



Patient Information

DOB: AGE:
Gender: M
Phone: NG
Patient ID:
Health ID:

Specimen Information

Specimen:
Requisition:
Lab Ref #:
Collected: 06/08/2024 /
Received: 06/09/2024 /
Reported: 06/11/2024 /

Client Information

Client #: MAIL992
DAMASCO, LEO
JASONHEALTH.COM
1887 WHITNEY MESA DR # 3040
HENDERSON, NV 89014-2069

Test Name	In Range	Out Of Range	Reference Range	Lab
IMMUNOGLOBULIN G		1678 H	600-1640 mg/dL	IG
IMMUNOGLOBULIN M	54		50-300 mg/dL	IG
IMMUNOGLOBULIN A		429 H	47-310 mg/dL	IG
IMMUNOGLOBULIN E	102		<OR=114 kU/L	IG

PERFORMING SITE:

IG QUEST DIAGNOSTICS-IRVING, 4770 REGENT BLVD., IRVING, TX 75063-2445 Laboratory Director: ROBERT L BRECKENRIDGE,MD, CLIA: 45D0697943

Patient Information

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Client Information

Client #: MAIL992

SEROTA, MARCJONATHAN

JASONHEALTH.COM

1887 WHITNEY MESA DR # 3040

HENDERSON, NV 89014-2069

COMMENTS: COLLECTION REQUIREMENTS NOT MET. PATIENT ADVISED TO RETURN.

Test Name	In Range	Out Of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL				IG
GLUCOSE	87		65-99 mg/dL	
			Fasting reference interval	
UREA NITROGEN (BUN)	14		7-25 mg/dL	
CREATININE	0.81		0.60-1.26 mg/dL	
EGFR	116		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	SEE NOTE:		6-22 (calc)	
	Not Reported: BUN and Creatinine are within reference range.			
SODIUM	139		135-146 mmol/L	
POTASSIUM	4.8		3.5-5.3 mmol/L	
CHLORIDE	101		98-110 mmol/L	
CARBON DIOXIDE	30		20-32 mmol/L	
CALCIUM	9.9		8.6-10.3 mg/dL	
PROTEIN, TOTAL	8.0		6.1-8.1 g/dL	
ALBUMIN	4.8		3.6-5.1 g/dL	
GLOBULIN	3.2		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.5		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.6		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	90		36-130 U/L	
AST	16		10-40 U/L	
ALT	16		9-46 U/L	
SED RATE BY MODIFIED WESTERGREN		17 H	< OR = 15 mm/h	IG
C-REACTIVE PROTEIN		12.0 H	<8.0 mg/L	IG

PERFORMING SITE:

IG QUEST DIAGNOSTICS-IRVING, 4770 REGENT BLVD., IRVING, TX 75063-2445 Laboratory Director: ROBERT L BRECKENRIDGE,MD, CLIA: 45D0697943

Patient Information

██████████, ██████████
██████████
Gender: M Fasting: Y
Phone: ██████████
Patient ID: ██████████
Health ID: ██████████

Specimen Information

Specimen: ██████████
Requisition: ██████████
Lab Ref #: ██████████
Collected: 06/12/2024 ██████████
Received: 06/12/2024 ██████████
Reported: 06/14/2024 ██████████

Client Information

Client #: ██████████ MAIL992
DAMASCO, LEO
JASONHEALTH.COM
1887 WHITNEY MESA DR # 3040
HENDERSON, NV 89014-2069

COMMENTS:

FASTING: YES
COLLECTION KIT GIVEN TO PATIENT. PATIENT ADVISED TO RETURN.

Test Name	In Range	Out Of Range	Reference Range	Lab
FSH	2.4		1.4-12.8 mIU/mL	IG
LH	3.6		1.5-9.3 mIU/mL	IG
TESTOSTERONE, FREE (DIALYSIS) AND TOTAL, MS				Z3E
TESTOSTERONE, TOTAL, MS	593		250-1100 ng/dL	

For additional information, please refer to
<https://education.questdiagnostics.com/faq/FAQ165>
(This link is being provided for informational/educational purposes only.)
(Note)

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

TESTOSTERONE, FREE 89.4 35.0-155.0 pg/mL
(Note)

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

MDF
med fusion
2501 South State Highway 121, Suite 1100
Lewisville TX 75067
972-966-7300
Ithiel James L. Frame, MD, PhD

Patient Information

Gender: M Fasting: Y
Patient ID:
Health ID:

Specimen Information

Specimen:
Collected: 06/12/2024
Received: 06/12/2024
Reported: 06/14/2024

Client Information

Client #:
DAMASCO, LEO

ALLERGEN REPORT

ALLERGY PANEL 15, CEREAL GROUP

Performing Lab: IG

Test Name

BARLEY (F6) IGE

BUCKWHEAT (F11) IGE

GLUTEN (F79) IGE

RICE (F9) IGE

CLASS

0 1 2 3 4 5 6

Results kU/L

0.20 H

<0.10

<0.10

<0.10

ALLERGY PANEL 15, CEREAL GROUP

Performing Lab: IG

Test Name

RYE (F5) IGE

CLASS

0 1 2 3 4 5 6

Results kU/L

0.10 H

INTERPRETATION

See Endnote 1

Performing Lab: IG

Endnote 1

Specific IGE Class	kU/L	Level of Allergen Specific IGE Antibody
0	<0.10	Absent/Undetectable
0/1	0.10-0.34	Very Low Level
1	0.35-0.69	Low Level
2	0.70-3.49	Moderate Level
3	3.50-17.4	High Level
4	17.5-49.9	Very High Level
5	50-100	Very High Level
6	>100	Very High Level

The clinical relevance of allergen results of 0.10-0.34 kU/L are undetermined and intended for specialist use.

Allergens denoted with a "***" include results using one or more analyte specific reagents. In those cases, the test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

PERFORMING SITE:

IG QUEST DIAGNOSTICS-IRVING, 4770 REGENT BLVD., IRVING, TX 75063-2445 Laboratory Director: ROBERT L BRECKENRIDGE,MD, CLIA: 45D0697943
Z3E MEDFUSION, 2501 SOUTH STATE HIGHWAY 121 SUITE 1100, LEWISVILLE, TX 75067-8188 Laboratory Director: ITHIEL J FRAME,MD,PHD, CLIA: 45D2004217

Patient Information

Gender: M Fasting: Y
 Phone:
 Patient ID:
 Health ID:

Specimen Information

Specimen:
 Requisition:
 Lab Ref #:
 Collected: 06/12/2024
 Received: 06/12/2024
 Reported: 06/13/2024

Client Information

Client #: MAIL992
 DAMASCO, LEO
 JASONHEALTH.COM
 1887 WHITNEY MESA DR # 3040
 HENDERSON, NV 89014-2069

COMMENTS: FASTING: YES

ALLERGEN REPORT

FOOD ALLERGY PROFILE

Performing Lab: IG

Test Name

EGG WHITE (F1) IGE
 PEANUT (F13) IGE
 WHEAT (F4) IGE
 WALNUT (F256) IGE
 CODFISH (F3) IGE
 COW'S MILK (F2) IGE
 SOYBEAN (F14) IGE
 SHRIMP (F24) IGE
 SCALLOP (F338) IGE

Results kU/L

<0.10
 <0.10
 0.10 H
 <0.10
 <0.10
 <0.10
 <0.10
 <0.10
 <0.10

CLASS

0 1 2 3 4 5 6


FOOD ALLERGY PROFILE

Performing Lab: IG

Test Name

SESAME SEED (F10) IGE
 HAZELNUT (F17) IGE
 CASHEW NUT (F202) IGE
 ALMOND (F20) IGE
 SALMON (F41) IGE
 TUNA (F40) IGE

Results kU/L

0.19 H
 <0.10
 <0.10
 <0.10
 <0.10
 <0.10

CLASS

0 1 2 3 4 5 6


INTERPRETATION

See Endnote 1

Performing Lab: IG

Endnote 1

Specific IGE Class	kU/L	Level of Allergen Specific IGE Antibody
0	<0.10	Absent/Undetectable
0/1	0.10-0.34	Very Low Level
1	0.35-0.69	Low Level
2	0.70-3.49	Moderate Level
3	3.50-17.4	High Level
4	17.5-49.9	Very High Level
5	50-100	Very High Level
6	>100	Very High Level

The clinical relevance of allergen results of 0.10-0.34 kU/L are undetermined and intended for specialist use.

Allergens denoted with a "***" include results using one or more analyte specific reagents. In those cases, the test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

PERFORMING SITE:

IG QUEST DIAGNOSTICS-IRVING, 4770 REGENT BLVD., IRVING, TX 75063-2445 Laboratory Director: ROBERT L BRECKENRIDGE, MD, CLIA: 45D0697943

CLIENT SERVICES: 866.697.8378

SPECIMEN:

PAGE 1 OF 1

Patient Information

DOB: AGE:
Gender: M Fasting: Y
Phone:
Patient ID:
Health ID:

Specimen Information

Specimen:
Requisition:
Lab Ref #:
Collected: 06/12/2024 /
Received: 06/13/2024 /
Reported: 06/26/2024 /

Client Information

Client #: MAIL992
DAMASCO, LEO
JASONHEALTH.COM
1887 WHITNEY MESA DR # 3040
HENDERSON, NV 89014-2069

COMMENTS: FASTING: YES

Test Name	In Range	Out Of Range	Reference Range	Lab
GLIADIN (DEAMIDATED)				IG
AB (IGG, IGA)				
GLIADIN (DEAMIDATED)				
AB (IGA)	<1.0		U/mL	
Value	Interpretation			
-----	-----			
<15.0	Antibody not detected			
> or = 15.0	Antibody detected			
GLIADIN (DEAMIDATED)				
AB (IGG)	<1.0		U/mL	
Value	Interpretation			
-----	-----			
<15.0	Antibody not detected			
> or = 15.0	Antibody detected			



Patient Information

[REDACTED]

DOB: [REDACTED] AGE: [REDACTED]
Gender: M Fasting: Y
Patient ID: [REDACTED]
Health ID: [REDACTED]

Specimen Information

Specimen: [REDACTED]
Collected: 06/12/2024 / [REDACTED]
Received: 06/13/2024 / [REDACTED]
Reported: 06/26/2024 / [REDACTED]

Client Information

Client #: [REDACTED]
DAMASCO, LEO

CELIAC DISEASE COMPREHENSIVE PANEL

INTERPRETATION

Lab: EZ

No serological evidence of celiac disease. Total serum IgA is elevated. Consider mucosal inflammatory conditions or underlying gammopathy.

Test Results

Test	Results	Flag	Reference Range	Comments	Lab
Units Value Interpretation					

TISSUE TRANSGLUTAMINASE AB, IGA	<1.0		U/mL	<15.0 Antibody not detected > or = 15.0 Antibody detected	EZ
IMMUNOGLOBULIN A	386	H	47-310 mg/dL		EZ

PERFORMING SITE:

EZ QUEST DIAGNOSTICS/NICHOLS SJC, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675-2042 Laboratory Director: IRINA MARAMICA,MD,PHD,MBA, CLIA: 05D0643352
IG QUEST DIAGNOSTICS-IRVING, 4770 REGENT BLVD., IRVING, TX 75063-2445 Laboratory Director: ROBERT L BRECKENRIDGE,MD, CLIA: 45D0697943

Patient Information	Specimen Information	Client Information
FARRINGTON, KYLE DOB: 10/05/1985 AGE: 38 Gender: M Fasting: N Phone: 214.519.9150 Patient ID: 218678 Health ID: 8573028751724890	Specimen: DZ656845K Requisition: 0045313 Lab Ref #: 218678 Collected: 06/14/2024 / 10:57 CDT Received: 06/15/2024 / 13:21 CDT Reported: 06/27/2024 / 22:34 CDT	Client #: 97553290 MAIL992 DAMASCO, LEO JASONHEALTH.COM 1887 WHITNEY MESA DR # 3040 HENDERSON, NV 89014-2069

COMMENTS: SPLIT 06/12/2024 FROM 0045310
 FASTING:NO

Test Name	In Range	Out Of Range	Reference Range	Lab
FRUCTOSE, SEMEN		94 L	150-600 mg/dL	AMD

PERFORMING SITE:

AMD QUEST DIAGNOSTICS/NICHOLS CHANTILLY, 14225 NEWBROOK DRIVE, CHANTILLY, VA 20151-2228 Laboratory Director: PATRICK W. MASON,MD,PHD, CLIA: 49D0221801