PATIENT INFORMATION

REPORT STATUS: FINAL

SPECIMEN INFORMATION

SPECIMEN:
REQUISITION:
LAB REF NO:

COLLECTED:
RECEIVED:
REPORTED:

DOB:
AGE:
GENDER:
FASTING:

Clinical Info:

ORDERING PHYSICIAN

CLIENT INFORMATION

Test Name	Result	Flag	Reference Range	Lab
URIC ACID				
URIC ACID	4.0		2.5-7.0 mg/dL	01
Therapeutic target for gout patients: <6.0 mg/dL				
SED RATE BY MODIFIED WESTERGREN				
SED RATE BY MODIFIED WESTERGREN	2		< OR = 20 mm/h	01
ANA SCREEN, IFA, W/REFL TITER AND PATTERN				
ANA SCREEN, IFA	NEGATIVE		NEGATIVE	01
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				
RHEUMATOID FACTOR	5		<14 IU/mL	01
HS CRP				
HS CRP	1.3		mg/L	01

Average relative cardiovascular risk according to AHA/CDC guidelines.

For ages >17 Years:

hs-CRP mg/L	Risk According to AHA/CDC Guidelines
<1.0	Lower relative cardiovascular risk.
1.0-3.0	Average relative cardiovascular risk.
3.1-10.0	Higher relative cardiovascular risk. Consider retesting in 1 to 2 weeks to exclude a benign transient elevation in the baseline CRP value secondary to infection or inflammation.
>10.0	Persistent elevation, upon retesting, may be associated with infection and inflammation.

Test Name	Result	Flag	Reference Range	Lab
CYCLIC CITRULLINATED PEPTIDE (CCP) AB (IGG)				
CYCLIC CITRULLINATED PEPTIDE (CCP)	<16		UNITS	01

Reference Range

Negative:	<20
Weak Positive:	20-39
Moderate Positive:	40-59
Strong Positive:	>59

Test Name	Result	Flag	Reference Range	Lab
LYME DISEASE AB W/REFL TO BLOT (IGG, IGM)				
LYME AB SCREEN	< or = 0.90		index	02

REFERENCE RANGE: <=0.90

INTERPRETIVE CRITERIA:

<= 0.90	NEGATIVE
0.91-1.09	EQUIVOCAL
>= 1.10	POSITIVE

The use of purified VlsE-1 and PepC10 antigens in this assay provides improved specificity compared to assays that utilize whole cell lysates of B. burgdorferi, the causative agent of Lyme disease, and slightly better sensitivity compared to the C6 antibody assay.

As recommended by the Food and Drug Administration (FDA), all samples with positive or equivocal results in a Borrelia burgdorferi antibody EIA (screening) will be tested using a blot method. Positive or equivocal screening test results should not be interpreted as truly positive until verified as such using a supplemental assay (e.g., B. burgdorferi blot).

The screening test and/or blot for B. burgdorferi antibodies may be falsely negative in early stages of Lyme disease, including the period when erythema migrans is apparent.

Performing Laboratory Information: