

# Sample results. Actual results may vary

PATIENT INFORMATION

REPORT STATUS: FINAL

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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
<b>QUESTASSURED 25-OH VIT D, (D2,D3), LC/MS/MS</b>				
VITAMIN D, 25-OH, TOTAL	12	LOW	30-100 ng/mL	01
VITAMIN D, 25-OH, D3	12		ng/mL	01
VITAMIN D, 25-OH, D2	<4		ng/mL	01
<p>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 &lt;20 ng/mL indicative of Vitamin D deficiency while levels between 20 ng/mL and 30 ng/mL suggest insufficiency. Optimal levels are &gt; or = 30 ng/mL.</p>				
<b>TSH</b>				
TSH	3.94		mIU/L	02
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				
<b>T4 (THYROXINE), TOTAL</b>				
T4 (THYROXINE), TOTAL	7.9		4.5-12.0 mcg/dL	02
FREE T4 INDEX (T7)	DNR		1.4-3.8	02
<b>T4, FREE</b>				
T4, FREE	1.0		0.8-1.8 ng/dL	02
<b>CBC (INCLUDES DIFF/PLT)</b>				
WHITE BLOOD CELL COUNT	7.1		3.8-10.8 Thousand/uL	02
RED BLOOD CELL COUNT	4.51		3.80-5.10 Million/uL	02
HEMOGLOBIN	13.0		11.7-15.5 g/dL	02
HEMATOCRIT	39.1		35.0-45.0 %	02
MCV	86.7		80.0-100.0 fL	02
MCH	28.9		27.0-33.0 pg	02
MCHC	33.3		32.0-36.0 g/dL	02
RDW	13.2		11.0-15.0 %	02
PLATELET COUNT	316		140-400 Thousand/uL	02
MPV	7.2	LOW	7.5-11.5 fL	02
ABSOLUTE NEUTROPHILS	3742		1500-7800 cells/uL	02
ABSOLUTE BAND NEUTROPHILS	DNR		0-750 cells/uL	02
ABSOLUTE METAMYELOCYTES	DNR		0 cells/uL	02
ABSOLUTE MYELOCYTES	DNR		0 cells/uL	02
ABSOLUTE PROMYELOCYTES	DNR		0 cells/uL	02
ABSOLUTE LYMPHOCYTES	2663		850-3900 cells/uL	02
ABSOLUTE MONOCYTES	433		200-950 cells/uL	02

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ABSOLUTE EOSINOPHILS	241	15-500 cells/uL	02
ABSOLUTE BASOPHILS	21	0-200 cells/uL	02
ABSOLUTE BLASTS	DNR	0 cells/uL	02
ABSOLUTE NUCLEATED RBC	DNR	0 cells/uL	02
NEUTROPHILS	52.7	%	02
BAND NEUTROPHILS	DNR	%	02
METAMYELOCYTES	DNR	%	02
MYELOCYTES	DNR	%	02
PROMYELOCYTES	DNR	%	02
LYMPHOCYTES	37.5	%	02
REACTIVE LYMPHOCYTES	DNR	0-10 %	02
MONOCYTES	6.1	%	02
EOSINOPHILS	3.4	%	02
BASOPHILS	0.3	%	02
BLASTS	DNR	%	02
NUCLEATED RBC	DNR	0 /100 WBC	02
COMMENT(S)	DNR		02

**HEPATITIS B SURFACE ANTIGEN W/REFL CONFIRM**

HEPATITIS B SURFACE ANTIGEN	NON-REACTIVE	NON-REACTIVE	02
CONFIRMATION	DNR		02

**HEPATITIS C AB W/REFL TO HCV RNA, QN, PCR**

HEPATITIS C ANTIBODY	NON-REACTIVE	NON-REACTIVE	02
SIGNAL TO CUT-OFF	0.03	<1.00	02

**RUBELLA IMMUNE STATUS**

RUBELLA ANTIBODY (IGG)	2.31		02
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Value	Interpretation
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< 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 immunization or past or current infection with rubella virus.

**VARICELLA ZOSTER VIRUS ANTIBODY (IGG)**

VARICELLA ZOSTER VIRUS ANTIBODY	1.45	index	02
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Index	Explanation of Results
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< 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 1/2 ANTIGEN/ANTIBODY, FOURTH GENERATION W/RFL**

HIV AG/AB, 4TH GEN	NON-REACTIVE	NON-REACTIVE	02
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A Nonreactive HIV Ag/Ab result does not exclude HIV infection since the time frame for seroconversion is variable. If acute HIV infection is suspected, a HIV-1 RNA Qualitative TMA test 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

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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.

The performance of this assay has not been clinically validated in patients less than 2 years old.

<b>FSH</b>			
FSH	4.9	mIU/mL	02
	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	
<b>LH</b>			
LH	11.8	mIU/mL	02
	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	
<b>PROGESTERONE</b>			
PROGESTERONE	<0.5	ng/mL	02
	Reference Ranges		
	Female		
	Follicular Phase	< 1.0	
	Luteal Phase	2.6-21.5	
	Post menopausal	< 0.5	
	Pregnancy		
	1st Trimester	4.1-34.0	
	2nd Trimester	24.0-76.0	
	3rd Trimester	52.0-302.0	
<b>PROLACTIN</b>			
PROLACTIN	10.7	ng/mL	02
	Reference Range		
	Females		
	Non-pregnant	3.0-30.0	
	Pregnant	10.0-209.0	
	Postmenopausal	2.0-20.0	
<b>ESTRADIOL</b>			
ESTRADIOL	41	pg/mL	02
	Reference Range		
	Follicular Phase:	19-144	
	Mid-Cycle:	64-357	
	Luteal Phase:	56-214	
	Postmenopausal:	< or = 31	

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**TESTOSTERONE,FR(DIALYSIS) AND TOTAL(LC/MS/MS)**

TESTOSTERONE, TOTAL, LC/MS/MS                      71                      **HIGH**                      2-45 ng/dL                      01

FREE TESTOSTERONE                      11.9                      **HIGH**                      0.1-6.4 pg/mL                      01

**ANTI MULLERIAN HORMONE ASSESSR(TM)**

ANTI MULLERIAN HORMONE ASSESSR(TM) 10.87                      ng/mL                      03

REFERENCE RANGES for AMH/MIS:

	Age	Expected range (ng/mL)
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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

**RPR (DX) W/REFL TITER AND CONFIRMATORY TESTING**

RPR (DX) W/REFL TITER AND                      NON-REACTIVE                      NON-REACTIVE                      02

**ABO GROUP AND RH TYPE**

ABO GROUP                      B                      02

RH TYPE                      RH(D) POSITIVE                      02

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**Performing Laboratory Information:**

