Turning Point Integrative Health Center 10005 Old Columbia Rd Suite P170 Columbia MD 21046

(410) 312-5280 LABORATORY REPORT



LabCorp Burlington 1447 York Court, Burlington NC 272153361

(888) 200-5439 Patient Name MITCHELL, JASON

Director: DIRECTOR: Frank Hancock MD

CLIA# BN

Patient ID/Hospital ID MIT0907197		Sex M	Age 51		Patient Phone Number (301) 502-6884	Physician Sivieri, Mark	
Page	Requisition No.	Accession No.		Collection Date & Time	Log-in Date & Time	Report Date & Time	REPORT STATUS
1	1 20507208182 16670625840		6/15/2022 2:50 PM	6/15/2022	6/27/2022 5:35 AM	FINAL	

IN RANGE OUT OF RANGE REFERENCE RANGE UNITS SITE CODE **TEST**

COMMENT:

PATIENT NOT FASTING

Test(s) 520073-Anti-Nuclear Ab by IFA (RDL); 520074-Homogeneous Pattern; 520076-Nucleolar Pattern; 520233-Speckled Pattern; 520234-Centromere Pattern; 520235-Spindle Apparatus Pattern; 520236-Nuclear Membrane Pattern; 520237-Midbody Pattern; 520238-Nuclear Dot Pattern; 520239-PCNA Pattern; 520240-Centriole Pattern; 520060-Anti-dsDNA Ab by Farr(RDL); 520221-Anti-Scl-70 Ab (RDL); 520226-Anti-CCP Ab, IgG / IgA (RDL) was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

Test(s) 163140-Candida Antibodies IgG; 163141-Candida Antibodies IgM; 163142-Candida Antibodies IgA

results are labeled for research purposes only by the assay's manufacturer. The performance characteristics of this assay have not been established by the manufacturer. The result should not be used for treatment or for diagnostic purposes without confirmation of the diagnosis by another medically established diagnostic product or procedure. The performance characteristics were determined by Labcorp.

Test(s) 070035-Iodine, Serum or Plasma

was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

Comp. Metabolic Panel (14)

•					
Glucose		н 108	65-99	mg/dL	BN
BUN	23		6-24	mg/dL	BN
Creatinine	0.91		0.76-1.27	mg/dL	BN
eGFR	102		>59	mL/min/1.73	BN
BUN/Creatinine Ratio		Н 25	9-20		BN
Sodium	140		134-144	mmol/L	BN
Potassium	4.0		3.5-5.2	mmol/L	BN
Chloride	101		96-106	mmol/L	BN
Carbon Dioxide, Total	20		20-29	mmol/L	BN
Calcium	9.2		8.7-10.2	mg/dL	BN
Protein, Total	6.9		6.0-8.5	g/dL	BN
Albumin	4.6		3.8-4.9	g/dL	BN
Globulin, Total	2.3		1.5-4.5	g/dL	BN
A/G Ratio	2.0		1.2-2.2		BN
Bilirubin, Total	0.5		0.0-1.2	mg/dL	BN
Alkaline Phosphatase	90		44-121	IU/L	BN
AST (SGOT)	18		0-40	IU/L	BN
ALT (SGPT)	20		0-44	IU/L	BN

>> REPORT CONTINUED ON NEXT PAGE <<



LabCorp Burlington 1447 York Court, Burlington NC 272153361

	Patient Name MITCHELL, JASON				(888) 200-54 CLIA# BN	139 Director: DII	RECTOR: Frank Hanco	ck MD
Patient ID/Hospital ID Sex Age Patient Birth MIT0907197 M 51 9/7/1970			Patient Phone Number (301) 502-6884	Physician Sivieri, Mark				
Page 2	Page Requisition No. Accessic 2 20507208182 166706		10	Collection Date & Time 6/15/2022 2:50 PM		Log-in Date & Time 6/15/2022	Report Date & Time 6/27/2022 5:35 AM	REPORT STATUS FINAL

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EST	IN RANGE		OUT OF F	RANGE	REFERENC	E RANGE UNITS	SITE CODE
IA 12Plus Profile, Do All RDL							
Anti-Nuclear Ab by IFA (RD)		A	Positiv	е	Negative		ESECF
Anti-Centromere Ab (RDL)	<1:40				<1:40	HI / I	ESECF
Anti-dsDNA Ab by Farr(RDL)					<8.0	IU/mL	ESECF
Anti-Sm Ab (RDL)	<20				<20	Units	ESECF
Anti-U1 RNP Ab (RDL)	<20				<20	Units	ESECF
Anti-Ro (SS-A) Ab (RDL)	<20				<20	Units	ESECF
Anti-La (SS-B) Ab (RDL)	<20				<20	Units	ESECF
Anti-Scl-70 Ab (RDL)	<20				<20	Units	ESECF
Anti-Cardiolipin Ab, IgG (RDI					<15	GPL U/mL	ESECF
Anti-Cardiolipin Ab, IgA (RDI					<12	APL U/mL	ESECF
Anti-Cardiolipin Ab, IgM (RDI					<13	MPL U/mL	ESECF
C3 Complement (RDL)	137				82-167	mg/dL	ESECF
C4 Complement (RDL)	30				14-44	mg/dL	ESECF
Anti-TPO Ab (RDL)	<9.0				<9.0	IU/mL	ESECF
Anti-Chromatin Ab, IgG (RDL)					<20	Units	ESECF
Anti-CCP Ab, IgG / IgA (RDL)					<20	Units	ESECF
Rheumatoid Factor by Turb RD	OL <14				<14	IU/mL	ESECF
	nterpretation for An Anti-La: Negative: Weak Positive: Moderate Positiv		nti-Ul RN		20 39		
Ir	Strong Positive:		b, IgG /	>{ IgA:	30		
	Negative: Weak Positive:			20 - 3	20		
	Moderate Positiv	e:		40 - 5			
-	Strong Positive:		. 1	>!	59		
	nterpretation for An Negative:		-	: <12, MPL <	<1.3		
1	Indeterminate-Low:GP	L 15-40,	APL 12-4	0, MPL 13-			
	Med Positive: High Positive:		APL, MPL		80 >80		
	ligh Positive: classification crite		APL, MPL based on				
	Anti-Cardiolipin A				,		
	siently with certain				se		
spur.	iously in the presen	ce or in	eumatoru	iactoi.			
A Titer and Pattern							
Homogeneous Pattern							ESECF
Testing could not be Nucleolar Pattern	e performed. Test ca	ncelled.					ESECF
Testing could not be	e performed. Test ca	ncelled.					
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LabCorp Burlington 1447 York Court, Burlington NC 272153361

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	Patient ID/Hospital ID Sex Age Patient Birth MIT0907197 M 51 9/7/1970			Patient Phone Number (301) 502-6884	Physician Sivieri, Mark			
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TEST	IN RANGE	OUT OF RANGE	REFERENCE RANGE UNITS	SITE CODE
ANA Titer and Pattern (CONT)	<u>INUED)</u>			
Speckled Pattern				ESECF
_				20201
Testing could not Centromere Pattern	t be performed. Test cancell	ed.		ESECF
<u>Centromere Pattern</u>				ESECT
	t be performed. Test cancell	ed.		
Spindle Apparatus Pattern				ESECF
Testing could not	t be performed. Test cancell	ed.		
Nuclear Membrane Pattern	<u>l</u>			ESECF
Testing could not	t be performed. Test cancell	ed		
Midbody Pattern	e be performed. Tebe editeers	.cu.		ESECF
-				
1:160				
Nuclear Dot Pattern				ESECF
Tosting could not	t be performed. Test cancell	od		
PCNA Pattern	t be periormed. Test cancer	.eu.		ESECF
Testing could not Centriole Pattern	t be performed. Test cancell	.ed.		ESECF
<u>Centriole Pattern</u>				ESECT
=	t be performed. Test cancell	ed.		
Note:				ESECF
ANA performed	by Indirect Fluorescent Ant	cibody (IFA)		
<u>Urinalysis, Complete</u>				
Specific Gravity	1.018		1.005-1.030	BN
pH	5.5		5.0-7.5	BN
Urine-Color	Yellow		Yellow	BN
Appearance	Clear		Clear	BN
WBC Esterase	Negative		Negative	BN
Protein	Negative		Negative/Trace	BN
Glucose	Negative		Negative	BN
Ketones	Negative		Negative	BN
Occult Blood	Negative		Negative	BN
Bilirubin	Negative		Negative	BN
Urobilinogen,Semi-Qn	0.2		0.2-1.0 mg/dL	BN
Nitrite, Urine	Negative		Negative	BN
Microscopic Examination	MICRON			BN
•	ove if indicat-d			
Microscopic follo	ows if indicated.			
	See below:			
	See Selow.			
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LabCorp Burlington

1447 York Court, Burlington NC 272153361

(888) 200-5439 CLIA# BN Director: DIRECTOR: Frank Hancock MD

MITCHELL, JASON CLIA# B

Patient Name

Patient ID/Hospital ID MIT0907197		Sex M	Age 51	Patient Birth Date 9/7/1970	Patient Phone Number (301) 502-6884	Physician Sivieri, Mark		
Page	Requisition No.	Accession No.		Collection Date & Time	Log-in Date & Time	Report Date & Time	REPORT STATUS	
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TEST	IN RANGE	OUT OF RANGE	REFERENCE RA	NGE UNITS	SITE CODE
<u>Urinalysis, Complete (CONTINUED)</u>					
Microscopic was indicated	and was performed.				
Microscopic Examination					
WBC	None seen		0 - 5	/hpf	BN
RBC	None seen		0 - 2	/hpf	BN
Epithelial Cells (non renal)	None seen		0 - 10	/hpf	BN
Epithelial Cells (renal)					BN
Testing could not be perform $Casts$	ed. Test cancelled. None seen		None seen	/lpf	BN
Cast Type					BN
Testing could not be perform <u>Crystals</u>					BN
Testing could not be perform Crystal Type	ed. Test cancelled.				BN
Testing could not be perform Mucus Threads	ed. Test cancelled.				BN
Testing could not be perform Bacteria	ed. Test cancelled. None seen		None seen/Fev	v	BN
<u>Yeast</u>					BN
Testing could not be perform <u>Trichomonas</u>	ed. Test cancelled.				BN
Testing could not be perform $\underline{\text{Comment}}$	ed. Test cancelled.				BN
Testing could not be perform	ed. Test cancelled.				
Porphyrins, Qn, Random U					
Uroporphyrins (UP)	5		0-20	ug/L	BN
Heptacarboxyl (7-CP)	<1		0-2	ug/L ug/L	BN
Hexacarboxyl (6-CP)	<1		0-1	ug/L ug/L	BN
Pentacarboxyl (5-CP)	<1		0-2	ug/L ug/L	BN
Coproporphyrin (CP) I	13		0-15	ug/L	BN
Coproporphyrin (CP) III	12		0-49	ug/L	BN
Immunoglobulins A/E/G/M, Serum					
Immunoglobulin G, Qn, Serum	993		603-1613	mg/dL	BN
	>> REPORT COM	NTINUED ON NEXT PAG	E <<		

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LABORATORY REPORT

LabCorp

Patient Name

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1447 York Court, Burlington NC 272153361 (888) 200-5439 Director: DIRECTOR: Frank Hancock MD CLIA# BN

MITCHELL, JASON CL

Accession No.

16670625840

Patient ID/Hospital ID Sex MIT0907197 M

Requisition No.

20507208182

Age Patient Birth Date
51 9/7/1970

Collection Date & Time

6/15/2022 2:50 PM

Patient Phone Number (301) 502-6884
Log-in Date & Time

6/15/2022

Sivieri, Mark

Report Date & Time
6/27/2022 5:35 AM

Physician

REPORT STATUS
FINAL

TEST	IN RANGE	OUT OF RANGE	REFERENCE RA	ANGE UNITS	SITE CODE
Immunoglobulins A/E/G/M, Serum (CON	<u>ΓΙΝUED)</u>				
Immunoglobulin A, Qn, Serum Immunoglobulin M, Qn, Serum Immunoglobulin E, Total	113 42 21		90-386 20-172 6-495	mg/dL mg/dL IU/mL	BN BN BN
Candida Antibodies IgG,IgA,IgM					
Candida Antibodies IgG Candida Antibodies IgM	Negative Negative		Negative Negative		BN BN
	Please note r	eference interval cha	nge		
Candida Antibodies IgA	Negative		Negative		BN
	Please note r	eference interval cha	nge		
FSH and LH					
LH FSH		H 12.7 Н 18.9	1.7-8.6 1.5-12.4	mIU/mL mIU/mL	BN BN
Hgb A1c with eAG Estimation					
Hemoglobin A1c	5.5		4.8-5.6	%	BN
Prediabetes: 5.7 Diabetes: >6.4 Glycemic control	7 - 6.4 L for adults with di	abetes: <7.0			
Estim. Avg Glu (eAG)	111			mg/dL	BN
<u>Testosterone,Free and Total</u>					
Testosterone	736		264-916	ng/dL	BN
Adult male reference into healthy nonobese males (I Travison, et.al. JCEM 201	BMI <30) between 19	and 39 years old.			
Free Testosterone(Direct)	13.3		7.2-24.0	pg/mL	BN
Trans. Growth Fact. beta 1*	4778		867-6662	pg/mL	EURKS
The result is reported in posture approximately 150 to 50,000 healthy population is 867-66 that these ranges are obtain of apparently healthy adults	The reference range 562. However it show ned from a limited po	e for a ld be noted opulation			
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MITCHELL, JASON CLIA# BN Patient Phone Number Patient ID/Hospital ID Sex Age Patient Birth Date Physician MIT0907197 М 51 9/7/1970 Sivieri, Mark (301) 502-6884 Page Requisition No. Collection Date & Time Log-in Date & Time Report Date & Time REPORT STATUS Accession No. 6 20507208182 16670625840 6/15/2022 2:50 PM 6/15/2022 6/27/2022 5:35 AM FINAL

Tenns. Growth Fact. beta 1* (CONTINUED) thresholds. *This test was developed and its performance characteristics determined by Eurofins Viracor. It has not been cleared or approved by the U.S. Food and Drug Administration. Thyroxine (Folic Acid), Scrum 10.3 A serum foliate concentration of less than 3.1 mg/mL is considered to represent clinical deficiency. Cortisol 13.4 Cortisol PM 2.3 - 11.9 TSH L 0.022 0.450-4.500 uIU/mL BN Prostate Specific Ag Prostate Specific Ag Prostate Specific Ag Prostate Specific Ag Roche MULIA mental at undetectable levels after radical prostatectomy. The American trological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUX defines blochemical recurrence as an initial PSA was use 0.2 mg/mL or ground roft bloom with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absonce of malignant disease. IGIF-I Insulin-Like Growth Factor I J 43 Results for this test are for research purposes only by the assay's manifacturey. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure. Specific Ag Aux Aux	6	20507208182	16670625840	6/15/2022	2:50 PM	6/15/2022		6/27/2022 5:35 AM	FINAL
thresholds. *This test was developed and its performance characteristics determined by Eurofins Vizacor. It has not been cleared or approved by the U.S. Food and Drug Administration. Thyroxine (T4) Free, Direct T4,Free(Direct) L 0.79 0.82-1.77 ng/dL BN Folate (Folic Acid), Serum 10.3 A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency. Cortisol 13.4 Cortisol AM 6.2 - 19.4 Cortisol PM 2.3 - 11.9 TSUI L 0.022 0.450-4.500 ull/mL BN Prostate-Specific Ag Prostate Specific Ag Prostate Specific Ag Prostate Specific Ag Roche ECLIA methodology, According to the American Urological Association, Serum FSA should decrease and remain at undetectable levels after redical prostatectomy. The AUA defines biochemical recurrence as an initial FSA value 0.2 ng/mL or greater followed by a subsequent confirmatory FSA value 0.2 ng/mL or greater followed by a subsequent confirmatory FSA value 0.2 ng/mL or greater followed by a subsequent confirmatory FSA value 0.2 ng/mL or greater followed by a subsequent confirmatory FSA value 0.2 ng/mL or greater followed by a subsequent confirmatory FSA value 0.2 ng/mL or greater of his prosedure with a part of the presence of malignant disease. KGF-1 Insulin-Like Growth Factor I L 43 74-255 ng/mL BN VIP, Plasma 44.5 Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic product or procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure. L 28.8 40.0-92.0 ug/L BN	TES	ST .	IN RANG	=	OUT OF	RANGE	REFEREN	CE RANGE UNITS	SITE CODE
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T4.Free(Direct) 10.3 A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency. Cortisol 13.4 Cortisol AM 6.2 - 19.4 Cortisol PM 2.3 - 11.9 TSH L 0.022 0.450-4.500 uIU/mL BN Prostate Specific Ag Prostate Specific Ag Prostate Specific Ag Prostate Specific Ag Roche ECLIA methodology. According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostateatectomy. The AUA defines blochenical recurrence as an initial provature 0.7 ng/mL or greater followed by a subsequent confirmatory Salue 0.2 ng/mL or greater followed by a subsequent confirmatory Salue 0.2 ng/mL or greater followed by a subsequent confirmatory Salue 0.2 ng/mL or greater followed by a subsequent confirmatory Salue 0.2 ng/mL or greater followed by a subsequent confirmatory Salue 0.2 ng/mL or greater followed by a subsequent confirmatory Salues obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease. IGE-I Insulin-Like Growth Factor I L 43 74-255 ng/mL BN VIP, Plasma 44.5 0.0-58.8 pg/mL BN Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure. L 28.8 40.0-92.0 ug/L BN	c k	*This test was deve characteristics det been cleared or app	ermined by Eurofins Vi	racor. It					
Folate (Folic Acid), Serum A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency. Cortisol 13.4 Cortisol AM	Thyr	oxine (T4) Free, Direct							
A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency. Cortisol 13.4 ug/dL BN Cortisol AM 6.2 - 19.4 Cortisol PM 2.3 - 11.9 TSH L 0.022 0.450-4.500 ulU/mL BN Prostate-Specific Ag Prostate Specific Ag Prostate Specific Ag Roche ECLIA methodology. According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines blochemical 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 of the presence or absence of malignant disease. IGG-I Insulin-Like Growth Factor I L 43 74-255 ng/mL BN Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure. L 28.8 40.0-92.0 ug/L BN	7	Γ4,Free(Direct)		L	0.79		0.82-1.7	77 ng/dL	BN
Cortisol 13.4 ug/dL BN Cortisol AM 6.2 - 19.4 Cortisol AM 2.3 - 11.9 TSH L 0.022 0.450-4.500 uIU/mL BN Prostate-Specific Ag Prostate Specific Ag Roche ECLIA methodology. 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 of the presence or absence of malignant disease. IGGE-I Insulin-Like Growth Factor I L 43 74-255 ng/mL BN VIP, Plasma 44.5 0.0-58.8 pg/mL BN Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure. L 28.8 40.0-92.0 ug/L BN	Folat	e (Folic Acid), Serum	10.3				>3.0	ng/mL	BN
Cortisol AM Cortisol PM 2.3 - 11.9 TSH L 0.022 0.450-4.500 uIU/mL BN Prostate-Specific Ag Prostate Specific Ag O.0-4.0 ng/mL BN Roche ECLIA methodology. 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 of the presence or absence of malignant disease. Insulin-Like Growth Factor I				_	L is				
TSH L 0.022 D.450-4.500 uIU/mL BN Prostate-Specific Ag Prostate-Specific Ag Prostate Specific Ag Prostate Specific Ag Roche ECLIA methodology. 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 of the presence or absence of malignant disease. IGF-1 Insulin-Like Growth Factor I L 43 74-255 ng/mL BN VIP, Plasma 44.5 Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure. L 28.8 40.0-92.0 ug/L BN	Corti	sol	13.4					ug/dL	BN
Prostate-Specific Ag Prostate Specific Ag Roche ECLIA methodology. 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 of the presence or absence of malignant disease. IGF-I Insulin-Like Growth Factor I L 43 74-255 ng/mL BN VIP, Plasma 44.5 0.0-58.8 pg/mL BN Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure. L 28.8 40.0-92.0 ug/L BN									
Prostate Specific Ag 3.8 0.0-4.0 ng/mL BN Roche ECLIA methodology. 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 of the presence or absence of malignant disease. IGF-1 Insulin-Like Growth Factor I L 43 74-255 ng/mL BN VIP, Plasma 44.5 0.0-58.8 pg/mL BN Results for this test are for research purposes manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure. L 28.8 40.0-92.0 ug/L BN	TSH			L	0.022		0.450-4.	.500 uIU/mL	BN
Roche ECLIA methodology. 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 of the presence or absence of malignant disease. IGF-1 Insulin-Like Growth Factor I L 43 74-255 ng/mL BN VIP, Plasma 44.5 0.0-58.8 pg/mL BN Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure. L 28.8 40.0-92.0 ug/L BN	Prost	ate-Specific Ag							
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 of the presence or absence of malignant disease. IGF-1 Insulin-Like Growth Factor I L 43 74-255 ng/mL BN VIP, Plasma 44.5 0.0-58.8 pg/mL BN Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure. Indine, Serum or Plasma L 28.8 40.0-92.0 ug/L BN	I	Prostate Specific Ag	3.8				0.0-4.0	ng/mL	BN
Insulin-Like Growth Factor I L 43 74-255 ng/mL BN VIP, Plasma 44.5 Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure. Iodine, Serum or Plasma L 28.8 40.0-92.0 ug/L BN		According to the decrease and rem prostatectomy. T PSA value 0.2 ng PSA value 0.2 ng Values obtained interchangeably.	vels afte ical recu d by a subsethods or erpreted	r radical rrence as bsequent kits car as absolu	an initia confirmato not be use	al ory ed			
VIP, Plasma 44.5 Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure. BN L 28.8 40.0-92.0 ug/L BN	<u>IGF-</u>	<u>1</u>							
Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure. L 28.8 40.0-92.0 ug/L BN	1	Insulin-Like Growth Fac	tor I	L	43		74-255	ng/mL	BN
manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure. Iodine, Serum or Plasma L 28.8 40.0-92.0 ug/L BN	VIP,	Plasma	44.5				0.0-58.8	g pg/mL	BN
	n r E	manufacturer. The protection of the procedure without control of the procedure without without control of the procedure without without without without without without without without without withou	performance characteri d. Results should not onfirmation of the dia	stics of be used gnosis by	this prod as a diag	uct have nostic			
>> REPORT CONTINUED ON NEXT PAGE <<	Iodir	ne, Serum or Plasma		L	28.8		40.0-92.	.0 ug/L	BN
			>> REP(ORT CONTI	NUED ON 1	NEXT PAGE	<<		

19025580 Turning Point Integrative Health Center 10005 Old Columbia Rd Suite P170 Columbia MD 21046 (410) 312-5280 LABORATORY REPORT



LabCorp Burlington 1447 York Court, Burlington NC 272153361

Patient Name (888) 200-5439 Director: DIRECTOR: Frank Hancock MD CLIA# BN

Patient ID/Hospital ID	Sex Age	Patient Birth Date	Patient Phone Number	Physician
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MIT0	907197	М	51	9/7/1970	(301) 502-6884	Sivieri, Mark	
Page	Requisition No.	Accession No.		Collection Date & Time	Log-in Date & Time	Report Date & Time	REPORT STATUS
7	20507208182	16670625840		6/15/2022 2:50 PM	6/15/2022	6/27/2022 5:35 AM	FINAL

7 20307208102	10070023040	0/ 10/20/	22 2.30 FW	0/13/2022		12112022 J.33 AW	FINAL
TEST	IN RANG	E	OUT OF F	RANGE	REFERENCE	RANGE UNITS	SITE CODE
Iodine, Serum or Plasma (CON	TINUED)						
		Limit o	f quantitat	ion = 20			
Vitamin D, 25-Hydroxy	50.9				30.0-100.	0 ng/mL	BN
Vitamin D deficiency Medicine and an Endo level of serum 25-0F The Endocrine Societ insufficiency as a l 1. IOM (Institute of intakes for calci National Academic 2. Holick MF, Binkle Evaluation, treat deficiency: an Er	y has been defined by berine Society practic witamin D less than by went on to further level between 21 and 25 Medicine). 2010. Die lum and D. Washington	50.0 100.	o iigiiiL				
D-Dimer			н 0.66		0.00-0.49	mg/L FEU	$\mathbf{B}\mathbf{N}$
and pulmonary embolic D-dimer values increan older population of Physicians, based recommends that climpatients greater that PE who do not meet ab) in those with intage-adjusted D-dimer	y assessment, excludes ism (PE) with high sen ease with age and this difficult. To address is on best available evolutions use age-adjust an 50 years of age with all Pulmonary Embolism cermediate probability cut-off is "age/100" an age-adjusted cut-of/L FEU.	sitivit can ma this, idence ed D-di h: a) a Rule O of PE. For e	y. ke VTE excl the America and recent mer thresho low probab ut Criteria The formul xample, a 6	usion of n College guidelines lds in ility of , or a for an 0 year old			
Homocyst(e)ine	14.3				0.0-14.5	umol/L	BN
Uric Acid	6.6				3.8-8.4	mg/dL	BN
	Therapeutic tar	get for	gout patie	nts: <6.0			
Histamine Determination, Blood	d 100				12-127	ng/mL	BN
manufacturer. The p not been established procedure without co	st are for research purperformance characterial. Results should not onfirmation of the diacic product or procedu	stics o be use gnosis	f this prod d as a diag	uct have nostic			
Sedimentation Rate-Westergren	ı 6				0-30	mm/hr	BN
	>> REP0	ORT CON	NTINUED ON 1	NEXT PAGE	<<		

19025580 Turning Point Integrative Health Center 10005 Old Columbia Rd Suite P170 Columbia MD 21046 (410) 312-5280 LABORATORY REPORT



LabCorp Burlington
1447 York Court, Burlington NC 272153361

Patient Name

(888) 200-5439 Director: DIRECTOR: Frank Hancock MD

CLIA# BN

	t ID/Hospital ID 907197	Sex M	Age 51		Patient Phone Number (301) 502-6884	Physician Sivieri, Mark	
Page	Requisition No.	Accession No.		Collection Date & Time	Log-in Date & Time	Report Date & Time	REPORT STATUS

TEST	IN RANG	E	OUT OF F	RANGE	DEFEDEN		
	<u></u>				NEFEREN	CE RANGE UNITS	SITE CODE
Lipase	37				13-78	U/L	BN
C-Reactive Protein, Quant	3				0-10	mg/L	BN
Ammonia, Plasma	77				40-200	ug/dL	BN
Triiodothyronine (T3), Free		1	н 7.1		2.0-4.4	pg/mL	BN
Melanocyte Stimulating Hormone	12				0-40	pg/mL	BN
Results for this test are for manufacturer. The performanc not been established. Result procedure without confirmatio established diagnostic produc	e characteri s should not n of the dia	stics of be used gnosis b	this prod las a diag	uct have nostic			
ADDITIONAL TEST INFORMATION:							
Test ANA 12Plus Profile, Do All RD ANA Titer and Pattern Ammonia, Plasma C-Reactive Protein, Quant Candida Antibodies IgG, IgA, Ig Comp. Metabolic Panel (14) Cortisol D-Dimer FSH and LH Folate (Folic Acid), Serum Hgb Alc with eAG Estimation Histamine Determination, Bloo Homocyst(e) ine IGF-1 Immunoglobulins A/E/G/M, Serum Iodine, Serum or Plasma Lipase Melanocyte Stimulating Hormon Microscopic Examination Porphyrins, Qn, Random U Prostate-Specific Ag Sedimentation Rate-Westergren TSH Testosterone, Free and Total Thyroxine (T4) Free, Direct Trans. Growth Fact. beta 1* Triiodothyronine (T3), Free Uric Acid Urinalysis, Complete VIP, Plasma Vitamin D, 25-Hydroxy	F F F F F F F F F F F F F F F F F F F						
	>> REP0	ORT CONT	TINUED ON 1	NEXT PAGE	<<		

19025580 (410) 312-5280 Turning Point Integrative Health Center 10005 Old Columbia Rd Suite P170 Columbia MD 21046 LABORATORY REPORT



LabCorp Burlington 1447 York Court, Burlington NC 272153361

Patient Name (888) 200-5439 Director: DIRECTOR: Frank Hancock MD

MITCHELL, JASON CLIA# BN

	t ID/Hospital ID 907197	Sex M	Age 51	Patient Birth Date 9/7/1970	Patient Phone Number (301) 502-6884	Physician Sivieri, Mark	
Page 9	Requisition No. 20507208182	Accession No. 1667062584	.0	Collection Date & Time 6/15/2022 2:50 PM	Log-in Date & Time 6/15/2022		REPORT STATUS FINAL

TEST	IN RANGE	OUT OF RANGE	REFERENCE RANGE UNITS	SITE CODE
NOTE:				
'BN' refers to site:	Labcorp Burlington 1447 York Court Burlington NC 272153361 Director: Sanjai Nagendra MD			
'ESECF' refers to site:	Esoterix Inc 4301 Lost Hills Road Calabasas Hills CA 913015358 Director: Brian F Poirier MD			
'EURKS' refers to site:	Eurofins Viracor LLC 18000 W 99th Street Lenexa KS 662191233 Director: BROCK R Neil PhD			
		>> END REPORT <<		