Patient Information	Specimen Information	Client Information
SIMON, MAXINE **DOB: 10/26/1955 AGE: 59** Gender: F Phone: 530.347.6380 Patient ID: 36900	Specimen: EN255254W Requisition: 0014895 Lab Ref #: PRO76199 Collected: 06/25/2015 / 13:50 PDT Received: 06/26/2015 / 02:57 PDT Reported: 06/30/2015 / 22:49 PDT	Client #: 44123510 MAIL001 TSENG, JUSTINA J GREENVILLE RANCHERIA 1425 MONTGOMERY RD RED BLUFF, CA 96080-4605

COMMENTS: FASTING:YES

Test Name	In Range	Out Of Range	Reference Range	Lab
PARVOVIRUS B19 ANTIBODIES (IGG, IGM)				
PARVOVIRUS B19 ANTIBODY (IGG)		**6.5 H**		TXC
REFERENCE RANGE: <0.9 INTERPRETIVE CRITERIA: <0.9 Negative 0.9 - 1.1 Equivocal >1.1 Positive IgG persists for years and provides life-long immunity. To diagnose current infection, consider Parvovirus B19 DNA, PCR.				
PARVOVIRUS B19 ANTIBODY (IGM)	0.3			TXC
REFERENCE RANGE: <0.9 INTERPRETIVE CRITERIA: <0.9 Negative 0.9 - 1.1 Equivocal >1.1 Positive Results from any one IgM assay should not be used as a sole determinant of a current or recent infection. Because IgM tests can yield false positive results and low levels of IgM antibody may persist for months post infection, reliance on a single test result could be misleading. If an acute infection is suspected, consider obtaining a new specimen and submit for both IgG and IgM testing in two or more weeks. To diagnose current infection, consider Parvovirus B19 DNA, PCR.				
COMPREHENSIVE METABOLIC PANEL				UL
GLUCOSE	87		65-99 mg/dL Fasting reference interval	
UREA NITROGEN (BUN)	15		7-25 mg/dL	
CREATININE	0.77		0.50-1.05 mg/dL	
For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.				
eGFR NON-AFR. AMERICAN	85		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	98		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	139		135-146 mmol/L	
POTASSIUM	4.1		3.5-5.3 mmol/L	
CHLORIDE	109		98-110 mmol/L	
CARBON DIOXIDE	20		19-30 mmol/L	
CALCIUM	9.6		8.6-10.4 mg/dL	

Patient Information	Specimen Information	Client Information
SIMON, MAXINE **DOB: 10/26/1955 AGE: 59** Gender: F Patient ID: 36900	Specimen: EN255254W Collected: 06/25/2015 / 13:50 PDT Received: 06/26/2015 / 02:57 PDT Reported: 06/30/2015 / 22:49 PDT	Client #: 44123510 TSENG, JUSTINA J

Test Name	In Range	Out Of Range	Reference Range	Lab
PROTEIN, TOTAL	6.9		6.1-8.1 g/dL	
ALBUMIN	4.5		3.6-5.1 g/dL	
GLOBULIN	2.4		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.9		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.5		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	99		33-130 U/L	
AST	19		10-35 U/L	
ALT	14		6-29 U/L	
CREATINE KINASE, TOTAL	127		29-143 U/L	UL
METHYLENETETRAHYDROFOLATE REDUCTASE (MTHFR), DNA	SEE NOTE			EZ

RESULT:
POSITIVE FOR TWO COPIES OF THE A1298C MUTATION

INTERPRETATION:
This individual is homozygous for the A1298C mutation and negative (normal) for the C677T mutation in the MTHFR gene. This genotype is not associated with coronary artery disease and venous thrombosis. Increased risk of coronary heart disease, venous thrombosis and increased plasma homocysteine can be caused by a variety of genetic and non-genetic factors not screened for by this assay. Consider genetic counseling and DNA testing for at-risk family members.

Laboratory testing supervised and results monitored by Charles Strom, M.D., Ph.D., FACMG, FAAP, HCLD.

Reduced methylenetetrahydrofolate reductase (MTHFR) enzyme activity is a genetic risk factor for hyperhomocysteinemia, especially when present with low serum folate levels. Two common variants in the MTHFR gene result in reduced enzyme activity. The "thermolabile" variant C677T [NM 005957.3: c.665C>T (p.A222V)] and A1298C [c. 1286A>C (p.E429A)] occur frequently in the general population.

Mild to moderate hyperhomocysteinemia has been identified as a risk factor for coronary artery disease and venous thromboembolism. Hyperhomocysteinemia is multifactorial, involving a combination of genetic, physiologic and environmental factors. Recent studies do not support the previously described association of increased risk for coronary artery disease and venous thromboembolism with mild hyperhomocysteinemia caused by reduced MTHFR activity. Therefore, the utility of MTHFR variant testing is uncertain and is not recommended by The American College of Medical Genetics and Genomics (ACMG) or the American Congress of Obstetricians and Gynecologists (ACOG) in the evaluation of venous thromboembolism or adverse pregnancy outcome.

Modest positive association has also been found between the "thermolabile" variant of the MTHFR gene and many other medical complications, such as recurrent pregnancy loss, risk of offspring with neural tube defects, neuropsychiatric disease, and chemotherapy toxicity. Increased risk of coronary artery disease, venous thromboembolism and

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SIMON, MAXINE **DOB: 10/26/1955 AGE: 59** Gender: F Patient ID: 36900	Specimen: EN255254W Collected: 06/25/2015 / 13:50 PDT Received: 06/26/2015 / 02:57 PDT Reported: 06/30/2015 / 22:49 PDT	Client #: 44123510 TSENG, JUSTINA J

Test Name	In Range	Out Of Range	Reference Range	Lab
increased plasma homocysteine can be caused by a variety of genetic and non-genetic factors not screened for by this assay. If indicated by personal or family history of thromboembolism, consider additional testing such as plasma homocysteine levels, factor V Leiden and prothrombin gene mutations. The C677T and A1298C variants are detected by amplification of the selected regions of MTHFR gene by polymerase chain reaction (PCR) and fluorescent probes hybridization to the targeted regions, followed by melting curve analysis with a real time PCR system. Although rare, false positive or false negative results may occur. All results should be interpreted in context of clinical findings, relevant history, and other laboratory data. Health care providers, please contact your local Quest Diagnostics' genetic counselor or call 866-GENEINFO (866-436-3463) for assistance with interpretation of these results. This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.				
SED RATE BY MODIFIED WESTERGREN	6		< OR = 30 mm/h	UL
CBC (INCLUDES DIFF/PLT)				UL
WHITE BLOOD CELL COUNT	9.0		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.77		3.80-5.10 Million/uL	
HEMOGLOBIN	13.8		11.7-15.5 g/dL	
HEMATOCRIT	44.1		35.0-45.0 %	
MCV	92.4		80.0-100.0 fL	
MCH	29.0		27.0-33.0 pg	
MCHC		**31.3 L**	32.0-36.0 g/dL	
RDW		**15.3 H**	11.0-15.0 %	
PLATELET COUNT	188		140-400 Thousand/uL	
MPV	9.6		7.5-11.5 fL	
ABSOLUTE NEUTROPHILS	4950		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	3357		850-3900 cells/uL	
ABSOLUTE MONOCYTES	504		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	153		15-500 cells/uL	
ABSOLUTE BASOPHILS	36		0-200 cells/uL	
NEUTROPHILS	55.0		%	
LYMPHOCYTES	37.3		%	
MONOCYTES	5.6		%	
EOSINOPHILS	1.7		%	
BASOPHILS	0.4		%	
VITAMIN B12	593		200-1100 pg/mL	UL
FOLATE, SERUM	18.9		ng/mL Reference Range Low: <3.4 Borderline: 3.4-5.4 Normal: >5.4	UL

Patient Information	Specimen Information	Client Information
SIMON, MAXINE **DOB: 10/26/1955 AGE: 59** Gender: F Patient ID: 36900	Specimen: EN255254W Collected: 06/25/2015 / 13:50 PDT Received: 06/26/2015 / 02:57 PDT Reported: 06/30/2015 / 22:49 PDT	Client #: 44123510 TSENG, JUSTINA J

Test Name	In Range	Out Of Range	Reference Range	Lab
CYCLIC CITRULLINATED PEPTIDE (CCP) AB (IGG)	<16		UNITS	EN
Reference Range: Negative: <20; Weak Positive: 20-39; Moderate Positive: 40-59; Strong Positive: >59				
DNA (DS) ANTIBODY	<1		IU/mL	UL
IU/mL: < or = 4 Negative; 5-9 Indeterminate; > or = 10 Positive				
RHEUMATOID FACTOR	8		<14 IU/mL	UL
C-REACTIVE PROTEIN	0.68		<0.80 mg/dL	UL
Please be advised that patients taking Carboxypenicillins may exhibit falsely decreased C-Reactive Protein levels due to an analytical interference in this assay.				
SJOGREN'S ANTIBODIES (SS-A,SS-B)				UL
SJOGREN'S ANTIBODY (SS-A)	<1.0 NEG		<1.0 NEG AI	
SJOGREN'S ANTIBODY (SS-B)	<1.0 NEG		<1.0 NEG AI	
HEPATITIS B SURFACE ANTIGEN W/REFL CONFIRM				UL
HEPATITIS B SURFACE ANTIGEN	NON-REACTIVE		NON-REACTIVE	
HEPATITIS C ANTIBODY	NON-REACTIVE		NON-REACTIVE	UL
SIGNAL TO CUT-OFF	0.02		<1.00	
EPSTEIN BARR VIRUS ANTIBODY PANEL				EN
EBV VIRAL CAPSID AG (VCA) AB (IGM)	< OR = 0.90			
Value: < or = 0.90 Negative; 0.91-1.09 Equivocal; > or = 1.10 Positive				
EBV VIRAL CAPSID AG (VCA) AB (IGG)		**>5.00 H**		
Value: < or = 0.90 Negative; 0.91-1.09 Equivocal; > or = 1.10 Positive				
EBV NUCLEAR AG (EBNA) AB (IGG)		**>5.00 H**		
Value: < or = 0.90 Negative; 0.91-1.09 Equivocal; > or = 1.10 Positive				

Patient Information	Specimen Information	Client Information
SIMON, MAXINE **DOB: 10/26/1955 AGE: 59** Gender: F Patient ID: 36900	Specimen: EN255254W Collected: 06/25/2015 / 13:50 PDT Received: 06/26/2015 / 02:57 PDT Reported: 06/30/2015 / 22:49 PDT	Client #: 44123510 TSENG, JUSTINA J

Test Name	In Range	Out Of Range	Reference Range	Lab

INTERPRETATION:

Suggestive of a past Epstein-Barr virus infection.
In infants, a similar pattern may occur as a result
of passive maternal transfer of antibody.

Patient Information	Specimen Information	Client Information
SIMON, MAXINE **DOB: 10/26/1955 AGE: 59** Gender: F Patient ID: 36900	Specimen: EN255254W Collected: 06/25/2015 / 13:50 PDT Received: 06/26/2015 / 02:57 PDT Reported: 06/30/2015 / 22:49 PDT	Client #: 44123510 TSENG, JUSTINA J

Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D,25-OH,TOTAL,IA	16 L	30-100 ng/mL	EN

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     Vitamin D Status         25-OH Vitamin D:

     Deficiency:                    <20 ng/mL
     Insufficiency:               20 - 29 ng/mL
     Optimal:                   > or = 30 ng/mL

     For 25-OH Vitamin D testing on patients on
     D2-supplementation and patients for whom quantitation
     of D2 and D3 fractions is required, the QuestAssureD(TM)
     25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order
     code 92888 (patients >2yrs).

     For more information on this test, go to:
     http://education.questdiagnostics.com/faq/FAQ163
```

Physician Comments:

Patient Information	Specimen Information	Client Information
SIMON, MAXINE **DOB: 10/26/1955 AGE: 59** Gender: F Patient ID: 36900	Specimen: EN255254W Collected: 06/25/2015 / 13:50 PDT Received: 06/26/2015 / 02:57 PDT Reported: 06/30/2015 / 22:49 PDT	Client #: 44123510 TSENG, JUSTINA J

RHEUMATOID ARTHRITIS REPORT

ANA IFA SCREEN W/REFL TO TITER AND PATTERN, IFA **Lab: UL**

Test Name	Results	Reference Range
ANA SCREEN, IFA	NEGATIVE	NEGATIVE

PERFORMING SITE:

EN QUEST DIAGNOSTICS-WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91304-3226 Laboratory Director: ENRIQUE TERRAZAS,MD, CLIA: 05D0642827
EZ QUEST DIAGNOSTICS/NICHOLS SJC, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675-2042 Laboratory Director: JON NAKAMOTO, MD PHD, CLIA: 05D0643352
TXC FOCUS DIAGNOSTICS, 33608 ORTEGA HIGHWAY BLD B-WEST WING, SAN JUAN CAPISTRANO, CA 92675-2042 Laboratory Director: HOLLIS BATTERMAN,MD, CLIA: 05D0644251
UL QUEST DIAGNOSTICS SACRAMENTO, 3714 NORTHGATE BLVD, SACRAMENTO, CA 95834-1617 Laboratory Director: ALFREDO ASUNCION JR.,MD, CLIA: 05D0644209

Quest Diagnostics

Date of Service: 06/26/2015
Specimen: EN255254W

Patient Name: SIMON, MAXINE
DOB: 10/26/1955 AGE: 59Y Gender: F

Health ID: 8573007476673228

TSENG,JUSTINA J
CC-GREENVILLE RANCHERIA
PO BOX 279
GREENVILLE, CA 95947-0279
Phone: 5305288600

COMMENTS: FASTING:YES

Test Name	Results	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL			UL
GLUCOSE	87	65-99 mg/dL	
Fasting reference interval			
UREA NITROGEN (BUN)	15	7-25 mg/dL	
CREATININE	0.77	0.50-1.05 mg/dL	
For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.			
eGFR NON-AFR. AMERICAN	85	> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	98	> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE	6-22 (calc)	
SODIUM	139	135-146 mmol/L	
POTASSIUM	4.1	3.5-5.3 mmol/L	
CHLORIDE	109	98-110 mmol/L	
CARBON DIOXIDE	20	19-30 mmol/L	
CALCIUM	9.6	8.6-10.4 mg/dL	
PROTEIN, TOTAL	6.9	6.1-8.1 g/dL	
ALBUMIN	4.5	3.6-5.1 g/dL	
GLOBULIN	2.4	1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.9	1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.5	0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	99	33-130 U/L	
AST	19	10-35 U/L	
ALT	14	6-29 U/L	
SED RATE BY MODIFIED WESTERGREN	6	< OR = 30 mm/h	UL
CBC (INCLUDES DIFF/PLT)			UL
WHITE BLOOD CELL COUNT	9.0	3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.77	3.80-5.10 Million/uL	
HEMOGLOBIN	13.8	11.7-15.5 g/dL	
HEMATOCRIT	44.1	35.0-45.0 %	
MCV	92.4	80.0-100.0 fL	
MCH	29.0	27.0-33.0 pg	
MCHC	**31.3 L**	32.0-36.0 g/dL	
RDW	**15.3 H**	11.0-15.0 %	

Test Name	Results	Reference Range	Lab
PLATELET COUNT	188	140-400 Thousand/uL	
MPV	9.6	7.5-11.5 fL	
ABSOLUTE NEUTROPHILS	4950	1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	3357	850-3900 cells/uL	
ABSOLUTE MONOCYTES	504	200-950 cells/uL	
ABSOLUTE EOSINOPHILS	153	15-500 cells/uL	
ABSOLUTE BASOPHILS	36	0-200 cells/uL	
NEUTROPHILS	55.0	%	
LYMPHOCYTES	37.3	%	
MONOCYTES	5.6	%	
EOSINOPHILS	1.7	%	
BASOPHILS	0.4	%	
CYCLIC CITRULLINATED PEPTIDE (CCP) AB (IGG)	<16	19 UNITS	EN
Reference Range Negative: <20 Weak Positive: 20-39 Moderate Positive: 40-59 Strong Positive: >59			
ANA IFA SCREEN W/REFL TO TITER AND PATTERN, IFA			UL
ANA SCREEN, IFA	NEGATIVE	NEGATIVE	
DNA (DS) ANTIBODY	<1	4 IU/mL	UL
IU/mL Interpretation < or = 4 Negative 5-9 Indeterminate > or = 10 Positive			
RHEUMATOID FACTOR	8	<14 IU/mL	UL
C-REACTIVE PROTEIN	0.68	<0.80 mg/dL	UL
Please be advised that patients taking Carboxypenicillins may exhibit falsely decreased C-Reactive Protein levels due to an analytical interference in this assay.			
SJOGREN'S ANTIBODIES (SS-A,SS-B)			UL
SJOGREN'S ANTIBODY (SS-A)	<1.0 NEG	<1.0 NEG AI	
SJOGREN'S ANTIBODY (SS-B)	<1.0 NEG	<1.0 NEG AI	
CREATINE KINASE, TOTAL	127	29-143 U/L	UL
FOLATE, SERUM	18.9	5.5 ng/mL	UL
Reference Range Low: <3.4 Borderline: 3.4-5.4 Normal: >5.4			

Test Name	Results	Reference Range	Lab
HEPATITIS B SURFACE ANTIGEN W/REFL CONFIRM			UL
HEPATITIS B SURFACE ANTIGEN	NON-REACTIVE	NON-REACTIVE	
VITAMIN B12	593	200-1100 pg/mL	UL
HEPATITIS C ANTIBODY	NON-REACTIVE	NON-REACTIVE	UL
SIGNAL TO CUT-OFF	0.02	<1.00	
VITAMIN D,25-OH,TOTAL,IA	**16 L**	30-100 ng/mL	EN

Vitamin D Status 25-OH Vitamin D:

Deficiency: <20 ng/mL
Insufficiency: 20 - 29 ng/mL
Optimal: > or = 30 ng/mL

For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code 92888 (patients >2yrs).

For more information on this test, go to:
http://education.questdiagnostics.com/faq/FAQ163

EPSTEIN BARR VIRUS ANTIBODY PANEL			EN
EBV VIRAL CAPSID AG (VCA) AB (IGM)	< OR = 0.90	0.9	

Value	Interpretation
< or = 0.90	Negative
0.91-1.09	Equivocal
> or = 1.10	Positive

EBV VIRAL CAPSID AG (VCA) AB (IGG)	**>5.00 H**	0.9	

Value	Interpretation
< or = 0.90	Negative
0.91-1.09	Equivocal
> or = 1.10	Positive

EBV NUCLEAR AG (EBNA) AB (IGG)	**>5.00 H**	0.9	

Value	Interpretation
< or = 0.90	Negative
0.91-1.09	Equivocal
> or = 1.10	Positive

INTERPRETATION:			

Suggestive of a past Epstein-Barr virus infection.
In infants, a similar pattern may occur as a result of passive maternal transfer of antibody.

Test Name	Results	Reference Range	Lab
PARVOVIRUS B19 ANTIBODIES (IGG, IGM)			
PARVOVIRUS B19 ANTIBODY (IGG)	**6.5 H**	0.89	TXC

REFERENCE RANGE: <0.9

INTERPRETIVE CRITERIA:
<0.9 Negative
0.9 - 1.1 Equivocal
>1.1 Positive

IgG persists for years and provides life-long immunity. To diagnose current infection, consider Parvovirus B19 DNA, PCR.

Reference Range
<0.9 Negative
0.9-1.1 Equivocal
>1.1 Positive

PARVOVIRUS B19 ANTIBODY (IGM)	0.3	0.89	TXC

REFERENCE RANGE: <0.9

INTERPRETIVE CRITERIA:
<0.9 Negative
0.9 - 1.1 Equivocal
>1.1 Positive

Results from any one IgM assay should not be used as a sole determinant of a current or recent infection. Because IgM tests can yield false positive results and low levels of IgM antibody may persist for months post infection, reliance on a single test result could be misleading. If an acute infection is suspected, consider obtaining a new specimen and submit for both IgG and IgM testing in two or more weeks. To diagnose current infection, consider Parvovirus B19 DNA, PCR.

Reference Range
<0.9 Negative
0.9-1.1 Equivocal
>1.1 Positive

METHYLENETETRAHYDROFOLATE REDUCTASE (MTHFR), DNA	SEE NOTE		EZ

RESULT:
POSITIVE FOR TWO COPIES OF THE A1298C MUTATION

INTERPRETATION:
This individual is homozygous for the A1298C mutation and negative (normal) for the C677T mutation in the MTHFR gene. This genotype is not associated with coronary artery disease and venous thrombosis. Increased risk of coronary heart disease, venous thrombosis and increased plasma homocysteine can be caused by a variety of genetic and non-genetic factors not screened for by this assay. Consider genetic counseling and DNA testing for at-risk family members.

Laboratory testing supervised and results monitored by

Test Name	Results	Reference Range	Lab

Charles Strom, M.D., Ph.D., FACMG, FAAP, HCLD.

Reduced methylenetetrahydrofolate reductase (MTHFR) enzyme activity is a genetic risk factor for hyperhomocysteinemia, especially when present with low serum folate levels. Two common variants in the MTHFR gene result in reduced enzyme activity. The "thermolabile" variant C677T [NM 005957.3: c.665C>T (p.A222V)] and A1298C [c. 1286A>C (p.E429A)] occur frequently in the general population.

Mild to moderate hyperhomocysteinemia has been identified as a risk factor for coronary artery disease and venous thromboembolism. Hyperhomocysteinemia is multifactorial, involving a combination of genetic, physiologic and environmental factors. Recent studies do not support the previously described association of increased risk for coronary artery disease and venous thromboembolism with mild hyperhomocysteinemia caused by reduced MTHFR activity. Therefore, the utility of MTHFR variant testing is uncertain and is not recommended by The American College of Medical Genetics and Genomics (ACMG) or the American Congress of Obstetricians and Gynecologists (ACOG) in the evaluation of venous thromboembolism or adverse pregnancy outcome.

Modest positive association has also been found between the "thermolabile" variant of the MTHFR gene and many other medical complications, such as recurrent pregnancy loss, risk of offspring with neural tube defects, neuropsychiatric disease, and chemotherapy toxicity. Increased risk of coronary artery disease, venous thromboembolism and increased plasma homocysteine can be caused by a variety of genetic and non-genetic factors not screened for by this assay. If indicated by personal or family history of thromboembolism, consider additional testing such as plasma homocysteine levels, factor V Leiden and prothrombin gene mutations.

The C677T and A1298C variants are detected by amplification of the selected regions of MTHFR gene by polymerase chain reaction (PCR) and fluorescent probes hybridization to the targeted regions, followed by melting curve analysis with a real time PCR system. Although rare, false positive or false negative results may occur. All results should be interpreted in context of clinical findings, relevant history, and other laboratory data. Health care providers, please contact your local Quest Diagnostics' genetic counselor or call 866-GENEINFO (866-436-3463) for assistance with interpretation of these results.

This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

Quest Diagnostics Specimen: EN255254W	**Patient Name: SIMON, MAXINE** DOB: 10/26/1955 AGE: 59Y Gender: F **Health ID: 8573007476673228**	CC-GREENVILLE RANCHERIA

PERFORMING SITE:

EN Quest Diagnostics, 8401 Fallbrook Ave, West Hills, CA 91304-3226 Laboratory Director: Enrique Terrazas, M.D., CLIA: 05D0642827
EZ Quest Diagnostics/Nichols SJC, 33608 Ortega Hwy, San Juan Capistrano, CA 92675-2042 Laboratory Director: Jon Nakamoto, MD,PhD, CLIA: 05D0643352
TXC Focus Diagnostics, 33608 Ortega Highway, San Juan Capistrano, CA 92675-2042 Laboratory Director: Hollis J Batterman, MD, CLIA: 05D0644251
UL Quest Diagnostics, 3714 Northgate Blvd, Sacramento, CA 95834-1617 Laboratory Director: Alfredo Asuncion, MD, CLIA: 05D0644209

The contents of this laboratory test report are based on tests performed by Quest Diagnostics. The report is NOT an official laboratory report. If you require your official laboratory report, please contact your physician.