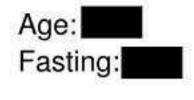


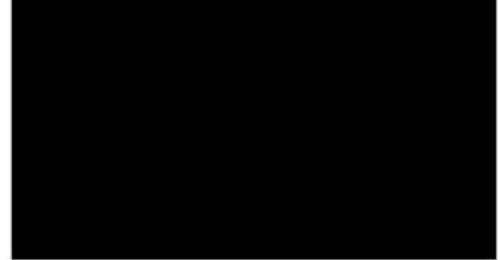
ABRAMS, ROXANN











FASTING:YES

A CEA

Analyte	Value	
▲ CEA	3.7 H Reference Rang Smoker: <5.0 ng	e: Non-Smoker: <2.5 ng/mL g/mL

This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. CEA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

DUPLICATE REPORT REQUEST

Analyte Value

DUPLICATE REPORT REQUEST

Quest Diagnostics was unable to send the duplicate report(s) as you requested because of incomplete or illegible mailing information. The US Postal Service requires the following information: Name Street with number

City, state and zip code (5-9 digits) Please check your records to identify the specific information that was missing and assist us by forwarding this report to the appropriate physician.

You will need to forward this report if necessary.

TESTOSTERONE, FREE, BIOAVAILABLE AND TOTAL, MS

Analyte	Value	
ALBUMIN	4.3	Reference Range: 3.6-5.1 g/dL
SEX HORMONE BINDING GLOBULIN	72	Reference Range: 14-73 nmol/L
TESTOSTERONE, TOTAL, MS	37	Reference Range: 2-45 ng/dL

TESTOSTERONE, TOTAL, MS

For additional information, please refer to http://education.questdiagnostics.com/faq/TotalTestosteroneL CMSMS (This link is being provided for informational/educational purposes only.)

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

TESTOSTERONE, FREE AND BIOAVAILABLE

Analyte Value

TESTOSTERONE, FREE	2.3	Reference Range: 0.2-5.0 pg/mL
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.		
TESTOSTERONE,BIOAVAILABLE	4.5	Reference Range: 0.5-8.5 ng/dL

GGT

Analyte	Value	
GGT	26	Reference Range: 3-65 U/L

CBC (INCLUDES DIFF/PLT)

Analyte	Value	
WHITE BLOOD CELL COUNT	8.9	Reference Range: 3.8-10.8 Thousand/uL
RED BLOOD CELL COUNT	4.60	Reference Range: 3.80-5.10 Million/uL
HEMOGLOBIN	12.8	Reference Range: 11.7-15.5 g/dL
HEMATOCRIT	38.8	Reference Range: 35.0-45.0 %
MCV	84.3	Reference Range: 80.0-100.0 fL
MCH	27.8	Reference Range: 27.0-33.0 pg
MCHC	33.0	Reference Range: 32.0-36.0 g/dL
RDW	12.2	Reference Range: 11.0-15.0 %
PLATELET COUNT	260	Reference Range: 140-400 Thousand/uL
MPV	10.7	Reference Range: 7.5-12.5 fL
ABSOLUTE NEUTROPHILS	6061	Reference Range: 1500-7800 cells/uL
ABSOLUTE LYMPHOCYTES	1967	Reference Range: 850-3900 cells/uL
ABSOLUTE MONOCYTES	659	Reference Range: 200-950 cells/uL
ABSOLUTE EOSINOPHILS	187	Reference Range: 15-500 cells/uL
ABSOLUTE BASOPHILS	27	Reference Range: 0-200 cells/uL
NEUTROPHILS	68.1	%
LYMPHOCYTES	22.1	%
MONOCYTES	7.4	%
EOSINOPHILS	2.1	%
BASOPHILS	0.3	%

VITAMIN B12/FOLATE, SERUM PANEL

5 and 10% of patients with values between 200 and 400

pg/mL may experience neuropsychiatric and hematologic

abnormalities due to occult B12 deficiency; less than 1%

of patients with values above 400 pg/mL will have symptoms.

Analyte	Value	
VITAMIN B12	340	Reference Range: 200-1100 pg/mL
Please Note: Although the reference range for vitamin B12 is 200-1100 pg/mL, it has been reported that between		

ABRAMS,ROXANN 2/1/25

FOLATE, SERUM 21.5 ng/mL

Reference Range
Low: <3.4
Borderline: 3.4-5.4
Normal: >5.4

LH

Analyte

LH **25.1** mIU/mL

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

PROGESTERONE

Analyte Value
PROGESTERONE <0.5 ng/mL

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

ESTRADIOL

Analyte

<15

pg/mL

Reference Range

ESTRADIOL

Follicular Phase: 19-144
Mid-Cycle: 64-357
Luteal Phase: 56-214
Postmenopausal: < or = 31

Reference range established on post-pubertal patient population. No pre-pubertal reference range established using this assay. For any patients for whom low Estradiol levels are anticipated (e.g. males, pre-pubertal children and hypogonadal/post-menopausal females), the Quest Diagnostics Nichols Institute Estradiol, Ultrasensitive, LCMSMS assay is recommended (order code 30289).

Please note: patients being treated with the drug fulvestrant (Faslodex(R)) have demonstrated significant interference in immunoassay methods for estradiol measurement. The cross reactivity could lead to falsely elevated estradiol test results leading to an inappropriate clinical assessment of estrogen status. Quest Diagnostics order code 30289-Estradiol, Ultrasensitive LC/MS/MS demonstrates negligible cross reactivity with fulvestrant.

CA 19-9

Analyte

ABRAMS,ROXANN 2/1/25

CA 19-9

This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. CA 19-9 levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

Reference Range: <34 U/mL

CA 15-3

Analyte	Value	
CA 15-3	<5	Reference Range: <32 U/mL
This test was performed using the Siemens (Bayer) chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. CA 15-3 levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.		

CA 27.29

Analyte	Value
CA 27.29	<10 Reference Range: <38 U/mL
This test was performed using the Siemens Chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. CA 27.29 levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.	

Copies Sent To



Key

Priority Out of Range Out of Range

These results have been sent to the person who ordered the tests. Your receipt of these results should not be viewed as medical advice and is not meant to replace discussion with your doctor or other healthcare professional.

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