thousand/uL | 01 |
| RED BLOOD CELL COUNT | 3.70 | LOW | 3.80-5.10 Million/uL | 01 |
| HEMOGLOBIN | 12.8 | | 11.7-15.5 g/dL | 01 |
| HEMATOCRIT | 38.1 | | 35.0-45.0 % | 01 |
| MCV | 103.0 | HIGH | 80.0-100.0 fL | 01 |
| MCH | 34.6 | HIGH | 27.0-33.0 pg | 01 |
| MCHC | 33.6 | | 32.0-36.0 g/dL | 01 |
| RDW | 12.5 | | 11.0-15.0 % | 01 |
| PLATELET COUNT | 277 | | 140-400 Thousand/uL | 01 |
| MPV | DNR | | 7.5-11.5 fL | 01 |
| ABSOLUTE NEUTROPHILS | 3110 | | 1500-7800 cells/uL | 01 |
| ABSOLUTE BAND NEUTROPHILS | DNR | | 0-750 cells/uL | 01 |
| ABSOLUTE METAMYELOCYTES | DNR | | 0 cells/uL | 01 |
| ABSOLUTE MYELOCYTES | DNR | | 0 cells/uL | 01 |
| ABSOLUTE PROMYELOCYTES | DNR | | 0 cells/uL | 01 |
| ABSOLUTE LYMPHOCYTES | 2650 | | 850-3900 cells/uL | 01 |
| ABSOLUTE MONOCYTES | 448 | | 200-950 cells/uL | 01 |
| ABSOLUTE EOSINOPHILS | 154 | | 15-500 cells/uL | 01 |
| ABSOLUTE BASOPHILS | 38 | | 0-200 cells/uL | 01 |
| ABSOLUTE BLASTS | DNR | | 0 cells/uL | 01 |
| ABSOLUTE NUCLEATED RBC | DNR | | 0 cells/uL | 01 |
| NEUTROPHILS | 48.6 | | % | 01 |
| BAND NEUTROPHILS | DNR | | % | 01 |
| METAMYELOCYTES | DNR | | % | 01 |
| MYELOCYTES | DNR | | % | 01 |
| PROMYELOCYTES | DNR | | % | 01 |
| LYMPHOCYTES | 41.4 | | % | 01 |
| REACTIVE LYMPHOCYTES | DNR | | 0-10 % | 01 |
| MONOCYTES | 7.0 | | % | 01 |
| EOSINOPHILS | 2.4 | | % | 01 |
| BASOPHILS | 0.6 | | % | 01 |
| BLASTS | DNR | | % | 01 |
| NUCLEATED RBC | DNR | | 0 /100 WBC | 01 |
| COMMENT(S) | DNR | | | 01 |
| HEPATITIS B SURFACE ANTIGEN W/REFL CONFIRM | | | | |
| HEPATITIS B SURFACE ANTIGEN | NON-REACTIVE | | NON-REACTIVE | 01 |
| CONFIRMATION | DNR | | | 01 |
| HEPATITIS C ANTIBODY | | | | |
| HEPATITIS C ANTIBODY | NON-REACTIVE | | NON-REACTIVE | 01 |
| SIGNAL TO CUT-OFF | 0.01 | | <1.00 | 01 |
| RUBELLA IMMUNE STATUS | | | | |
| RUBELLA ANTIBODY (IGG) | 2.91 | | | 01 |
| Value | Interpretation | | | |
| ----- | ----- | | | |
| < or = 0.90 | Not consistent with Immunity | | | |
| 0.91-1.09 | Equivocal | | | |
| > or = 1.10 | Consistent with Immunity | | | |

The presence of rubella IgG antibody suggests

Sample results. Actual results may vary.

immunization or past or current infection with rubella virus.

VARICELLA ZOSTER VIRUS ANTIBODY (IGG)

| | | | |
|---------------------------------|-----------------------------------------|-------|----|
| VARICELLA ZOSTER VIRUS ANTIBODY | 2.77 | index | 01 |
| Index | Explanation of Results | | |
| ----- | | | |
| < or = 0.90 | Negative - No VZV IgG Antibody detected | | |
| 0.91 - 1.09 | Equivocal | | |
| > or = 1.10 | Positive - VZV IgG Antibody detected | | |

A positive result indicates that the patient has antibody to VZV but does not differentiate between infection (active or past) and vaccination. The clinical diagnosis must be interpreted in conjunction with the clinical signs and symptoms of the patient. This assay reliably measures immunity due to previous infection but may not always be sensitive enough to detect antibodies induced by vaccination. Thus, a negative result in a vaccinated individual does not necessarily indicate susceptibility to VZV infection.

HIV AB, HIV 1/2, EIA, WITH REFLEXES

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|----|
| HIV 1/2 EIA AB SCREEN | NON-REACTIVE | NON-REACTIVE | 01 |
| A Nonreactive HIV 1/2 antibody result does not exclude HIV infection since the time frame for seroconversion is variable. If acute HIV infection is suspected, HIV-1 RNA TMA Qualitative (16185) testing is recommended. | | | |

PLEASE NOTE: This information has been disclosed to you from records whose confidentiality may be protected by state law. If your state requires such protection, then the state law prohibits you from making any further disclosure of the information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

| | | | |
|------------------|------------|--------|----|
| FSH | | | |
| FSH | 6.1 | mIU/mL | 01 |
| Reference Range | | | |
| Follicular Phase | 2.5-10.2 | | |
| Mid-cycle Peak | 3.1-17.7 | | |
| Luteal Phase | 1.5- 9.1 | | |
| Postmenopausal | 23.0-116.3 | | |

| | | | |
|------------------|-----------|--------|----|
| LH | | | |
| LH | 7.0 | mIU/mL | 01 |
| Reference Range | | | |
| Follicular Phase | 1.9-12.5 | | |
| Mid-Cycle Peak | 8.7-76.3 | | |
| Luteal Phase | 0.5-16.9 | | |
| Postmenopausal | 10.0-54.7 | | |

| | | | |
|---------------------|----------|-------|----|
| PROGESTERONE | | | |
| PROGESTERONE | 0.5 | ng/mL | 01 |
| Reference Ranges | | | |
| Female | | | |
| Follicular Phase | < 1.0 | | |
| Luteal Phase | 2.6-21.5 | | |
| Post menopausal | < 0.5 | | |
| Pregnancy | | | |
| 1st Trimester | 4.1-34.0 | | |

Sample results. Actual results may vary.

2nd Trimester 24.0-76.0

3rd Trimester 52.0-302.0

PROLACTIN

PROLACTIN 26.8 ng/mL 01
Reference Range

Females

Non-pregnant 3.0-30.0

Pregnant 10.0-209.0

Postmenopausal 2.0-20.0

T4, FREE

T4, FREE 0.9 0.8-1.8 ng/dL 01

TSH

TSH 4.73 HIGH mIU/L 01
Reference Range

> or = 20 Years 0.40-4.50

Pregnancy Ranges

First trimester 0.26-2.66

Second trimester 0.55-2.73

Third trimester 0.43-2.91

ESTRADIOL

ESTRADIOL 24 pg/mL 01
Reference Range

Follicular Phase: 19-144

Mid-Cycle: 64-357

Luteal Phase: 56-214

Post-Menopausal: < or = 31

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).

ANTI MULLERIAN HORMONE ASSESSR(TM)

ANTI MULLERIAN HORMONE ASSESSR(TM) 6.09 ng/mL 02

REFERENCE RANGES for AMH/MIS:

| Age | Expected range (ng/mL) |
|-----------|------------------------|
| ----- | |
| Female: | |
| <14 yrs | 0.49-3.15 |
| 14-19 yrs | 1.28-16.37 |
| 20-29 yrs | 0.76-11.34 |
| 30-39 yrs | <9.24 |
| 40-49 yrs | <4.50 |
| > 49 yrs | <0.45 |
| Male: | |
| <1 yr | 37.20-345.67 |
| 1-6 yrs | 59.54-320.65 |
| 7-11 yrs | 40.99-203.67 |
| 12-17 yrs | <128.29 |
| > 17 yrs | 1.15-15.23 |

This test(s) was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, Valencia, CA. Performance characteristics refer to the analytical performance of the test.

Sample results. Actual results may vary.

QUESTASSURED 25-OH VIT D, (D2,D3), LC/MS/MS

| | | | | |
|-------------------------|----|-----|--------------|----|
| VITAMIN D, 25-OH, TOTAL | 26 | LOW | 30-100 ng/mL | 02 |
|-------------------------|----|-----|--------------|----|

25-OHD3 indicates both endogenous production and supplementation. 25-OHD2 is an indicator of exogenous sources, such as diet or supplementation. Therapy is based on measurement of Total 25-OHD, with levels <20 ng/mL indicative of Vitamin D deficiency, while levels between 20 ng/mL and 30 ng/mL suggest insufficiency. Optimal levels are > or = 30 ng/mL.

| | | | |
|----------------------|----|-----------------|----|
| VITAMIN D, 25-OH, D3 | 26 | See Below ng/mL | 02 |
|----------------------|----|-----------------|----|

Reference Range: Not established

| | | | |
|----------------------|----|-----------------|----|
| VITAMIN D, 25-OH, D2 | <4 | See Below ng/mL | 02 |
|----------------------|----|-----------------|----|

Reference Range: Not established

RPR (DX) W/REFL TITER AND CONFIRMATORY TESTING

| | | | |
|---------------------------|--------------|--------------|----|
| RPR (DX) W/REFL TITER AND | NON-REACTIVE | NON-REACTIVE | 01 |
|---------------------------|--------------|--------------|----|

ABO GROUP AND RH TYPE

| | | | |
|-----------|---|--|----|
| ABO GROUP | A | | 01 |
|-----------|---|--|----|

| | | | |
|---------|----------------|--|----|
| RH TYPE | RH(D) POSITIVE | | 01 |
|---------|----------------|--|----|

Performing Laboratory Information:

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