



LAB RESULTS

Last Name	Lab ID	Specimen Number	Time Collected	Date Entered	Time Reported
			4/4/2025 9:00 AM	4/4/2025	4/8/2025 6:07 AM
First Name	Middle Initial	Phone	Control Number	Account Number	Account Phone Number

Date of Birth Age Sex Fasting Physician Name Physician ID
F

Address

Account Address

LIFE EXTENSION / NATIONAL DIAGNOSTICS, INC
900 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33304

Tests Ordered

CMP12+LP+6AC+CBC/D/Plt+CRP-...; Hemoglobin A1c; Cortisol; Testosterone; TSH; Vitamin D, 25-Hydroxy; Magnesium; Insulin; Ferritin; Apolipoprotein B

Tests	Result	Flag	Units	Reference Interval	Lab
CMP12+LP+6AC+CBC/D/Plt+CRP					
Glucose	89		mg/dL	70-99	TA
Uric Acid	4.1		mg/dL	2.6-6.2	TA
BUN	13		mg/dL	6-20	TA
Creatinine	0.83		mg/dL	0.57-1.00	TA
eGFR	97		mL/min/1.73	>59	TA
BUN/Creatinine Ratio	16		, , -	9-23	TA
Sodium	138		mmol/L	134-144	TA
Potassium	4.4		mmol/L	3.5-5.2	TA
Chloride	103		mmol/L	96-106	TA
Calcium	9.7		mg/dL	8.7-10.2	TA
Phosphorus	3.1		mg/dL	3.0-4.3	TA
Protein, Total	8.2		g/dL	6.0-8.5	TA
Albumin	4.6		g/dL	4.0-5.0	TA
Globulin, Total	3.6		g/dL	1.5-4.5	TA
Bilirubin, Total	1.3	High	mg/dL	0.0-1.2	TA
Alkaline Phosphatase	51		IU/L	44-121	TA
LDH	140		IU/L	121-224	TA
AST (SGOT)	16		IU/L	0-40	TA
ALT (SGPT)	15		IU/L	0-32	TA
GGT	10		IU/L	0-60	TA
Iron	108		ug/dL	27-159	TA
Cholesterol, Total	171		mg/dL	100-199	TA
Triglycerides	53		mg/dL	0-149	TA
HDL Cholesterol LDL	74		mg/dL	>39	TA
Chol Calc (NIH) LDL	86		mg/dL	0-99	TA
Calc Comment:					TA

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Ship Method: Order No: 874



Tests	Result	Flag Units	Reference Interval	Lab
CMP12+LP+6AC+CBC/D/Plt+CRP				
T. Chol/HDL Ratio	2.3	ratio	0.0-4.4	TA
			T. Chol/HDL Ratio	
			Men Women	
			1/2 Avg.Risk 3.4 3.3	
			Avg.Risk 5.0 4.4	
			2X Avg.Risk 9.6 7.1	
5 .:	2.5		3X Avg.Risk 23.4 11.0	
Estimated CHD Risk	< 0.5	times av The CHD Risk is based on the T		TA
	1		ch as hypertension, smoking,	
		diabetes, severe obesity,		
		premature CHD.	and ramily miscory or	
Homocyst(e)ine	10.5	umol/L	0.0-14.5	TA
Free Testosterone(Direct)	0.7	pg/mL		RN
Progesterone	0.3	ng/mL		TA
riogesterone	0.5	Follicula		IA
			1 phase 1.8 - 23.9	
			tion phase 0.1 - 12.0	
		Pregn	_	
			rst trimester 11.0 - 44.3	
		Se	cond trimester 25.4 - 83.3	
		Th	ird trimester 58.7 - 214.0	
		Postm	enopausal 0.0 - 0.1	
DHEA-Sulfate	111.0	ug/dL	84.8-378.0	TA
Estradiol	56.4	pg/mL		TA
		Adult Fem	3	
			icular phase 12.5 - 166.0	
			ation phase 85.8 - 498.0	
			al phase 43.8 - 211.0 menopausal <6.0 - 54.7	
		Pregn	-	
			trimester 215.0 - >4300.0	
	Roche ECLIA		213.0 1300.0	
C-Reactive Protein, Cardiac	1.00	mg/L	0.00-3.00	TA
		<i>5.</i>	ure Cardiovascular Event	
			Low <1.00	
			Average 1.00 - 3.00	
			High >3.00	
WBC	5.7	x10E3/u	ıL 3.4-10.8	TA
RBC	5.15	x10E6/u	ıL 3.77-5.28	TA
Hemoglobin	15.2	g/dL	11.1-15.9	TA
Hematocrit	44.9	%	34.0-46.6	TA
MCV	87	fL	79-97	TA
MCH	29.5	pg	26.6-33.0	TA
MCHC	33.9	g/dL	31.5-35.7	TA
RDW	11.8	%	11.7-15.4	TA
Platelets	276	x10E3/ι		TA
Neutrophils	62	%	Not Estab.	TA
Lymphs	26	%	Not Estab.	TA
Monocytes	10	%	Not Estab.	TA
Eos	1	%	Not Estab.	TA
Basos	1	% %	Not Estab.	TA
Immature Cells	1	70	NOT ESTAD.	TA
Neutrophils (Absolute)	3.5	x10E3/ι	ıL 1.4-7.0	TA
recurupinis (Absolute)	J.J	XIUES/U	1.4-7.0	IA

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Tests	Result	Flag	Units	Reference Interval	Lab	
CMP12+LP+6AC+CBC/D/Plt+CRP						
Lymphs (Absolute)	1.5		x10E3/uL	0.7-3.1	TA	
Monocytes(Absolute)	0.6		x10E3/uL	0.1-0.9	TA	
Eos (Absolute)	0.1		x10E3/uL	0.0-0.4	TA	
Baso (Absolute)	0.1		x10E3/uL	0.0-0.2	TA	
Immature Granulocytes	0		%	Not Estab.	TA	
Immature Grans (Abs)	0.0		x10E3/uL	0.0-0.1	TA	
NRBC			,		TA	
Hematology Comments:					TA	
Hemoglobin A1c						
Hemoglobin A1c	4.8		%	4.8-5.6	TA	
	Diabete	petes: 5.7 - 6.4 es: >6.4 c control for a	dults with diabet	es: <7.0		
Cortisol	0.2			62404		
Cortisol	8.2	N mb	ug/dL	6.2-19.4	TA	
	Pleas		erence interval a	nd flagging for n. If this is a PM		
		collection plea		ortisol PM: 2.3-11.9		
Testosterone		collection pica	isc usc.	OICISOI FM. 2.5 II.9		
Testosterone	12	Low	ng/dL	13-71	TA	
TSH						
TSH	1.170		uIU/mL	0.450-4.500	TA	
Vitamin D, 25-Hydroxy			·			
Vitamin D, 25-Hydroxy	28.9	Low	ng/mL	30.0-100.0	TA	
	Vitamin D deficiency	has been defin	ed by the Institu	te of		
			ty practice guide			
			less than 20 ng/m			
		-	o further define			
	 insufficiency as a level between 21 and 29 ng/mL (2). 1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press. 2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice 					
	_	CEM. 2011 Jul; 9				
Magnesium						
Magnesium	2.0		mg/dL	1.6-2.3	TA	
Insulin						
Insulin	3.4		uIU/mL	2.6-24.9	TA	
<u>Ferritin</u>						
Ferritin	192	High	ng/mL	15-150	TA	

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Tests	Result	Flag	Jnits	Reference Interval	Lab
Apolipoprotein B					
Apolipoprotein B	73	1	ng/dL	<90	BN
		D	esirable	< 90	
			Borderline Hi	gh 90 - 99	
			High	100 - 130	
			Very High	>130	
		ASCVD RISK	THER	RAPEUTIC TARGET	
		CATEGORY	P	APO B (mg/dL)	
		Very High Risk	<80 (if	extreme risk <70)	
		High Risk	<90		
		Moderate Risk	<90		
Lab	Facility		Director	P	hone

Lab	Facility	Director	Phone
TA	Labcorp T	MD Bill G Richendollar	800-877-5227
	5610 W LaSalle Street, Tampa, FL,		
RN	Labcorp R	MD Liza P Jodry	800-631-5250
	69 First Avenue, Raritan, NJ,		
BN	Labcorp B	MD Sanjai Nagendra	800-762-4344
	1447 York Court, Burlington, NC,		
	For inquiries, the physician may contact the above locations.		

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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