

LAB RESULTS

Last Name	Lab ID	Specimen Number		Time Collected	Date Entered	Time Reported	
SAMPLE							
First Name	Middle Initial	Phone		Control Number	Account Number	Account Phone Number	
REPORT							
Date of Birth	Age	Sex	Fasting	Physician Name	Physician ID		
		М	Yes				
	Address			Account Address			
	LIFE EXTENSION / NATIONAL DIAGNOSTICS, INC						
			900 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33304				
			Tests O	rdered			

CMP14+LP+4AC+CBC/D/Plt; PSA Total+% Free (Serial); Iron and TIBC; FSH and LH; Testosterone, Free and Total; Pregnenolone, MS; Dihydrotestosterone;

Tests	Result	Flag	Units	Reference Interval	Lab			
MP14+LP+4AC+CBC/D/Plt								
Glucose	97		mg/dL	65-99	SO			
Uric Acid	6.3		mg/dL	3.8-8.4	SO			
		**	*Please note refer	ence interval change**				
BUN	19		mg/dL	8-27	SO			
Creatinine	1.02		mg/dL	0.76-1.27	SO			
eGFR	79		mL/min/1.73	>59	SO			
	In accordance with recommendations from the NKF-ASN Task force,							
	Labcorp has updated its eGFR calculation to the 2021 CKD-EPI							
	-	ation that esti	imates kidney func	tion without a race				
	variable.			10.01				
BUN/Creatinine Ratio	19			10-24	SO			
Sodium	141		mmol/L	134-144	SO			
Potassium	4.6		mmol/L	3.5-5.2	SO			
Chloride	105		mmol/L	96-106	SO			
Carbon Dioxide, Total	22		mmol/L	20-29	SO			
Calcium	9.5		mg/dL	8.6-10.2	SO			
Phosphorus	4.2	High	mg/dL	2.8-4.1	SO			
Protein, Total	7.2		g/dL	6.0-8.5	SO			
Albumin	4.8		g/dL	3.8-4.8	SO			
Globulin, Total	2.4		g/dL	1.5-4.5	SO			
A/G Ratio	2.0			1.2-2.2	SO			
Bilirubin, Total	0.9		mg/dL	0.0-1.2	SO			
Alkaline Phosphatase	61		IU/L	44-121	SO			
LDH	148		IU/L	121-224	SO			
AST (SGOT)	25		IU/L	0-40	SO			
ALT (SGPT)	19		IU/L	0-44	SO			
Iron	120		ug/dL	38-169	SO			
Cholesterol, Total	169		mg/dL	100-199	SO			
Triglycerides	80		mg/dL	0-149	SO			
HDL Cholesterol	36		mg/dL	>39	SO			
VLDL Cholesterol Cal	16		mg/dL	5-40	SO			
LDL Chol Calc (NIH)	123	High	mg/dL	0-99	SO			
Comment:		-	5.		SO			

Name:

Lab ID:

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USA

Ship Method: Order No:



Tests	Result	Flag Units						
CMP14+LP+4AC+CBC/D/Plt								
T. Chol/HDL Ratio	4.7	ratio	0.0-5.0 T. Chol/HDL Ratio	SO				
			Men Women					
			1/2 Avg.Risk 3.4 3.3					
			Avg.Risk 5.0 4.4					
			2X Avg.Risk 9.6 7.1					
			3X Avg.Risk 23.4 11.0					
Estimated CHD Risk	0.9	times avg.	0.0-1.0	SO				
		ID Risk is based on the T. C actors affect CHD Risk such						
		abetes, severe obesity, and						
		remature CHD.	ramity mbcory or					
WBC	3.1	Low x10E3/uL	3.4-10.8	SO				
RBC	5.04	x10E6/uL	4.14-5.80	SO				
Hemoglobin	15.7	g/dL	13.0-17.7	SO				
Hematocrit	46.7	%	37.5-51.0	SO				
MCV	93	fL	79-97	SO				
MCH	31.2	pg	26.6-33.0	SO				
MCHC	33.6	g/dL	31.5-35.7	SO				
RDW	12.9	%	11.6-15.4	SO				
Platelets	256	x10E3/uL	150-450	SO				
Neutrophils	58	%	Not Estab.	SO				
Lymphs	29	%	Not Estab.	SO				
Monocytes	10	%	Not Estab.	SO				
Eos	3	%	Not Estab.	SO				
Basos	0	%	Not Estab.	SO				
Immature Cells				SO				
Neutrophils (Absolute)	1.8	x10E3/uL	1.4-7.0	SO				
Lymphs (Absolute)	0.9	x10E3/uL	0.7-3.1	SO				
Monocytes(Absolute)	0.3	x10E3/uL	0.1-0.9	SO				
Eos (Absolute)	0.1	x10E3/uL	0.0-0.4	SO				
Baso (Absolute)	0.0	x10E3/uL	0.0-0.2	SO				
Immature Granulocytes	0	%	Not Estab.	SO				
Immature Grans (Abs)	0.0	x10E3/uL	0.0-0.1	SO				
NRBC				SO				
Hematology Comments:				SO				
<u>PSA Total+% Free (Serial)</u> Prostate Specific Ag		ng/mL	0.0-4.0	SO				
Prostate Specific Ag	1.9 Roche ECLIA methodolo		0.0-4.0	30				
	According to the	American Urological Associa	tion Serum DSA should					
	According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical							
	prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.							
	Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence							
		r absence of malignant dise						
PSA, Free	0.57	ng/mL	N/A	SO				
	Roche ECLIA methodolo	5.						

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Tests	Result	Flag	Units		
<u>PSA Total+% Free (Serial)</u> % Free PSA	men with non-	ists the probabilit suspicious DRE resu L, by patient age (lts and total 1	PSA between	SO
	279:1542).	<pre>% Free PSA 0.00-10.00% 10.01-15.00%</pre>	50-64 yr 56% 24%	65-75 yr 55% 35%	
		15.01-20.00% 20.01-25.00% >25.00%	17% 10% 5%	23% 20% 9%	
	Please note:	Catalona et al did recommendations re percent free PSA f of men.	garding the use	e of	
PDF <u>Iron and TIBC</u>					TG
Iron Bind.Cap.(TIBC) UIBC	323 203		ug/dL ug/dL	250-450 111-343	SO SO
Iron Saturation <u>FSH and LH</u>	37		%	15-55	SO
LH FSH <u>Testosterone,Free and Total</u>	5.6 6.9		mIU/mL mIU/mL	1.7-8.6 1.5-12.4	SO SO
Testosterone	healthy nonob	nce interval is bas ese males (BMI <30) al. JCEM 2017,102;1	between 19 and	d 39 years old.	SO
Free Testosterone(Direct) Pregnenolone, MS	17.2		pg/mL	6.6-18.1	BN
Pregnenolone, MS	determined by	eloped and its perf LabCorp. It has no nd Drug Administrat ge:	t been cleared		ES
Dihydrotestosterone Dihydrotestosterone	determined by	-	t been cleared		ES
<u>Hemoglobin A1c</u> Hemoglobin A1c	5.5		%	4.8-5.6	SO
	Diab	iabetes: 5.7 - 6.4 etes: >6.4 emic control for ad	ults with diab	etes: <7.0	
<u>Thyroxine (T4) Free, Direct</u> T4,Free(Direct) <u>DHEA-Sulfate</u>	1.49		ng/dL	0.82-1.77	SO
DHEA-Sulfate	167.1		ug/dL	30.9-295.6	SO

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Tests	Result Flag	Units		
<u>Cortisol</u> Cortisol	12.6	ug/dL Cortisol AM Cortisol PM	6.2 - 19.4 2.3 - 11.9	SO
<u>TSH</u> TSH	1.930	uIU/mL	0.450-4.500	SO
<u>Estradiol</u> Estradiol	23.1 Roche ECLIA methodology	pg/mL	7.6-42.6	SO
<u>IGF-1</u> Insulin-Like Growth Factor I	109	ng/mL	59-230	BN
<u>Reverse T3, Serum</u> Reverse T3, Serum	13.3 This test was developed and it determined by Labcorp. It by the Food and Drug Admin	has not been cleared or app		BN
<u>Vitamin D, 25-Hydroxy</u> Vitamin D, 25-Hydroxy	<pre>level of serum 25-OH vitam The Endocrine Society went insufficiency as a level b 1. IOM (Institute of Medic intakes for calcium and National Academies Pres 2. Holick MF, Binkley NC, Evaluation, treatment,</pre>	Society practice guideline in D less than 20 ng/mL (1, on to further define vitan etween 21 and 29 ng/mL (2). ine). 2010. Dietary referer D. Washington DC: The s. Bischoff-Ferrari HA, et al. and prevention of vitamin I e Society clinical practice	as a 2). Lin D Lice	SO
<u>C-Reactive Protein, Cardiac</u> C-Reactive Protein, Cardiac	0.85 Relati	mg/L ve Risk for Future Cardiova Low Average High	0.00-3.00 scular Event <1.00 1.00 - 3.00 >3.00	SO
Homocyst(e)ine		птдп	23.00	
Homocyst(e)ine <u>GGT</u>	8.9	umol/L	0.0-17.2	SO
GGT <u>Magnesium</u>	16	IU/L	0-65	SO
Magnesium Progesterone	2.1	mg/dL	1.6-2.3	SO
Progesterone Insulin	0.1	ng/mL	0.0-0.5	SO
Insulin	4.1	uIU/mL	2.6-24.9	SO
<u>Estrogens, Total</u> Estrogens, Total	66	pg/mL Prepubertal	56-213 <40	BN
<u>Ferritin</u> Ferritin	73	ng/mL	30-400	SO
<u>Triiodothyronine (T3), Free</u> Triiodothyronine (T3), Free <u>Sex Horm Binding Glob, Serum</u>	3.3	pg/mL	2.0-4.4	SO
Sex Horm Binding Glob, Serum	55	nmol/L	19.3-76.4	SO

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	lests	Result	Flag U	Jnits		
polipoprotein B						
Apolipoprotein	В	89		ng/dL esirable	< 90 < 90	SO
			De	Borderline High		
				5	100 - 130	
				Very High		
			ASCVD RISK		FIC TARGET	
			CATEGORY	APO B	(mg/dL)	
			Very High Risk	<80 (if extre	eme risk <70)	
			High Risk	<90		
			Moderate Risk	<90		
Lab	Facility			Director	Phone	;
SO	Labcorp S			MD Jenny R Galloway	858-668-3	700
	13112 Evening Creek Dr So Ste 200, San	Diego, CA,				
TG	Labcorp R			MDPhD Anjen Chenn	800-735-4	087
	1912 TW Alexander Drive, RTP, NC,					
BN	Labcorp B			MD Sanjai Nagendra	800-762-4	344
	1447 York Court, Burlington, NC,					
ES	Esoterix			MD Brian Poirier	800-444-9	111
	4301 Lost Hills Road, Calabasas Hills, CA,					

Thank you for ordering your lab tests through Life Extension/National Diagnostics, Inc. If you would like to discuss your results please call us at 1-800-208-3444. In order to ensure your privacy we ask that you have a copy of your results in front of you when making the call, as you will be asked to provide a specimen number or other identifier from the report. Our Wellness Specialists WILL NOT be able to review your lab results with you, unless you are able to provide this information from the report. We also understand that there are times when you will want to review a family members blood test results with our staff. Although Life Extension is happy to comply with these requests, permission (either verbally or in writing) must be given by the person who took the blood tests in order for us to do so. Thank you for your cooperation with these policies as we endeavor to keep your blood test results secure.

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