TRUE HEALTH DIAGNOSTICS
EMPOWERING HEALTH THROUGH INSIGHT

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
PATIENT TEST		13-1[illegible]539 Text

Fasting Status:	File ID:	Gender:	Birthdate:	Age:
FASTING	10849	FEMALE	5/5/1955	60

Height:	Weight:	BMI:	Prev. BMI:
5 ft 7 in	177 lbs	27.7	

Specimen

Collection Time:	Specimen ID:
3:42 pm	1508[illegible]1496 Text

Collection Date:	Report Type:
8/18/2015	COMPLETE

Received Date:	Report Date:
8/18/2015	10/14/2015

Provider

Requesting Provider:
DOCTOR TEST
PHYSIOAGE MEDICAL GROUP - NY Text
30 CENTRAL PARK SOUTH, 8D
NEW YORK, NY 10019

Client ID:
37-10019-[illegible]003868 Text

Laboratory Test	Notes	High Risk	Intermediate Risk	Optimal	High Risk Range	Intermediate Risk Range	Optimal Range	Previous Results
Lipids								
Total Cholesterol (mg/dL)			222		≥ 240	200 - 239	< 200	
LDL-C Direct (mg/dL)			111		≥ 130 CHD & CHD risk eq. > 100	100 - 129 CHD & CHD risk eq. 70 - 100	< 100 CHD & CHD risk eq. < 70	
HDL-C (mg/dL)				66	< 50		≥ 50	
Triglycerides (mg/dL)			166		> 199	150 - 199	< 150	
Non-HDL-C (mg/dL) (calculated)		211			≥ 160	130 - 159	< 130	
Lipoprotein Particles and Apolipoproteins								
Apo B (mg/dL)			61		≥ 80	60 - 79	< 60	
LDL-P (nmol/L)§β, by NMR			1111		≥ 1360	1020 - 1359	< 1020	
Small LDL-P (nmol/L)§β, by NMR			555		> 1000	501 - 1000	< 501	
sdLDL-C (mg/dL)§β		33			> 30	21 - 30	< 21	
Apo A-I (mg/dL)		111			< 130	130 - 150	> 150	
HDL-P (µmol/L)§β, by NMR				44.0	≤ 34.0	34.1 - 38.0	> 38.0	
HDL2-C (mg/dL)§β				21	≤ 12	13 - 16	≥ 17	
Apo B:Apo A-I Ratio (calculated)				0.55	≥ 0.81	0.61 - 0.80	≤ 0.60	
Lp(a)-P (nmol/L)§β				< 50	> 125	75 - 125	< 75	
LDL-triglycerides (mg/dL)§β			16.0		> 18.4	15.1 – 18.4	≤ 15.0	
Inflammation/ Oxidation								
Fibrinogen (mg/dL)		111			< 126 or > 517	438 - 517	126 - 437	
hs-CRP (mg/L)			2.0		> 2.9	1.0 - 2.9	< 1.0	
Lp-PLA$_2$ (ng/mL)		255			> 235	200 - 235	< 200	
F$_2$-Isoprostanes (urine) (ng/mg of creatinine)§β			0.25		≥ 0.33	0.22 - 0.32	≤ 0.21	
Oxidized LDL-β$_2$GPI (U/mL)§		1.0			≥ 0.2 High Risk	0.1 Moderate Risk	< 0.1 Low Risk	

Lab Notes:

Provider Notes:

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Dr. Christopher Byers | Laboratory Director | CLIA No. 45D2082195 | NPI No. 1619376316

TRUE HEALTH DIAGNOSTICS
EMPOWERING HEALTH THROUGH INSIGHT

Laboratory Results

Patient

Name: PATIENT TEST
Phone #:
Patient ID #: 13-Text0539
Fasting Status: FASTING | File ID: 10849 | Gender: FEMALE | Birthdate: 5/5/1955 | Age: 60
Height: 5 ft 7 in | Weight: 177 lbs | BMI: 27.7 | Prev. BMI:

Specimen

Collection Time: 3:42 pm | Specimen ID: 1508190Text1496
Collection Date: 8/18/2015 | Report Type: COMPLETE
Received Date: 8/18/2015 | Report Date: 10/14/2015

Provider

Requesting Provider: DOCTOR TEST
PHYSIOAGE MEDICAL GROUP
, NY Text
30 CENTRAL PARK SOUTH, 8D
NEW YORK, NY 10019
Client ID: 37-10019-Text003868

Laboratory Test	Notes	High Risk	Intermediate Risk	Optimal	High Risk Range	Intermediate Risk Range	Optimal Range	Previous Results
Endothelial Function								
Asymmetric Dimethylarginine (ng/mL)§β			100		> 108	97 - 108	< 97	
Symmetric Dimethylarginine (ng/mL)§β			100		> 104	88 - 104	< 88	
L-arginine (ng/mL)§β		33333			< 4500 or > 22500		4500 - 22500	
Asymmetric Dimethylarginine/Arginine Ratio (calculated)				3.0	> 9.8	7.8 - 9.8	< 7.8	
Myocardial Structure/Stress/Function								
Galectin-3 (ng/mL)			18.0		> 25.9	17.9 - 25.9	< 17.9	
NT-proBNP (pg/mL)			155		> 449	125 - 449	< 125	
Heart Type Fatty Acid Binding Protein (ng/mL)§β			7.0		≥ 9.1	6.1 - 9.0	≤ 6.0	
Platelets								
AspirinWorks® (urine) (pg/mg of creatinine)				64	> 1500		≤ 1500	
Lipoprotein Genetics								
Apolipoprotein E (T471C, C609T)§ rs429358, rs7412		4/4			Estimated Genotype Frequency: 2/2 (~1-2%), 2/3 (~15%), 2/4 (~1-2%), 3/3 (~55%), 3/4 (~25%), 4/4 (~1-2%)			
Statin Myopathy, SLCO1B1*5§β rs4149056		C/C			**Optimal** = T/T, **Intermediate Risk** = T/C, **High Risk** = C/C			
Platelet Genetics								
CYP2C19*2*3§ rs4244285, rs4986893 **POOR** metabolizers with poor antiplatelet effect of Plavix.				*1/*1	*1/*1 = optimal, *1/*2 or *1/*3 = intermediate, *2/*2, *2/*3 or *3/*3 = poor			
CYP2C19*17§ rs12248560 **RAPID** metabolizers at increased risk for bleeding on Plavix.				*1/*1	*1/*1 = optimal, *1/*17 = rapid, *17/*17 = ultra rapid			

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TRUE HEALTH DIAGNOSTICS
EMPOWERING HEALTH THROUGH INSIGHT

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
PATIENT TEST		13-T51-0539 Text

Fasting Status:	File ID:	Gender:	Birthdate:	Age:
FASTING	10849	FEMALE	5/5/1955	60

Height:	Weight:	BMI:	Prev. BMI:
5 ft 7 in	177 lbs	27.7	

Specimen

Collection Time:	Specimen ID:
3:42 pm	1508Text01496

Collection Date:	Report Type:
8/18/2015	COMPLETE

Received Date:	Report Date:
8/18/2015	10/14/2015

Provider

Requesting Provider:
DOCTOR TEST
PHYSIOAGE MEDICAL GROUP - NY Text
30 CENTRAL PARK SOUTH, 8D
NEW YORK, NY 10019

Client ID:
37-10019Text0003868

Laboratory Test	Notes	High Risk	Intermediate Risk	Optimal	High Risk Range	Intermediate Risk Range	Optimal Range	Previous Results
Coagulation Genetics								
Factor V Leiden (G1691A)§ rs6025				Arg/Arg	**Optimal**=Non-carrier (Arg/Arg); **At Risk**=(Arg/Gln or Gln/Gln)			
Prothrombin Mutation (G20210A)§ rs1799963		A/A			**Optimal**=Non-carrier (G/G); **At Risk**=(G/A or A/A)			
MTHFR (C677T)§ rs1801133 (Methylenetetrahydrofolate Reductase)				C/C	Estimated Genotype Frequency: C/C (~49.3%), C/T (~39.8%), T/T (~10.9%)			
MTHFR (A1298C)§β rs1801131		C/C			Estimated Genotype Frequency: C/C (~7-12%), A/C (~30%), A/A (~58-63%)			
CYP2C9*2§β rs1799853				C/C	Warfarin metabolism: C/C = normal, C/T = intermediate, T/T = poor			
CYP2C9*3§β rs1057910				A/A	Warfarin metabolism: A/A = normal, C/A = intermediate, C/C = poor			
VKORC1 (-1639G>A)§β rs9923231				G/G	Warfarin response: G/G = poor, G/A = intermediate, A/A = extensive			

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TRUE HEALTH DIAGNOSTICS
EMPOWERING HEALTH THROUGH INSIGHT

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
PATIENT TEST		13[illegible]0539 Text

Fasting Status:	File ID:	Gender:	Birthdate:	Age:
FASTING	10849	FEMALE	5/5/1955	60

Height:	Weight:	BMI:	Prev. BMI:
5 ft 7 in	177 lbs	27.7	

Specimen

Collection Time:	Specimen ID:
3:42 pm	1508[illegible]1496 Text

Collection Date:	Report Type:
8/18/2015	COMPLETE

Received Date:	Report Date:
8/18/2015	10/14/2015

Provider

Requesting Provider:
DOCTOR TEST
PHYSIOAGE MEDICAL GROUP - NY Text
30 CENTRAL PARK SOUTH, 8D
NEW YORK, NY 10019

Client ID:
37-10019[illegible]0003868 Text

Laboratory Test	Notes	High Risk	Intermediate Risk	Optimal	High Risk Range	Intermediate Risk Range	Optimal Range	Previous Results
Metabolic								
Insulin (µU/mL)			10		≥ 12	10 - 11	3 - 9	
C-peptide (ng/mL)			4.0		> 4.6	3.1 - 4.6	1.0 - 3.0	
Free Fatty Acid (mmol/L)		1.00			> 0.70	0.60 - 0.70	< 0.60	
Glucose (mg/dL)			100		> 125	100-125	70 - 99	
1,5-anhydroglucitol (µg/mL)		12.0			< 12.6	12.6 - 16.6	> 16.6	
25-hydroxy-Vitamin D (ng/mL)				104	≤ 14	15 - 29	30 - 100	
Uric Acid (mg/dL)			7.0		≥ 8.0	7.0 - 7.9	2.0 - 6.9	
TSH (µlU/mL)		5.00			< 0.27 or > 4.20		0.27 - 4.20	
Homocysteine (µmol/L)			12		> 13	11 - 13	< 11	
Vitamin B_{12} (pg/mL)				555	< 211	211 - 400	> 400	
Folate, serum (ng/mL)		35.0			< 4.6 or > 34.8		4.6 - 34.8	
Leptin (ng/mL)			21		> 43	20 - 43	< 20	
Adiponectin (µg/mL)			11		< 10	10 - 14	> 14	
Fructosamine (µmol/L)		444			> 346	302 - 346	< 302	
Cotinine (ng/mL)		7			> 6		≤ 6	
Proinsulin (pmol/L)			9		> 16	8 - 16	< 8	
α-hydroxybutyrate (µg/mL)[§β]			5.0		> 5.7	4.5 - 5.7	< 4.5	
Oleic Acid (µg/mL)[§β]			77		> 79	60 - 79	< 60	
Linoleoyl-GPC (µg/mL)[§β]				16.0	< 10.5	10.5 - 13.0	> 13.0	
Vitamin E (α-Tocopherol) (mg/L)[§β]			22.0		< 6.0	> 21.8	6.0 – 21.8	
CoQ10 (µg/mL)[§β]		1.00			< 1.11	1.11 – 2.00	> 2.00 Target of therapy for patients on statins is > 2.0 µg/mL.	

TSH is analyzed using reagents from Roche Diagnostics by electrochemiluminescence immunoassay. These values should not be used in conjunction with values from other reagent manufacturers or methodologies.

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TRUE HEALTH DIAGNOSTICS
EMPOWERING HEALTH THROUGH INSIGHT

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
PATIENT TEST		13-[illegible]0539

Fasting Status:	File ID:	Gender:	Birthdate:	Age:
FASTING	10849	FEMALE	5/5/1955	60

Height:	Weight:	BMI:	Prev. BMI:
5 ft 7 in	177 lbs	27.7	

Specimen

Collection Time:	Specimen ID:
3:42 pm	1508[illegible]1496

Collection Date:	Report Type:
8/18/2015	COMPLETE

Received Date:	Report Date:
8/18/2015	10/14/2015

Provider

Requesting Provider:
DOCTOR TEST
PHYSIOAGE MEDICAL GROUP - NY
30 CENTRAL PARK SOUTH, 8D
NEW YORK, NY 10019

Client ID:
37-10019[illegible]0003868

Laboratory Test	Notes	High Risk	Intermediate Risk	Optimal	High Risk Range	Intermediate Risk Range	Optimal Range	Previous Results
Metabolic								
Cortisol (µg/dL)		22.0			Morning hours 7-10 a.m.: 6.2-19.4 Afternoon hours 4-8 p.m.: 2.3-11.9 Other or unknown collection time: 2.3-19.4			
Renal								
Cystatin C (mg/L)			1.00		≥ 1.04	0.96 - 1.03	≤ 0.95	
Estimated Glomerular Filtration Rate (eGFR, mL/min/1.73m2)				99	< 60	60 - 89	> 89	
Microalbumin (urine) (mg albumin/g of creatinine)				4	≥ 30		≤ 29	
Creatinine, serum (mg/dL)		3.0			> 0.9		0.5 - 0.9	

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TRUE HEALTH DIAGNOSTICS
EMPOWERING HEALTH THROUGH INSIGHT

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
PATIENT TEST		13-[illegible]0539 Text

Fasting Status:	File ID:	Gender:	Birthdate:	Age:
FASTING	10849	FEMALE	5/5/1955	60

Height:	Weight:	BMI:	Prev. BMI:
5 ft 7 in	177 lbs	27.7	

Specimen

Collection Time:	Specimen ID:
3:42 pm	1508[illegible]1496 Text

Collection Date:	Report Type:
8/18/2015	COMPLETE

Received Date:	Report Date:
8/18/2015	10/14/2015

Provider

Requesting Provider:
DOCTOR TEST
PHYSIOAGE MEDICAL GROUP - NY Text
30 CENTRAL PARK SOUTH, 8D
NEW YORK, NY 10019

Client ID:
37-10019-[illegible]8003868 Text

Electrolytes	Result	Flag	Reference Interval
Na+ (mmol/L)	146	H	133 - 145
K+ (mmol/L)	5.4	H	3.5 - 5.3
CO_2 (mmol/L)	32	H	19 - 31
Calcium (mg/dL)	11.0	H	8.8 - 10.5
Magnesium (mg/dL)	3.0	H	1.6 - 2.4
Phosphorus (mg/dL)	5.0	H	2.7 - 4.5

Liver	Result	Flag	Reference Interval
ALT / GPT (U/L)	55	H	< 34
AST / GOT (U/L)	42	H	< 33
ALP (U/L)	11	L	< 16 years: 62 - 356 16-20 years: 37 - 119 21-90 years: 35 - 125 > 90 years: 37 - 129
GGT (U/L)	9		5 - 36
Total Bilirubin (mg/dL)	2.0	H	Up to 1.2
Direct Bilirubin (mg/dL)	0.5	H	0.1 - 0.3

Renal	Result	Flag	Reference Interval
Creatinine, serum (mg/dL)	3.0	H	0.5 - 0.9
BUN (mg/dl)	22	H	6 - 20
Microalbumin (urine) (mg albumin/g of creatinine)	4		≤ 29
Creatinine, urine (mg/dL)	399		20 - 400

Bone	Result	Flag	Reference Interval
β-CrossLaps (pg/mL)	700		Premenopausal: < 609 Postmenopausal: < 658
Osteocalcin (ng/mL)	66	H	7 - 37
PTH, Intact (pg/mL)	66	H	15 - 65

Others	Result	Flag	Reference Interval
Albumin (g/dL)	6.0	H	3.7 - 5.1
Prealbumin (mg/dL)	35	H	17 - 34
Amylase (U/L)	101	H	28 – 100
Lipase (U/L)	66	H	13 – 60
CK (U/L)	500	H	26 - 192

Autoimmune	Result	Flag	Reference Interval
Rheumatoid Factor (IU/mL)	16	H	≤ 14
Anti-GAD (IU/mL)	7	H	≤ 5
Antibody to Cyclic Citrullinated Peptide (anti-CCP) (U/mL)¥	18.0	H	Positive: ≥ 17.0 Negative: <17.0
Anticardiolipin Antibody IgA (APL)ŧ	14	H	Negative: < 12 Indeterminate: 12 – 19 Low Positive: 20 - 80 High Positive: > 80
Anticardiolipin Antibody IgG (GPL)ŧ	16	H	Negative: < 15 Indeterminate: 15 – 19 Low Positive: 20 - 80 High Positive: > 80
Anticardiolipin Antibody IgM (MPL)ŧ	16.0	H	Negative: < 12.5 Indeterminate: 12.5 – 19.9 Low Positive: 20.0 - 80.0 High Positive: > 80.0
β_2 Glycoprotein 1 IgA Antibody (SAU)	33	H	Negative: ≤ 20 Positive: > 20
β_2 Glycoprotein 1 IgG Antibody (SGU)	33	H	Negative: ≤ 20 Positive: > 20
β_2 Glycoprotein 1 IgM Antibody (SMU)	33	H	Negative: ≤ 20 Positive: > 20
Anti-nuclear Antibodies (ANA) Screen	Negative		Negative

Complement	Result	Flag	Reference Interval
Complement C3 (mg/dL)	222	H	87 - 200
Complement C4 (mg/dL)	77	H	16 - 61

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TRUE HEALTH DIAGNOSTICS
EMPOWERING HEALTH THROUGH INSIGHT

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
PATIENT TEST		13-151-0539 Text

Fasting Status:	File ID:	Gender:	Birthdate:	Age:
FASTING	10849	FEMALE	5/5/1955	60

Height:	Weight:	BMI:	Prev. BMI:
5 ft 7 in	177 lbs	27.7	

Specimen

Collection Time:	Specimen ID:
3:42 pm	1508190496 Text

Collection Date:	Report Type:
8/18/2015	COMPLETE

Received Date:	Report Date:
8/18/2015	10/14/2015

Provider

Requesting Provider:
DOCTOR TEST
PHYSIOAGE MEDICAL GROUP - NY Text
30 CENTRAL PARK SOUTH, 8D
NEW YORK, NY 10019

Client ID:
37-10019-18-0003868 Text

Anemia	Result	Flag	Reference Interval
Iron (µg/dL)	160	H	37 - 145
Direct TIBC (µg/dL)	555	H	250 - 450
Transferrin (mg/dL)	444	H	203 - 362
Methylmalonic Acid (µmol/L)§β	1.00	H	≤ 0.40
LDH (U/L)	251	H	< 250
Transferrin Saturation (%) (calculated)	66	H	15 - 50
Ferritin (ng/mL)	555	H	13 - 150

Thyroid	Result	Flag	Reference Interval
TSH (µlU/mL)	5.00	H	0.27 - 4.20
T4 (µg/dL)	12.0	H	4.5 - 11.7
T4, free (ng/dL)	2.00	H	0.93 - 1.70
T3 (ng/dL)	222	H	80 - 200
T3, free (pg/mL)	5.0	H	> 19 yrs - 2.0 – 4.4
Reverse T3 (ng/dL)§β	25	H	8 – 24
T uptake (TBI)	> 1.90	H	0.80 - 1.30
Anti-Thyroglobulin Antibody (IU/mL)Ŧ	116	H	< 115
Anti-Thyroid Peroxidase Antibody (IU/mL)	44	H	< 34

Hemostasis / Coagulation	Result	Flag	Reference Interval
D-Dimer (µg/mL) FEU	1.0	H	< 0.5

Male and Female Hormones	Result	Flag	Reference Interval
Dehydroepiandrosterone sulfate (µg/dL)	551	H	15 - 19 years: 65 - 368 20 - 24 years: 148 - 407 25 - 34 years: 99 - 340 35 - 44 years: 61 - 337 45 - 54 years: 35 - 256 55 - 64 years: 19 - 246 65 - 74 years: 9 - 205 > 75 years: 12 - 154
Estradiol (pg/mL)	66.0		Follicular phase: 12.4 – 233.0 Ovulation phase: 41.0 – 398.0 Luteal phase: 22.3 – 341.0 Postmenopause: < 138.0 1st trimester pregnancy: 154.0 – 3243.0 2nd trimester pregnancy: 1561.0 – 21280.0 3rd trimester pregnancy: 8525.0 – >30000.0
Estrone (pg/mL)§	16		Post-menopausal: 10 – 55 Pre-menopausal: 13 – 135
FSH (mlU/mL)	15.0		Follicular phase 3.5 - 12.5 Ovulation phase 4.7 - 21.5 Luteal phase 1.7 - 7.7 Postmenopause 25.8 - 134.8
LH (mlU/mL)	9.0		Follicular phase 2.4 - 12.6 Ovulation phase 14.0 - 95.6 Luteal phase 1.0 - 11.4 Postmenopause 7.7 - 58.5

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TRUE HEALTH DIAGNOSTICS
EMPOWERING HEALTH THROUGH INSIGHT

Laboratory Results

Patient

Name: PATIENT TEST
Phone #:
Patient ID #: 13-[illegible]0539
Fasting Status: FASTING | File ID: 10849 | Gender: FEMALE | Birthdate: 5/5/1955 | Age: 60
Height: 5 ft 7 in | Weight: 177 lbs | BMI: 27.7 | Prev. BMI:

Specimen

Collection Time: 3:42 pm | Specimen ID: 1508181496
Collection Date: 8/18/2015 | Report Type: COMPLETE
Received Date: 8/18/2015 | Report Date: 10/14/2015

Provider

Requesting Provider: DOCTOR TEST
PHYSIOAGE MEDICAL GROUP
.. NY
30 CENTRAL PARK SOUTH, 8D
NEW YORK. NY 10019
Client ID: 37-10019-TR-0003868

Male and Female Hormones	Result	Flag	Reference Interval
Progesterone (ng/mL)	2.00		Follicular phase: 0.2 – 1.5 Ovulation phase: 0.8 – 3.0 Luteal phase: 1.7 – 27 Postmenopause: 0.1 – 0.8
Human sex hormone-binding globulin (nmol/L)	81		20 - 130
Testosterone (ng/dL)	1200	H	12 - 82
Free Testosterone (ng/dL) (calculated)	15.85	H	0.06 - 0.92
Dihydrotestosterone (ng/dL)§β	88	H	Adult: 4 - 22 Prepubertal: < 3
Insulin-like Growth Factor 1 (ng/mL)	333	H	14 - 15 Years 107 - 487 16 - 17 Years 108 - 463 18 - 19 Years 108 - 440 20 - 25 Years 106 - 398 26 - 30 Years 101 - 353 31 - 35 Years 94 - 315 36 - 40 Years 86 - 283 41 - 45 Years 78 - 256 46 - 50 Years 68 - 235 51 - 55 Years 60 - 217 56 - 60 Years 54 - 203 61 - 65 Years 48 - 193 66 - 70 Years 43 - 186 71 - 75 Years 40 - 183 76 - 80 Years 39 - 184 81 - 85 Years 37 - 189 86 - 90 Years 37 - 197
Pregnenolone (ng/dL)§β	166	H	Adult: < 151 Prepubertal: 20 - 140
Prolactin (ng/mL)	6.00		4.79 - 23.30

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TRUE HEALTH DIAGNOSTICS
EMPOWERING HEALTH THROUGH INSIGHT

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
PATIENT TEST		13-251-9539 Text

Fasting Status:	File ID:	Gender:	Birthdate:	Age:
FASTING	10849	FEMALE	5/5/1955	60

Height:	Weight:	BMI:	Prev. BMI:
5 ft 7 in	177 lbs	27.7	

Specimen

Collection Time:	Specimen ID:
3:42 pm	15081801496 Text

Collection Date:	Report Type:
8/18/2015	COMPLETE

Received Date:	Report Date:
8/18/2015	10/14/2015

Provider

Requesting Provider:
DOCTOR TEST
PHYSIOAGE MEDICAL GROUP - NY Text
30 CENTRAL PARK SOUTH, 8D
NEW YORK, NY 10019

Client ID:
37-10019-T8-0003868 Text

CBC with Differential / Platelet	Result	Flag	Reference Interval
Erythrocyte Sedimentation Rate (ESR) (mm/hour)	16		< 50 years: < 20 ≥ 50 years: < 30
WBC (x10^3/µL)	5.0		4.0 - 10.5
RBC (x10^6/µL)	5.0		3.8 - 5.1
Hemoglobin (g/dL)	13.0		11.5 - 15.0
Hematocrit (%)	36		34 - 44
MCV (fL)	88		80 - 98
MCH (pg)	28		27 - 34
MCHC (g/dL)	33		32 - 36
RDW (%)	12.0		11.7 - 15
Platelets (x10^3/µL)	155		140 - 415
Neutrophils (%)	55		40 - 74
Lymphocytes (%)	16		14 - 46
Monocytes (%)	6		4 - 13
Eosinophils (%)	6		0 - 7
Basophils (%)	2		0 - 3
Immature Granulocytes (%)	0		0 - 1
Neutrophils (absolute) (x10^3/µL)	2.8		1.8 - 7.8
Lymphocytes (absolute) (x10^3/µL)	0.8		0.7 - 4.5
Monocytes (absolute) (x10^3/µL)	0.3		0.1 - 1.0
Eosinophils (absolute) (x10^3/µL)	0.3		0.0 - 0.4
Basophils (absolute) (x10^3/µL)	0.1		0.0 - 0.2
Immature Granulocytes (absolute) (x10^3/µL)	0.0		0.0 - 0.1

Lab Notes:

To schedule time with a Clinical Health Consultant, please call 1-877-443-5227 or visit us online at www.truehealthdiag.com

Dr. Christopher Byers | Laboratory Director | CLIA No. 45D2082195 | NPI No. 1619376316

TRUE HEALTH DIAGNOSTICS
EMPOWERING HEALTH THROUGH INSIGHT

Urinalysis

Patient

Name:	Phone #:	Patient ID #:
PATIENT TEST		13-Text0539

Fasting Status:	File ID:	Gender:	Birthdate:	Age:
FASTING	10849	FEMALE	5/5/1955	60

Height:	Weight:	BMI:	Prev. BMI:
5 ft 7 in	177 lbs	27.7	

Specimen

Collection Time:	Specimen ID:
3:42 pm	1508Text1496

Collection Date:	Report Type:
8/18/2015	COMPLETE

Received Date:	Report Date:
8/18/2015	10/14/2015

Provider

Requesting Provider:
DOCTOR TEST
PHYSIOAGE MEDICAL GROUP - NY Text
30 CENTRAL PARK SOUTH, 8D
NEW YORK, NY 10019

Client ID:
37-10019-T8.0003868 Text

Urinalysis	Result	Flag	Reference Interval
Specific Gravity	> 1.060	H	1.005 – 1.030
pH	6.0		5.0 – 7.5
Color	DARK RED	H	Light yellow
Appearance	SLIGHTLY-CLOUDY	H	Clear
Ketones (mg/dL)	100	H	Negative
Glucose (mg/dL)	NEG		Negative
Protein (mg/dL)	NEG		Negative/Trace
Blood (mg/dL)	0.03	H	Negative
Bilirubin (mg/dL)	2.0	H	Negative
Urobilinogen (mg/dL)	2.0	H	< 2.0
Nitrite	POS	H	Negative
Leuk. Esterase (wbcs/µL)	500	H	Negative
Red Blood Cell (/HPF)	Rej		0 - 3
White Blood Cell (/HPF)	1		0 - 5
Bacteria	OCC	H	None seen/Trace
White Blood Cell Clump	RARE	H	N/A
Red Blood Cell Clump	RARE	H	N/A
Budding Yeast	TRACE	H	N/A
Hyphae Yeast	OCC	H	N/A
Fat	1.00		N/A
Mucous	PRESENT	H	N/A
Renal Epithelial (/HPF)	1		0 - 10
Squamous Epithelial (/HPF)	1		0 - 10
Transitional Epithelial (/HPF)	1		N/A
Non-squamous Epithelial (/HPF)	1		0 - 10

Urinalysis	Result	Flag	Reference Interval
Amorphous Crystal	PRESENT	H	None
Calcium Carbonate Crystal	PRESENT	H	None
Calcium Oxalate Crystal	PRESENT	H	None
Calcium Phosphate Crystal	PRESENT	H	None
Cystine Crystal	POS	H	None
Leucine Crystal	POS	H	None
Triple Phosphate Crystal	PRESENT	H	None
Tyrosine Crystal	POS	H	None
Uric Acid Crystal	PRESENT	H	None
Broad Cast (/LPF)	PRESENT	H	None
Cellular Cast (/LPF)	PRESENT	H	None
Epithelial Cast (/LPF)	PRESENT	H	None
Fatty Cast (/LPF)	PRESENT	H	None
Granular Cast (/LPF)	PRESENT	H	None
Hyaline Cast (/LPF)	1		0 - 2
Red Blood Cell Cast (/LPF)	PRESENT	H	None
Waxy Cast (/LPF)	PRESENT	H	None
White Blood Cell Cast (/LPF)	PRESENT	H	None

Lab Notes:

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Dr. Christopher Byers | Laboratory Director | CLIA No. 45D2082195 | NPI No. 1619376316

TRUE HEALTH DIAGNOSTICS
EMPOWERING HEALTH THROUGH INSIGHT

Tumor Markers

Patient

Name:	Phone #:	Patient ID #:
PATIENT TEST		13-T[illegible]0539 Text

Fasting Status:	File ID:	Gender:	Birthdate:	Age:
FASTING	10849	FEMALE	5/5/1955	60

Height:	Weight:	BMI:	Prev. BMI:
5 ft 7 in	177 lbs	27.7	

Specimen

Collection Time:	Specimen ID:
3:42 pm	1508T801496 Text

Collection Date:	Report Type:
8/18/2015	COMPLETE

Received Date:	Report Date:
8/18/2015	10/14/2015

Provider

Requesting Provider:
DOCTOR TEST
PHYSIOAGE MEDICAL GROUP - NY Text
30 CENTRAL PARK SOUTH, 8D
NEW YORK. NY 10019

Client ID:
37-10019-T[illegible]0003868 Text

Tumor Markers	Result	Flag	Reference Interval	Flag	Previous Results
AFP (ng/mL)†	9.0	H	< 8.4		
CEA (ng/mL)†	5.2	H	Non-smoker < 5.1 ng/mL, Smoker < 6.6 ng/mL		
CA 19-9 (U/mL)†	44	H	< 35		
CA 15-3 (U/mL)†	44	H	< 26		
CA 125 (U/mL)†	44	H	< 35		
PSA, Total (ng/mL)†	5.0		0.1 - 3.9		
PSA, Free (ng/mL)†	5.00				
% Free PSA	100.0				

Lab Notes:

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Dr. Christopher Byers | Laboratory Director | CLIA No. 45D2082195 | NPI No. 1619376316

TRUE HEALTH DIAGNOSTICS
EMPOWERING HEALTH THROUGH INSIGHT

Laboratory Results

Patient

Name:	Phone #:	Patient ID #:
PATIENT TEST		13-1[illegible]539 Text

Fasting Status:	File ID:	Gender:	Birthdate:	Age:
FASTING	10849	FEMALE	5/5/1955	60

Height:	Weight:	BMI:	Prev. BMI:
5 ft 7 in	177 lbs	27.7	

Specimen

Collection Time:	Specimen ID:
3:42 pm	1508[illegible]496 Text

Collection Date:	Report Type:
8/18/2015	COMPLETE

Received Date:	Report Date:
8/18/2015	10/14/2015

Provider

Requesting Provider:
DOCTOR TEST
PHYSIOAGE MEDICAL GROUP - NY Text
30 CENTRAL PARK SOUTH, 8D
NEW YORK, NY 10019

Client ID:
37-10019-Text0003868

Hepatitis C Antibody Screen	Result
Hepatitis C Antibody	Nonreactive

Interpretation: Patients can be reassured that they are not infected unless they were recently at risk (e.g., current injection-drug use). Repeat testing should be considered for persons with ongoing risk behaviors, those who are symptomatic, or if suspicion of infection is high.

Lab Notes:

To schedule time with a Clinical Health Consultant, please call 1-877-443-5227 or visit us online at www.truehealthdiag.com

Dr. Christopher Byers | Laboratory Director | CLIA No. 45D2082195 | NPI No. 1619376316

TRUE HEALTH DIAGNOSTICS
EMPOWERING HEALTH THROUGH INSIGHT

Laboratory Results

Patient

Name:		Phone #:		Patient ID #:	
PATIENT TEST				13-151-0539 Text	
Fasting Status:	File ID:	Gender:	Birthdate:	Age:	
FASTING	10849	FEMALE	5/5/1955	60	
Height:	Weight:	BMI:		Prev. BMI:	
5 ft 7 in	177 lbs	27.7			

Specimen

Collection Time:	Specimen ID:
3:42 pm	1508180 Text 1496
Collection Date:	Report Type:
8/18/2015	COMPLETE
Received Date:	Report Date:
8/18/2015	10/14/2015

Provider

Requesting Provider:
DOCTOR TEST
PHYSIOAGE MEDICAL GROUP - NY Text
30 CENTRAL PARK SOUTH, 8D
NEW YORK. NY 10019

Client ID:
37-10019-18 Text 0003868

Comments:

Traditional lipoprotein risk factors (total cholesterol, LDL cholesterol, and triglycerides) are above optimal. Treatment should focus on these abnormalities. Please refer to guidelines from the National Cholesterol Education Program Adult Treatment Panel (NCEP:ATPIII) for treatment guidelines related to traditional lipid risk factors. Also see: Implications of recent clinical trials for the National Cholesterol Education Program Adult Treatment Panel III Guidelines, (JACC 2004;44:720-732).

Although LDL cholesterol is near optimal, small dense LDL cholesterol and Apo B are increased or in the intermediate range, suggesting the presence of small dense LDL particles. Studies have shown that elevated small dense LDL particle concentration is associated with increased risk for coronary heart disease even in the presence of optimal LDL cholesterol values. Small LDL particles may be observed in association with metabolic syndrome and prediabetes. Statins effectively reduce the number of LDL particles, but do not generally influence the size distribution of the LDL particles. Fibrates, omega-3 fatty acids, and niacin have been shown to increase LDL particle size.

Although the LDL cholesterol is near optimal, LDL particle concentration is borderline high. Studies have shown that elevated LDL particle concentration is associated with increased risk for coronary heart disease, even in the presence of optimal LDL cholesterol values. Small LDL particles may be observed in association with metabolic syndrome and prediabetes. Statins effectively reduce the number of LDL particles, but do not generally influence the size distribution of the LDL particles. Omega-3 fatty acids, a low carbohydrate diet, niacin, fibrates, and combination therapy (statin + niacin) have been shown to increase LDL particle size. Exercise and weight loss also increase LDL particle size.

Fibrinogen is markedly decreased. Rule out consumptive coagulopathy (DIC, etc.). This result could also occur if the plasma sample was not mixed properly and clotted after collection but before analysis. C-reactive protein is in the intermediate range. hsCRP is an acute phase reactant. Data from prospective studies indicates that increased concentration of hsCRP is associated with an increased risk for the development of ischemic cardiovascular events. Consider repeat analysis of hsCRP in 2-4 weeks to establish baseline value. If hsCRP remains elevated, then lifestyle changes, including weight reduction, smoking cessation and regular exercise, should be the initial approach. A diet rich in, soy protein, viscous fiber, and almonds has been shown to have CRP-lowering effects comparable to that of lovastatin 20 mg/day. Medications that may lower hsCRP include statins, fibrates, niacin, aspirin, and omega-3 fatty acids. Reducing global CHD risk by aggressive treatment of the traditional risk factors by established therapies may also be beneficial.

Lp-PLA_2 is increased in this sample. Lp-PLA_2 is an inflammatory risk marker that, unlike hsCRP, is not an acute-phase reactant. It is produced by macrophages and is a marker of vascular inflammation. Circulating Lp-PLA_2 is primarily bound to LDL particles. High plasma Lp-PLA_2 is associated with increased risk for cardiovascular disease and events (myocardial infarction and stroke). Patients in the upper tertile for both hs-CRP and Lp-PLA_2 are at highest risk. In the Atherosclerosis Risks in Communities (ARIC) study, patients with both hsCRP and Lp-PLA_2 in the upper tertile of the population had 5-fold increased risk for myocardial infarction and 11-fold increased risk for stroke. Lp-PLA_2 is not a therapeutic target; however, certain drugs indicated for treatment of existing conditions such as dyslipidemia and hypertension—including statins, fibrates, omega-3 fatty acids, and niacin—have been shown to have Lp-PLA_2–lowering effects.

Homocysteine is in the intermediate range. Increases in homocysteine concentration can occur with aging, menopause, hypothyroidism, low plasma levels of vitamin cofactors (B6, B12 and folate), certain drugs, and chronic renal insufficiency. Genetic variation in enzymes involved in homocysteine metabolism contributes to inter-individual differences in plasma homocysteine levels.

Elevated fasting insulin. If a fasting insulin level is elevated, it reflects hyperinsulinemia but fasting levels can be normal when levels following a glucose load are elevated. Insulin is elevated postprandially in proportion to the carbohydrate content in the meal. Elevated fasting insulin levels have been related to atherosclerosis risk. The combination of elevated fasting insulin, apolipoprotein B levels, and small LDL size identifies a very high-risk group for the development of ischemic heart disease.

Increased Non-Esterified "Free" Fatty Acid concentration. Elevated free fatty acids have been associated with the metabolic syndrome and increased risk for the development of type 2 diabetes.

TRUE HEALTH DIAGNOSTICS
EMPOWERING HEALTH THROUGH INSIGHT

Laboratory Results

Patient

Name:		Phone #:		Patient ID #:	
PATIENT TEST				13-T[illegible]0539 Text	
Fasting Status:	File ID:	Gender:	Birthdate:	Age:	
FASTING	10849	FEMALE	5/5/1955	60	
Height:	Weight:	BMI:		Prev. BMI:	
5 ft 7 in	177 lbs	27.7			

Specimen

Collection Time:	Specimen ID:
3:42 pm	1508[illegible]1496 Text
Collection Date:	Report Type:
8/18/2015	COMPLETE
Received Date:	Report Date:
8/18/2015	10/14/2015

Provider

Requesting Provider:
DOCTOR TEST
PHYSIOAGE MEDICAL GROUP - NY Text
30 CENTRAL PARK SOUTH, 8D
NEW YORK, NY 10019
Client ID:
37-10019[illegible]0003868 Text

Comments:

The Cystatin C value is in the intermediate range in this sample, suggesting mildly diminished glomerular filtration, as well as the possibility of the declining kidney function. Cystatin C has been shown to be superior to creatinine for determining an eGFR, and there is a growing body of evidence suggesting that Cystatin C can be used to detect kidney disease at earlier stages than serum creatinine. Recent studies have also demonstrated that increased levels of Cystatin C are associated with an increased risk of heart disease, heart failure, stroke, and mortality. Treatment related to elevated Cystatin C should focus on the underlying kidney disease. Secondary causes of kidney disease, such as diabetes or hypertension should be aggressively treated and managed. Lifestyle changes can be made which may help control kidney disease. Our Clinical Health Consultants can help design an eating plan with the correct amounts of sodium, protein and fluid intakes. Routine moderate exercise can also help control kidney function. Our Clinical Health Consultants can also help design an exercise program that is right for you.

Apolipoprotein E Genotype is 4/4. In general, patients with the E4 allele respond less favorably to pharmacologic therapy with high-dose statins and may respond better to dietary change or combination drug therapy as a means to lower lipid levels. Subjects with the E4 allele appear to be most responsive to lifestyle changes and are particularly responsive to dietary changes reducing fat and cholesterol intake. Omega-3 fatty acid supplementation has been shown to benefit apoE2 and apoE3 patients. As apoE4 patients tend to have reduced Omega-3 Indexes and an increased risk for coronary heart disease (for which omega-3 fatty acids may be protective), this genotype may be the most in need of supplemental omega-3 fatty acids. If the patient also has insulin resistance, a low carbohydrate or Mediterranean diet may be appropriate. Therapy should be individualized.

This patient is homozygous for the SLCO1B1*5 allele (A174V mutation). Patients carrying two copies of the *5 allele (the C allele) are at a higher risk for statin-induced myopathy as compared to patients with the CT or TT genotype. A 17-fold increase in the odds ratio (OR) for developing statin-induced myopathy was observed in patients homozygous for the *5 allele receiving high-dose (80mg/day) simvastatin therapy (equivalent to ~1 in 5 individuals with this genotype). Lower doses or alternative statins may be indicated to avoid myopathy in these patients.

This test does not detect polymorphisms other than the SLCO1B1*5 allele.

NT-proBNP is in the intermediate range. B-type natriuretic peptide (BNP) is released by the cardiac ventricles in response to increased wall tension and cardiac stress, including cardiac ischemia and inflammation. BNP is synthesized as a prohormone that is cleaved into active BNP and an inactive N-terminal fragment (NT-proBNP). Markedly elevated levels of NT-proBNP are diagnostic of congestive heart failure. Even mildly elevated levels of NT-proBNP lead to an increased risk of future adverse events. In the Ludwigshafen Risk and Cardiovascular Health Study, following 1,135 individuals with and 506 individuals without stable coronary artery disease (CAD) for 5.45 years, NT-proBNP concentrations of 100–399, 400-1,999, or >2,000 ng/L resulted in unadjusted hazard ratios (95% CI) for all-cause death of 3.2 (1.8 – 5.6), 6.63 (3.8 – 11.6), and 16.5 (9.2 – 29.8), respectively, compared with concentrations <100 ng/L. Hazard ratios (CI) for death from cardiovascular causes were 3.8 (1.8 – 8.2), 9.3 (4.4 – 19.5), and 22.2 (10.2 – 48.4). Additional clinical information and testing may help determine the etiology of the elevated NT-proBNP. Considerations include: medications that increase fluid retention (e.g., TZDs), abnormal ECG (arrhythmias), coronary catheterization or echocardiography results, renal or pulmonary disorders, diabetes, and uncontrolled blood pressure. Repeat analysis of NT-proBNP 1-2 months after specific treatment may be useful to determine the effect of treatment on cardiac function.

The prothrombin G20210A genotype for this patient is A/A, homozygous mutant. Heterozygous carriers (G/A) have an approximate 3-fold increased risk of venous thromboembolism (VTE). It is estimated that homozygotes have even greater risk, similar to that of compound heterozygotes for the prothrombin mutation and the factor V Leiden mutation. The odds ratio for VTE in compound heterozygotes is 20-fold (95% confidence interval = 11-30-fold). More intensive, longer term oral anticoagulant therapy should be considered for prothrombin G20210A carriers who have previously had a VTE. Carriers who have not previously had a VTE, should take appropriate steps to avoid VTE, such as notify physicians prior to a surgical procedure, don't sit without moving for long periods of time. Frequently get up, stretch your legs, move around, etc., when on long trips (auto, bus, plane). Female prothrombin G20210A carriers on oral contraceptive therapy (OCT) are at increased risk for VTE, particularly cerebral venous sinus thrombosis. Women of childbearing age should consider alternative birth control measures than oral contraceptives, as OCT has been associated with increased for VTE and cerebral vein thrombosis in prothrombin G20210A carriers.

TRUE HEALTH DIAGNOSTICS
EMPOWERING HEALTH THROUGH INSIGHT

Laboratory Results

Patient

Name:		Phone #:		Patient ID #:	
PATIENT TEST				13-[illegible]0539 Text	
Fasting Status:	File ID:	Gender:	Birthdate:	Age:	
FASTING	10849	FEMALE	5/5/1955	60	
Height:	Weight:	BMI:		Prev. BMI:	
5 ft 7 in	177 lbs	27.7			

Specimen

Collection Time:	Specimen ID:
3:42 pm	1508[illegible]1496 Text
Collection Date:	Report Type:
8/18/2015	COMPLETE
Received Date:	Report Date:
8/18/2015	10/14/2015

Provider

Requesting Provider:
DOCTOR TEST
PHYSIOAGE MEDICAL GROUP - NY Text
30 CENTRAL PARK SOUTH, 8D
NEW YORK, NY 10019
Client ID:
37-10019-[illegible]0003868 Text

Comments:

This patient has the normal or wild-type genotype for the MTHFR C677T (C/C) polymorphism and is homozygous for MTHFR A1298C (C/C). The A1298C C/C genotype results in significantly reduced activity of MTHFR, potentially leading to diminished production of L-methylfolate, the active form of folate. Reduced levels of L-methylfolate lead to decreased production of neurotransmitters, reduced conversion of homocysteine to methionine, and reduced s-adenosylmethionine (SAMe) concentrations. CNS neurochemical deficiency, along with buildup of homocysteine and decreased availability of methyl groups from SAMe, may increase an individual's risk for developing cardiovascular disease. Additionally, this may predispose an individual to certain psychiatric disorders and/or memory and attention deficits. Patients who are homozyogous for the MTHFR A1298C polymorphism should consider supplementation with the active L-methylfolate in combination with vitamin B12 (methylcobalamin). Increased homocysteine levels may reflect other conditions (B-vitamin deficiencies, renal disease, etc.), which should be evaluated prior to initiating supplementation.

This patient has the normal or wild type gene for CYP2C19. The patient would be a normal metabolizer of the drug clopidogrel and will effectively convert clopidogrel to its active metabolite. The CYP2C19 genotype test detects the non-functional alleles *2 and *3 and the ultra-rapid allele *17. Other less common alleles are not detected by this assay.

The Cotinine value is associated with exposure to nicotine. If not an active smoker, High Risk Cotinine levels suggest significant exposure to, but are not limited to, second hand smoke, use of tobacco products, or smoking cessation products.

This patient is homozygous for the VKORC1 G allele and has the normal or wild type genotype for CYP2C9*2 and *3 alleles. Homozygous VKORC1 G/G patients have an increased ability to metabolize the drug warfarin, have low sensitivity to warfarin and require higher doses of warfarin to reach the desired International Normalized Ratio (INR). See www.warfarindosing.org for optimal dosing. This algorithm estimates warfarin dose based on multi-regression models including age, gender, height, weight, genotype, multidrug interactions, INR, and other characteristics Genotype information can be incorporated into estimating the starting dose of warfarin and may also impact adjustments until stable dosing is achieved.

No other CYP2C9 and VKORC1 variants, other than those listed, were tested for.

Elevated C-peptide levels may result from increased β-cell activity observed in hyperinsulinism, from renal insufficiency, and obesity. Correlation was also found between higher C-peptide levels and increasing hyperlipoproteinaemia and hypertension.

Mildly elevated Galectin-3 (17.9 – 25.9 ng/mL) and increased NT-proBNP (>125 ng/L). Galectin-3 is mildly elevated in addition to increased levels of NT-proBNP. For prognostic purposes, galectin-3 and NT-proBNP concentrations are complimentary. Since they are both elevated, there is a stronger chance (~2-fold) for a future adverse cardiac event (e.g., heart failure, cardiac death), as well as all-cause morbidity and mortality. Use of modified citrus pectin (MCP) has been shown to inhibit the deleterious effects of galectin-3. A diet rich in fruits and vegetables has also been shown to reduce risk of heart failure by 37%, independent of other health benefits. See NT-proBNP specific comments.

All SNP genotyping tests performed at True Health Diagnostics, Richmond, VA use Applied Biosystems TaqMan or Biosearch Technologies BHQplus chemistry and are greater than 99% accurate. As with all PCR-based tests, this method is subject to rare interference by factors such as inhibitors and low quality or quantity of DNA. If present, the interference usually yields no result, rather than an inaccurate one. Very infrequent mutations or polymorphisms occurring in primer or probe binding regions may also affect testing and could produce an erroneous result. True Health Diagnostics recommends patients and physicians discuss genetic counseling options when reviewing the implications of genetic test results. Note: Non-carrier = Wildtype.

[β]These lab developed tests have not been approved by the New York State Department of Health: sdLDL-C, HDL2-C, Lp(a)-P, Reverse T3, CYP2C9*2, CYP2C9*3, VKORC1 (-1639G>A), Statin Myopathy (SLCO1B1*5), MTHFR (A1298C), Omega 3 & Omega 6 Fatty Acids Profile, α-hydroxybutyrate, Oleic acid, Linoleoyl-GPC, Sterols (Sitosterol, Campesterol, Cholestanol, Desmosterol), Asymmetric Dimethylarginine, Symmetric Dimethylarginine, L-arginine, Heart Type Fatty Acid Binding Protein, F_2-Isoprostanes, Methylmalonic Acid, CoQ10, HDL-P, LDL-P, Small LDL-P, LDL-triglycerides, Vitamin E (α-Tocopherol), Dihydrotestosterone, Pregnenolone, Lp-PLA_2, and Myeloperoxidase.

TRUE HEALTH DIAGNOSTICS
EMPOWERING HEALTH THROUGH INSIGHT

Laboratory Results

Patient

Name:		Phone #:		Patient ID #:
PATIENT TEST				13-1[illegible]539 Text
Fasting Status:	**File ID:**	**Gender:**	**Birthdate:**	**Age:**
FASTING	10849	FEMALE	5/5/1955	60
Height:	**Weight:**	**BMI:**		**Prev. BMI:**
5 ft 7 in	177 lbs	27.7		

Specimen

Collection Time:	Specimen ID:
3:42 pm	1508[illegible]1496 Text
Collection Date:	**Report Type:**
8/18/2015	COMPLETE
Received Date:	**Report Date:**
8/18/2015	10/14/2015

Provider

Requesting Provider:
DOCTOR TEST
PHYSIOAGE MEDICAL GROUP - NY Text
30 CENTRAL PARK SOUTH, 8D
NEW YORK. NY 10019

Client ID:
37-10019[illegible]0003868 Text

Comments:

†Tumor markers are analyzed using reagents from Roche Diagnostics by elctrochemiluminescence immunoassay. These values should not be used in conjunction with values from other reagent manufacturers or methodologies. An elevated value suggests increased risk for cancer associated with each particular tumor marker antigen, and cannot be interpreted as absolute evidence of the presence or absence of malignant disease. Clinical correlation is needed. Refer to guidelines for appropriate patient follow up. AFP results are not interpretable for pregnant females.

Ŧ Anti-Thyroglobulin Antibody is analyzed using reagents from Roche Diagnostics by electrochemiluminescence immunoassay. These values should not be used in conjunction with values from other reagent manufacturers or methodologies.

¥Anti-CCP results were obtained with the Elecsys Anti-CCP electrochemiluminescence immunoassay. Results from assays of other manufacturers cannot be used interchangeably.

ŧAnticardiolipin results were obtained with INOVA QUANTA Lite® ELISA. Cardiolipin values obtained with different manufacturer's assay methods may not be used interchangeably. The magnitude of the reported cardiolipin levels cannot be correlated to an endpoint titer.

Anticardiolipin IgA test result is indeterminate. If clinical suspicion is high, retesting in 6-10 weeks is suggested.

Anticardiolipin IgG test result is indeterminate. If clinical suspicion is high, retesting in 6-10 weeks is suggested.

Anticardiolipin IgM test result is indeterminate. If clinical suspicion is high, retesting in 6-10 weeks is suggested.

Oxidized LDL (OxLDL-ß$_2$GPI) plays an important role in the initiation and progression of atherosclerosis, promoting events that induce vascular inflammation and oxidation. Increased levels are a marker for oxidative stress, which may add significant risk to those with coronary artery disease, type 2 diabetes mellitus, chronic kidney disease, and obesity. Elevated levels may also be seen in patients with autoimmune diseases such as systemic lupus erythematosus, antiphospholipid syndrome, and systemic sclerosis.

ᵀAll tests were analyzed by True Health Diagnostics, 737 N. 5th Street, Suite 103, Richmond, VA 23219, CAP 7224971, CLIA 49D1100708, unless noted with ᵀ.

End of Report

ATTN PATIENT: Please contact True Health Diagnostics at 1-877-443-5227 to set an appointment with your Clinical Health Consultant to discuss your diet and exercise needs at no charge.

TRUE HEALTH DIAGNOSTICS
EMPOWERING HEALTH THROUGH INSIGHT

Warfarin Dosing

Venous thromboembolism (VTE) is a syndrome whereby thrombosis (a blood clot) occurs in the deep veins and which may result in a Pulmonary Embolism (PE). Both genetic and environmental factors may predispose an individual to VTE. Physicians may order testing for warfarin dosing in individuals diagnosed with, or genetically predisposed to, VTE, so that optimal warfarin loading and maintenance doses can be determined.

A Deep Vein Thrombosis (DVT) is a blood clot in a vein deep below the surface of the skin, usually occurring in the legs. A Pulmonary Embolism occurs when a DVT breaks loose and travels to the lungs. A PE is a potentially fatal condition and the reason DVT is so concerning in the first place. DVT can happen either spontaneously or after surgery. DVT is more likely to happen due to a lack of movement and is most common when stuck in bed or on a plane for long periods.

DVT can also be associated with injury – even minor ones.

Symptoms of DVT:

- Swelling, pain or tenderness in a leg, which may only be felt when standing or walking.
- Increased warmth, redness or purple coloring on the skin near the swelling.

Symptoms of PE:

- Unexplained shortness of breath.
- Rapid breathing and fast heart rate (pulse).
- Pain when taking a deep breath.
- Coughing up blood.

Unfortunately, sometimes the first indication of a DVT is when it develops into a PE.

To lower your risk and help prevent DVT, try to maintain an active lifestyle and exercise regularly - daily if possible. Walking, swimming and cycling are all excellent activities. The back of the attached Medical Information Card provides tips for preventing DVT and PE.

To remove card, fold along perforated lines and cut with scissors or tear gently.

MEDICAL INFORMATION

Name: PATIENT TEST

Your physician ordered this testing for warfarin dosing because you have had Venous thromboembolism (VTE), or may be at increased risk for VTE because of genetic or other causes. This card provides your warfarin dosing genotypes for 3 variants that will assist your medical caregiver in the event you require warfarin anticoagulation.

CYP2C9*2: C/C CYP2C9*3: A/A VKORC1: G/G

Your caregiver should visit **www.warfarindosing.org** to calculate appropriate dosing.
Please see reverse of card for tips to avoid DVT.

Patient ID: 13-151-0539

MEDICAL INFORMATION

To lower your risks and help prevent DVT, take these **5** simple steps.

1. Maintain good circulation.
   - Establish an active lifestyle with regular exercise.
   - Prevent DVT when traveling.
     - ✓ Drink plenty of fluids. Avoid dehydrating fluids (e.g., coffee and alcohol).
     - ✓ Avoid short, tight stockings.
     - ✓ Avoid crossing legs for long periods of time.
     - ✓ When traveling by car, stop every hour and walk around.
     - ✓ When traveling by plane, get up and move around at least once an hour.
2. For birth control, consider alternatives to oral contraceptives.
3. In pregnancy, notify obstetrician of genetic predisposition to VTE prior to delivery.
4. Notify surgeon / physician of predisposition and the need for an appropriate anticoagulant during ANY surgical procedure.
5. Control homocysteine and fibrinogen levels.