

Patient Information	Specimen Information	Client Information
<b>TEST, PATIENT</b>  <b>DOB: 01/01/1969</b> <b>AGE: 45</b> Gender: F            Fasting: Y Phone: NG Patient ID: NG	Specimen: CW014217A Requisition: 0046280  Collected: 04/28/2014 / 10:00 EDT Received: 04/28/2014 / 12:54 EDT Reported: 04/28/2014 / 17:59 EDT (* A Copy Sent To)	Client #: 97502840    00000000 DOE, JANE TEST CLIENT (HQ) NEL Attn: TEST DEPARTMENT 400 EGYPT RD # 2009 1/3 NORRISTOWN, PA 19403-3406

### Diabetes Risk Panel with Score

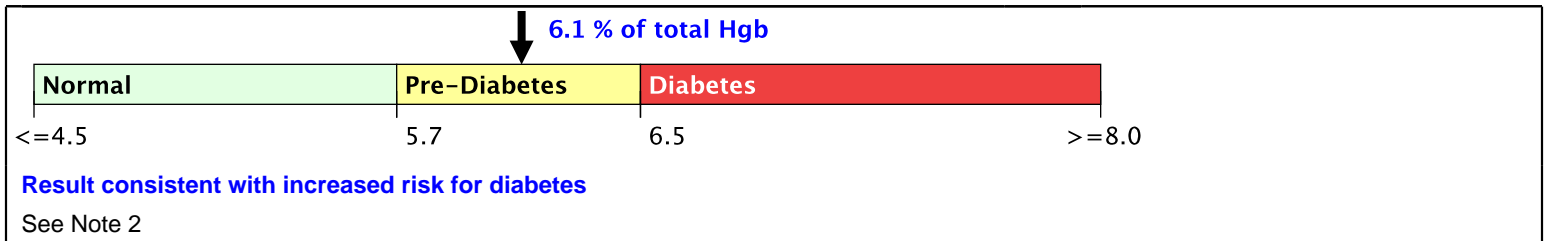
#### Glucose value and assessment

Lab: QWA



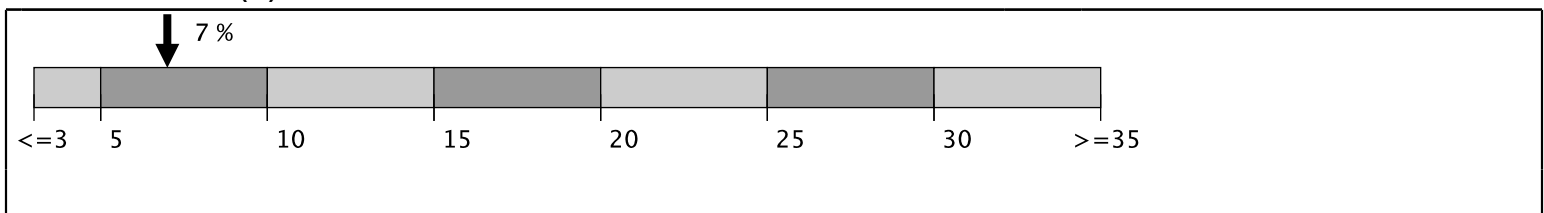
#### HbA1c value and assessment

Lab: QWA



#### 8-Year diabetes risk (%)

Lab: QWA



The APPROXIMATE 8-year Percentage Risk estimate is based upon the assessment of adults ages 30-79 in the Framingham study (Wilson PW, Meigs JB, Sullivan L, Fox CS, Nathan DM, D'Agostino RB Sr. 2007 Prediction of incident diabetes mellitus in middle-aged adults: the Framingham Offspring Study Arch Intern Med. 167:1068-74). An estimate will not be provided if HbA1c and/or glucose indicate that the patient has diabetes. If fasting conditions were not met, use caution when interpreting the glucose test result and the 8-year Percentage Risk.

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**Test values**
**Lab: QWA**

Test Name	Result	Reference Range/Comments
<b>Glucose</b>	<b>115 H</b>	65-99 mg/dL See Note 1
<b>Hemoglobin A1c</b>	<b>6.1 H</b>	<5.7 % of total Hgb See Note 2
Total Cholesterol	164	125-200 mg/dL
HDL Cholesterol	81	> OR = 46 mg/dL
Triglycerides	45	<150 mg/dL
LDL Cholesterol (Calculated)	74	<130 mg/dL (calc) See Note 3
Non-HDL Cholesterol	83	mg/dL (calc) See Note 4
Cholesterol/HDL Ratio (Calculated)	2.0	< OR = 5.0 (calc)

**Personal factors**
**Lab: QWA**

Component	Result	Component	Result
<b>HEIGHT FEET</b>	5 ft	<b>SYSTOLIC BLOOD PRESSURE</b>	106 mmHg
<b>HEIGHT INCHES</b>	4 in	<b>DIASTOLIC BLOOD PRESSURE</b>	65 mmHg
<b>WEIGHT</b>	150 lbs	<b>TREATMENT FOR HIGH B.P.</b>	NO
<b>CALCULATED BMI</b>	25.7	<b>PARENTAL HISTORY OF DIAB</b>	YES

Note 1

Fasting reference interval

Note 2

According to ADA guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes-2013. Diabetes Care. 2013;36:s11-s66

For the purpose of screening for the presence of diabetes

<5.7%            Consistent with the absence of diabetes

5.7-6.4%        Consistent with increased risk for diabetes (prediabetes)

>or=6.5%       Consistent with diabetes

This assay result is consistent with a higher risk of diabetes.

Currently, no consensus exists for use of hemoglobin A1c for diagnosis of diabetes for children.

Note 3

Desirable range &lt;100 mg/dL for patients with CHD or

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diabetes and <70 mg/dL for diabetic patients with known heart disease.

Note 4            Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target.

**PERFORMING SITE:**

QWA QUEST DIAGNOSTICS WALLINGFORD-CL 0091, 3 STERLING DRIVE, WALLINGFORD, CT 06492 Laboratory Director: NEENA SINGH, MD, CLIA: 07D0093126

\* Copy To Client: HQTEST - FAX AS FINAL