Sample results. Actual results may vary

PATIENT INFORMATION

Clinical Info:

SPECIMEN INFORMATION

DOB: SPECIMEN: AGE: **REQUISITION:** GENDER: LAB REF NO: FASTING:

COLLECTED:

RECEIVED: REPORTED: REPORT STATUS: FINAL

ORDERING PHYSICIAN

CLIENT INFORMATION

Order Today www.accesalabs.com/lipids

Test Name Result Flag Lab Reference Range

CARDIO IQ(R) LIPID PANEL

CHOLESTEROL, TOTAL 125-200 mg/dL 175

Adult Reference Ranges for Cholesterol, Total:*

> or = 20 Years: 125-200 mg/dL

<200 (Desirable) 200-239 (Borderline) >=240 (Higher Risk)

References:

** An executive summary of the NCEP guidelines, the "Third Report of the NCEP Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults." Journal of the American Medical Association. May 16, 2001.

HDL CHOLESTEROL TRIGLYCERIDES

02 > OR = 40 mg/dLmg/dL 02

Adult Reference Ranges for Triglycerides*

<150 mg/dL (Normal) 150-199 mg/dL (Borderline High)

200-499 mg/dL (High) (Very High) >=500 mg/dL

References:

** An executive summary of the NCEP guidelines, the "Third Report of the NCEP Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults." Journal of the American

Medical Association. May 16, 2001.

LDL-CHOLESTEROL mg/dL 02

Reference Range: (DESIRABLE) <130 130-159 (BORDERLINE) =160 (HIGH)

Desirable Range <100 mg/dL for patients with CHD or Diabetes and <70 mg/dL for Diabetic patients with known heart

disease.

CHOL/HDLC RATIO < OR = 5.0 calc 02 NON HDL CHOLESTEROL 70 mg/dL 02

Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target

LP PLA2 (PLAC[R])

LP PLA2 (PLAC[R]) 169 81-259 ng/mL 02

Risk: Optimal < 200 ng/mL; Moderate 200-235 ng/mL; High > 235 ng/mL Cardiovascular event risk category cut points (optimal, moderate, high) are based on Lanman et al. Prev

Cardiol. 2006;9:138

Sample results. Actual results may vary

Cardi index adult index NEJM. RISK The O cardi quart (75th the r omega omega Index	ACID/EPA RATIO	Low category cut point high) are based of lation. Association events is based on Low collected with a low ecause it is in the dex categories are citom (25th percent. Consumption of for and DHA) or supplementation of the late of the office of the company of the collected of the	nts for Omega3 on quantities of n between Omega3 n Albert et al. risk of e top population based on the top ile) quartiles of oods high in ements containing -3 Index.	1.3-12.0 0.2-7.0 0.3-2.3 % -2.3 % 0.4-3.0 %	
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	exclude a beni	gn transient elev	ration		
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>10.0	Persistent ele	vation, upon rete	esting,		
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	inflammation.				
PROTEIN FF	ACTIONATION ION MOB	ILITY			
L PARTICLE	TUMBER	791	LOW	1016-2185 nmol/L	
	imal <1260; Modera	1 1 2 2	jh >1538		
SMALL		124		123-441 nmol/L	9
	imal <162; Moderat	25 SEX			
MEDIUM		133	LOW	167-465 nmol/L	
27502	TO A STATE OF THE		1020		
	imal <201; Moderat		271		
LARGE		7403		4334-10815 nmol/L	(

> OR = 218.2 Angstrom

Risk: Optimal Pattern A; High Pattern B

LDL PEAK SIZE

Sample results. Actual results may vary

52-109 mg/dL

Risk: Optimal >222.5; Moderate 222.5-218.2; High <218.2

Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on adult U.S. reference population. Association between lipoprotein subfractions and

cardiovascular events is based on Musunuru et al. ATVB. 2009;29:1975.

CARDIO IQ(R) APOLIPOPROTEIN B

APOLIPOPROTEIN B 54

Risk: Optimal < 80 mg/dL; Moderate 80-119 mg/dL; High > or = 120 mg/dL Cardiovascular event risk category cut points (optimal, moderate, high) are based on National Lipid Association recommendations - Davidson et al. J Clin Lipidol. 2011;5:338

CARDIO IQ(R) LIPOPROTEIN (a)

LIPOPROTEIN (a) 150 HIGH <75 nmol/L 0

Risk: Optimal < 75 nmol/L; Moderate 75-125 nmol/L; High > 125 nmol/L Cardiovascular event risk category cut points (optimal, moderate, high) are based on Marcovina et al. Clin Chem. 2003;49:1785 and Nordestgaard et al. European Heart J. 2010;31:2844 (results of meta-analysis and expert panel recommendations).

HOMOCYSTEINE

HOMOCYSTEINE 9.7

Homocysteine is increased by functional deficiency of folate or vitamin B12. Testing for methylmalonic acid differentiates between these deficiencies. Other causes of increased homocysteine include renal failure, folate antagonists such as methotrexate and phenytoin, and exposure to nitrous oxide.

B TYPE NATRIURETIC PEPTIDE (BNP)

B TYPE NATRIURETIC PEPTIDE (BNP) <4 <100 pg/mL 01

BNP levels increase with age in the general population with the highest values seen in individuals greater than 75 years of age.

Reference: J. Am. Coll. Cardiol. 2002; 40:976-982.