Sample results. Actual results may vary

	PATIENT INFORMATION		REPORT STATUS: F	INAL
SPECIMEN INFORMATION			ORDERING PHYSICIAN	
SDECIMEN.	DOB:			
SPECIMEN.	AGE :			
REQUISITION:	GENDER:		CLIENT INFORMATION	
LAB REF NO:	FASTING:			SA
COLLECTED:	Clinical Info:	:		s s
RECEIVED:		Order Todav		
REPORTED:			www.accesalabs.com/	lipids
Test Name	Result	Flag	Reference Range	Lab
FASTING:YES				
LIPID PANEL				
CHOLESTEROL, TOTAL	287	HIGH	125-200 mg/dL	01
HDL CHOLESTEROL	42	LOW	> OR = 46 mg/dL	01
TRIGLYCERIDES	99		<150 mg/dL	01
LDL-CHOLESTEROL	225	HIGH	<130 mg/dL (calc)	01
IDI-C lovela > or = 1	0 mg/dI may indicate famil	ial	(150 mg/dl (cdic)	01
for all first degree : FH diagnosis. J of C	relatives of patients with linical Lipidology 5:S1-S8	an 2011.	6	
Desirable range <100 m diabetes and <70 mg/d known heart disease.	ng/dL for patients with CHD L for diabetic patients wit	or h		
CHOL/HDLC RATIO	6.8	HIGH	< OR = 5.0 (calc)	01
NON HDL CHOLESTEROL	245	HIGH	mg/dL (calc)	01
Target for non-HDL cho	olesterol is 30 mg/dL highe	r than		
LDL cholesterol target				
HS CRP				
HS CRP	2.6		mg/L	01
Average relative gard	owner when rick parenting t	0		
AHA/CDC guidelines.		0		
For ages >17 Years				
hs-CRP mg/L Risk Acco	ording to AHA/CDC Guideline	s		
<1.0 Lower re	lative cardiovascular risk.			
1.0-3.0 Average	celative cardiovascular ris	k.		
3.1-10.0 Higher re	elative cardiovascular risk			
Consider	retesting in 1 to 2 weeks	to		
exclude a	a benign transient elevation	n		
in the ba	aseline CRP value secondary			
to infect	ion or inflammation.			
>10.0 Persister	nt elevation, upon retesting	a,		
may be as inflamma	ssociated with infection and	d		
HOMOCYSTEINE				
HOMOCYSTEINE	10.8	HIGH	<10.4 umol/L	01
Homocysteine is increa	ased by functional deficien	cy of		
folate or vitamin R12	. Testing for methylmaloni	- c acid		
differentiates between	these deficiencies Othe	r causes		
of increased homogyst	sine include renal failure	folate		
antagonists such as m	thotrexate and phenytoin	and		
evoquire to nitrous of	zide			
of increased homocysto antagonists such as mo exposure to nitrous o:	eine include renal failure, ethotrexate and phenytoin, kide.	folate and		