19516220 **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 Director: DIRECTOR: Frank Hancock MD Patient Name MITCHELL, JASON CLIA# BN

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Patient ID/Hospital ID		ID/Hospital ID	Sex Age Patient		Patient Birth Date	Patient Phone Number	Physician	
		M 52		9/7/1970		Sivieri, Mark		
Ī	Page	e Requisition No. Accession No.		Collection Date & Time	Log-in Date & Time	Report Date & Time	REPORT STATUS	
	1	19570643210 19570643210		7/14/2023	7/15/2023	7/26/2023 10:11 PM	FINAL	

	Sex M	Age <b>52</b>	Patient Birth Date 9/7/1970	Patient Phone		sician r <b>ieri, Mark</b>	
e Requisition No. Accession No. 19570643210 19570643210			Collection Date & Time 7/14/2023	Log-in Date & 7/15/2023	· ·	ort Date & Time 6/2023 10:11 PM	REPORT STATUS FINAL
TEST		IN RANG	E OUT OF	RANGE	REFERENCE F	RANGE UNITS	SITE CODE
OMMENT:							
Test(s) 520073-Anti Homogeneous Pattern Speckled Pattern; 52 520240-Centriole Pa Anti-CCP Ab, IgG / was developed and i by Labcorp. It has and Drug Administra Test(s) 163140-Cand 163142-Candida Anti results are labeled manufacturer. The p not been established be used for treatme of the diagnosis by or procedure. The p Labcorp. Test(s) 081746-Hist This test was devel determined by Labcoby the Food and Drug Test(s) 605082-F079 was developed and i LabCorp. It has no Drug Administration or approval is not investigational pura diagnostic proced another medically e 010389	n; 520076-N 520234-Cent Pattern; 52 20238-Nucle attern; 520 IgA (RDL) its perform not been c ation. dida Antibo ibodies IgA d for resea performance ed by the m ment or for y another m performance tamine Dete loped and i orp. It has ag Administ 9-IgG Glute its perform ot been cle n. The FDA reposes only dure withou established	ucleolar Patromere Patte 0236-Nuclear ar Dot Patte 060-Anti-dsD ance charact leared or ap dies IgG; 16 rch purposes characteris anufacturer. diagnostic pedically est characteris rmination, Est performan not been clation. n; 605081-F0 ance charact ared or approper has determined to the results of the result confirmation.	tern; 520233- rn; 520235- Membrane Pattern rn; 520239-PCNA I NA Ab by Farr (RDI eristics determin proved by the Foo 3141-Candida Ant: only by the assa tics of this assa The result shout urposes without of ablished diagnost tics were determed lood ce characteristic eared or approved 78-IgG Casein eristics determin oved by the Food ned that such cla this test are for should not be us on of the diagnos product or proces	rattern; L); 520226- med od Lbodies IgM; my's my have do not confirmation ic product med by med by and earance or sed as sis by			
% CD8-/CD57+ Lymphs	S		L 1.1		2.0-17.0	%	BN
	abcorp. It	has not been	mance characteris cleared or appro				
Abs.CD8-CD57+ Lymph	18		L 20		60-360	/uL	BN
_							BN
	abcorp. It	has not been	mance characteris				БN
determined by La	abcorp. It	has not been			3.4-10.8	x10E3/uL	BN
determined by La by the Food and	abcorp. It	has not been istration.			3.4-10.8 4.14-5.80	x10E3/uL x10E6/uL	



LabCorp Burlington 1447 York Court, Burlington NC 272153361

(888) 200-5439 **Director: DIRECTOR: Frank Hancock MD** Patient Name CLIA# BN MITCHELL, JASON Patient ID/Hospital ID Sex Patient Birth Date Patient Phone Number Physician Age М 52 9/7/1970 Sivieri, Mark Page Requisition No. Accession No. Collection Date & Time Log-in Date & Time Report Date & Time REPORT STATUS 7/14/2023 2 19570643210 19570643210 7/15/2023 7/26/2023 10:11 PM **FINAL** 

TEST	IN RANGE	OUT OF RANGE	REFERENCE RA	ANGE UNITS	SITE CODE
NK1 (CD57) Panel (CONTINUED)					
Hematocrit	43.6		37.5-51.0	%	BN
MCV	86		79-97	fL	BN
MCH	29.6		26.6-33.0	pg	BN
MCHC	34.4		31.5-35.7	g/dL	BN
RDW	13.4		11.6-15.4	%	BN
Platelets	252		150-450	x10E3/uL	BN
Neutrophils	64		Not Estab.	%	BN
Lymphs	23		Not Estab.	%	BN
Monocytes	9		Not Estab.	%	BN
Eos	3		Not Estab.	%	BN
Basos	1		Not Estab.	%	BN
					DNI
Immature Cells					BN
Testing could not be perform	ed. Test cancelled.				
Neutrophils (Absolute)	5.1		1.4-7.0	x10E3/uL	BN
Lymphs (Absolute)	1.8		0.7-3.1	x10E3/uL	BN
Monocytes(Absolute)	0.7		0.1-0.9	x10E3/uL	BN
Eos (Absolute)	0.2		0.0-0.4	x10E3/uL	BN
Baso (Absolute)	0.1		0.0-0.2	x10E3/uL	BN
Immature Granulocytes	0		Not Estab.	%	BN
Immature Grans (Abs)	0.0		0.0-0.1	x10E3/uL	BN
NRBC					BN
Testing could not be perform Hematology Comments:	ed. Test cancelled.				BN
Testing could not be perform	ed. Test cancelled.				
NA 12Plus Profile, Do All RDL					
Anti-Nuclear Ab by IFA (RDL)		A Positive	Negative		ESECF
Anti-Centromere Ab (RDL)	<1:40		<1:40		ESECF
Anti-dsDNA Ab by Farr(RDL)	<8.0		<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 (RDL)	<15		<15	GPL U/mL	ESECF
Anti-Cardiolipin Ab, IgA (RDL)	<12		<12	APL U/mL	ESECF
Anti-Cardiolipin Ab, IgM (RDL)	<13		<13	MPL U/mL	ESECF
1 / 2 ( /					
	>> REPORT CO	NTINUED ON NEXT PAG	E <<		





## LabCorp Burlington 1447 York Court, Burlington NC 272153361

Patient Name MITCHELL, JASON				(888) 200-54 CLIA# BN	Director: DI	RECTOR: Frank Hancock MD
Patient ID/Hospital ID	Sex	Age	Patient Birt		Patient Phone Number	Physician
	l M	52	9/7/1970			Sivieri, Mark

		<u></u>	3/1/13/				Olvieli, Mark	
Page Requisition No. 19570643210	Accession No. 1957064321	10	7/14/20	n Date & Time 023	Log-in Date 8 7/15/2023		Report Date & Time 7/26/2023 10:11 PM	REPORT STATUS FINAL
TEST	<del>-</del>	IN RANG	E	OUT OF F	RANGE	REFEREN	ICE RANGE UNITS	SITE CODE
ANA 12Plus Profile, Do All RI	OL (CONTINU	IED)						
C3 Complement (RDL)		139				82-167	mg/dL	ESECF
C4 Complement (RDL)		32				14-44	mg/dL	ESECF
Anti-TPO Ab (RDL)		<9.0				<9.0	IU/mL	ESECF
Anti-Chromatin Ab, IgG (F	SDL)	<20				<20	Units	ESECF
Anti-CCP Ab, IgG / IgA (F		<20				<20	Units	ESECF
Rheumatoid Factor by Turl		<14				<14	IU/mL	ESECF
t: ei ii	Anti-La: Nega Weak Mode Stro Interpret Nega Weak Mode Stro Interpret Negative Indeterm Low Posi Med Posi High Pos LE classifi iter (>40)	tive: Positive: rate Positive ation for P tive: Positive: rate Positive ation for P tive: ing Positive ation for P tive: tive: tive: tive: cation crit Anti-Cardia	ive: e: Anti-CC ive: e: GFL 15- GGFL 15- GGEFIA a lipin ith cer	P Ab, IgG / rdiolipin Ab PL <15, APL 20, APL 12-2 PL, APL, MPL PL, APL, MPL PL, APL, MPL re based on Ab (aCL). aC tain infecti esence of rh	20 - 40 - 5	20 39 80 80 80 20 39 59 59 <13 -20 40 80 >80		
Homogeneous Pattern								ESECF
Testing could not	t he norfor	mod Tost	aangoli	od				
Nucleolar Pattern	r ne herror	mou. 1831 (	Jancett	cu.				ESECF
Testing could not Speckled Pattern	t be perfor	med. Test o	cancell	ed.				ESECF
1:40								
Centromere Pattern								ESECF
Testing could not Spindle Apparatus Pattern	t be perfor	med. Test o	cancell	ed.				ESECF
Testing could not Nuclear Membrane Pattern	t be perfor	med. Test o	cancell	ed.				ESECF
Testing could not	t be perfor	med. Test	cancell	ed.				
		>> REP	ORT CO	NTINUED ON 1	NEXT PAGE	. <<		

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REPORT STATUS

Patient Name

MITCHELL, JASON

Patient ID/Hospital ID

Sex
M

Age
9/7/1970

Patient Phone Number
Sivieri, Mark

Patient Phone Number
Sivieri, Mark

Collection Date & Time

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Midbody Patte  1:160  Nuclear Dot P  Testing PCNA Pattern  Testing Centriole Patte  Testing Note:	attern  could not be performed  could not be performed		OUT OF R	ANGE	REFERENCE R	ANGE UNITS	ESECF
Midbody Patte  1:160  Nuclear Dot P  Testing PCNA Pattern  Testing Centriole Patte  Testing Note:	attern  could not be performed could not be p		led.				
Midbody Patte  1:160  Nuclear Dot P  Testing PCNA Pattern  Testing Centriole Patte  Testing Note:	attern  could not be performed could not be p		led.				
1:160  Nuclear Dot P  Testing PCNA Pattern  Testing Centriole Patte  Testing Note:	attern  could not be performed  could not be performed  em		led.				
Nuclear Dot P  Testing PCNA Pattern  Testing Centriole Patte  Testing Note:	could not be performed		led.				ESECF
Testing PCNA Pattern Testing Centriole Patte Testing Note:	could not be performed		led.				ESECF
PCNA Pattern Testing Centriole Patte Testing Note:	could not be performed		led.				
Centriole Patter  Testing  Note:	<u>ern</u>	d. Test cancell					ESECF
Note:	could not be performed		led.				ESECF
ANA		d. Test cancell	led.				ESECF
	performed by Indirect	Fluorescent An	tibody (IFA)				
omp. Metabolic I	Panel (14)						
Glucose		98			70-99	mg/dL	BN
BUN		23			6-24	mg/dL	BN
Creatinine		0.78			0.76-1.27	mg/dL	BN
eGFR		107			>59	mL/min/1.73	BN
BUN/Creating	ine Ratio		Н 29		9-20		BN
Sodium		139			134-144	mmol/L	BN
Potassium		4.1			3.5-5.2	mmol/L	BN
Chloride		100			96-106	mmol/L	BN
Carbon Dioxic	de, Total	25			20-29	mmol/L	BN
Calcium		9.5			8.7-10.2	mg/dL	BN
Protein, Total		7.4			6.0-8.5	g/dL	BN
Albumin		4.8			3.8-4.9	g/dL	BN
		**Please note 1	reference inte	erval chan	ge**		
Globulin, Tota	ıl	2.6			1.5-4.5	g/dL	BN
A/G Ratio		1.8			1.2-2.2	-	BN
Bilirubin, Tota	al	0.4			0.0-1.2	mg/dL	BN
Alkaline Phos		77			44-121	IU/L	BN
AST (SGOT)	-	20			0-40	IU/L	BN
ALT (SGPT)		20			0-44	IU/L	BN
me, Line Blot, S	<u>Serum</u>						
IgG P93 Ab.		Absent					BN
IgG P66 Ab.		Absent					BN
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Requisition No.

19570643210

Accession No.

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(410) 312-5280



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

Patient ID/Hospital ID Sex		Sex	Age Patient Birth Date		n Date	Patient Phone Number	Physician	
		M	52	9/7/1970			Sivieri, Mark	
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5	19570643210	19570643210		7/14/2023		7/15/2023	7/26/2023 10:11 PM	FINAL

Igg P58 Ab.   Absent   BN   Range   Boundary   Boundary   BN   Range   BN   Range   BN   Range   BN   Range   BN   Range   BN   Range   Rang	5	195/0643210	19570643210	7/14/20	23	7/15/2023		7/26/2023 10:11 PM	FINAL
IgG PSS Ab. Absent BN   IgG P45 Ab. Absent BN   IgG P41 Ab. Absent BN   IgG P39 Ab. Absent BN   IgG P23 Ab. Absent BN   IgG P18 Ab. Absent BN   IgG P19 Ab. Absent BN   IgM P23 Ab	TES	T	IN RANG	E	OUT OF F	RANGE	REFEREN	ICE RANGE UNITS	SITE CODE
IgG PSS Ab. Absent BN   IgG P45 Ab. Absent BN   IgG P41 Ab. Absent BN   IgG P39 Ab. Absent BN   IgG P23 Ab. Absent BN   IgG P18 Ab. Absent BN   IgG P19 Ab. Absent BN   IgM P23 Ab									
IgG PSS Ab. Absent BN   IgG P45 Ab. Absent BN   IgG P41 Ab. Absent BN   IgG P39 Ab. Absent BN   IgG P23 Ab. Absent BN   IgG P18 Ab. Absent BN   IgG P19 Ab. Absent BN   IgM P23 Ab									
IgG P45 Ab. Absent BN IgG P39 Ab. Absent BN IgG P39 Ab. Absent BN IgG P39 Ab. Absent BN IgG P30 Ab. Absent BN IgG P28 Ab. Absent BN IgG P18 Ab. Absent BN IgG P28 Ab. Absent BN IgM P39 Ab. Absent BN IgM P39 Ab. Absent BN IgM P28 Ab. Absent BN IgM P29 Ab. Absent BN	Lyme	, Line Blot, Serum (CON	<u>ΓΙΝUED)</u>						
IgG P45 Ab. Absent BN IgG P39 Ab. Absent BN IgG P39 Ab. Absent BN IgG P39 Ab. Absent BN IgG P30 Ab. Absent BN IgG P28 Ab. Absent BN IgG P18 Ab. Absent BN IgG P28 Ab. Absent BN IgM P39 Ab. Absent BN IgM P39 Ab. Absent BN IgM P28 Ab. Absent BN IgM P29 Ab. Absent BN	T.	rG P58 Ah	Ahsent						RΝ
IgG P41 Ab. Absent BN IgG P39 Ab. Absent BN IgG P39 Ab. Absent BN IgG P39 Ab. Absent BN IgG P28 Ab. Absent BN IgM P39 Ab. Absent BN IgM									
IgG P39 Ab.  IgG P30 Ab.  Absent  IgG P28 Ab.  Absent  IgG P28 Ab.  IgG P28 Ab.  Absent  IgG P28 Ab.  IgG P18									
IgM P41 Ab.  IgM P23 Ab.  IgM P41 Ab.  IgM P23 Ab.  IgM P41 Ab.  IgM P23 Ab.  Absent  IgM P23 Ab.  Absent  IgM P41 Ab.  IgM P23 Ab.  Absent  IgM P23 Ab.  Absent  IgM P23 Ab.  Absent  IgM P24 Ab.  IgM P25 Ab.  Absent  IgM P26 Ab.  Absent  IgM P27 Ab.  IgM P28 Ab.  Absent  IgM P28 Ab.  Absent  IgM P28 Ab.  Absent  IgM P29 Ab.  Absent  IgM P29 Ab.  Absent  IgM P29 Ab.  Note: An equivocal or positive EIA result followed by a negative  Line Blot result is considered NBGATIVE. An equivocal or positive  EIA result followed by a positive line Blot is considered FOSITIVE  Dyb Absent  Note: The following bands: 23,39 or 41  Negative: No bands or banding patterns which do not meet positive  Criteria.  Criteria for positivity are those recommended by CDC/ASTPHLD.  p23—osp C, p41=flagellin  Note:  Sera from individuals with the following may cross react in the  Lyme Line Blot assays: other spirochetal diseases (periodontal  disease, leptospirosis, relapsing fever, yaws, and pinta);  connective autoimmum (Rheumatoid Arthritis and Systemic Lugus  Erythematosus and also individuals with Antinuclear Antibody);  other infections (Rocky Mountain Spotted Fever; bystein-Barr Virus, and Cytomegalovirus).  Please Note: Iyme immunoblot alone is not recommended for the diagnosis of lyme diseases. Current guidelines recommend the use of a two-tiered approach to lyme serology etecting to improve the sa dwo-tiered approach to lyme serology in the following of the state code  164226 Lyme Disease.  Urinalysis. Complete  Specific Graviy  1.014  1.005-1.030  BN									
IgG P28 Ab. Absent BN IgG P23 Ab. Absent BN IgG P18 Ab. Absent BN Lyme IgG Line Blot Interp. Negative Borrelia-specific bands:    Positive: 5 of the following Borrelia-specific bands: 18,23,28,30,39,41,45,58,66,401,93. Negative: No bands or banding patterns which do not meet positive criteria.    IgM P41 Ab. Absent BN IgM P39 Ab. Absent BN IgM P30 Ab			Absent						
IgG P18 Ab. Absent BN Lyme IgG Line Blot Interp.  Positive: 5 of the following Borrella-specific bands: 18,23,26,30,38,41,45,56,66, and 93.  Negative: No bands or banding patterns which do not meet positive criteria.  BN B			Absent						
IgG P18 Ab. Lyme IgG Line Blot Interp.  Positive: 5 of the following Borrelia-specific bands: 18,23,28,30,39,41,45,58, 66, and 93.  Negative: No bands or banding patterns which do not meet positive criteria.  BN  IgM P41 Ab. Lyme IgM Line Blot Interp.  Note: An equivocal or positive EIA result followed by a negative Line Blot result is considered NEGATIVE. An equivocal or positive EIA result followed by a positive Line Blot is considered POSITIVE by the CDC. Positive: 2 of the following bands: 23,39 or 41 Negative: No bands or banding patterns which do not meet positive criteria. Or positivity are those recommended by CDC/ASTPHLD. p23-0pg C, p41=flagellin Note: Sera from individuals with the following may cross react in the Lyme Line Blot assays: other spirochetal diseases (periodontal disease, leptospirosis, relapsing fever, yaws, and pinta); connective autoimmune (Rheumatoid Arthritis and Systemic Lupus Erythematosus and also individuals with Antinuclear Antibody); other infections (Rocky Mountain Spotted Fever; Epstein-Barr Virus, and Cytomegalovirus). Please Note: Lyme immunoblot alone is not recommended for the diagnosis of Lyme disease. Current guidelines recommended for the sensitivity and specificity of testing, Labocrop offers test code 164226 Lyme pisease Scrology with Reflex to aid in the diagnosis of Lyme Disease.  Urinalysis. Complete  Specific Gravity  1.014  1.005-1.030  BN			Absent						BN
Lyme IgG Line Blot Interp.  Positive: 5 of the following Borrelia-specific bands: 18,23,28,30,39,41,45,58, 66, and 93. Negative: No bands or banding patterns which do not meet positive criteria.  BN  IgM P41 Ab. IgM P39 Ab. Absent BN  Lyme IgM Line Blot Interp.  Negative  Negative  Note: An equivocal or positive EIA result followed by a negative Line Blot result is considered NEGATIVE. An equivocal or positive EIA result followed by a positive Line Blot is considered POSITIVE by the CDC. Positive: 2 of the following bands: 23,39 or 41 Negative: No bands or banding patterns which do not meet positive criteria. Criteria for positivity are those recommended by CDC/ASTPHLD. p23-05p C, p41=flagellin Note: Sera from individuals with the following may cross react in the Lyme Line Blot assays: other spirochetal diseases (periodontal disease, leptospirosis, relapsing fever, yaws, and pinta); connective autoimmune (Rheumatoid Arthritis and Systemic Lupus Erythematosus and also individuals with Antinuclear Antibody); other infections (Rocky Mountain Spotted Fever; Epstein-Barr Virus, and Cytomegalovirus). Please Note: Lyme immunoblot alone is not recommended for the diagnosis of Lyme disease. Current quidelines recommend the use of a two-tiered approach to Lyme serology testing to improve the sensitivity and specificity of testing. Labcorp offers test code 164226 Lyme Disease.  Urinalysis. Complete  Specific Gravity  1.014 1.005-1.030 BN			Absent						BN
Positive: 5 of the following Borrelia-specific bands: 18,23,28,30,39,41,45,58, 66, and 93.  Negative: No bands or banding patterns which do not meet positive criteria.  IgM P41 Ab. Absent IgM P39 Ab. Absent IgM P23 Ab. Absent Lyme IgM Line Blot Interp. Negative  Note: An equivocal or positive EIA result followed by a negative Line B1ot result is considered NEGATIVE. An equivocal or positive EIA result followed by a positive Line Blot is considered POSITIVE by the CDC. Positive: 2 of the following bands: 23,39 or 41 Negative: No bands or banding patterns which do not meet positive criteria. Criteria for positivity are those recommended by CDC/ASTPHLD. p23-03p C, p41=flagellin Note: Sera from individuals with the following may cross react in the Lyme Line Blot assays: other spirochetal diseases (periodontal disease, leptospirosis, relapsing fever, yaws, and pinta); connective autoimmune (Rheumatoid Arthritis and Systemic Lupus Erythematosus and also individuals with Antinuclear Antibody); other infections (Rocky Mountain Spotted Fever; Epstein-Barr Virus, and Cytomegalovirus). Please Note: Lyme immunoblot alone is not recommended for the diagnosis of Lyme disease. Current quidelines recommend the use of a two-tiered approach to Lyme serology testing to improve the sensitivity and specificity of testing. Labcorp offers test code 164226 Lyme Disease.  Urinalysis. Complete  Specific Gravity  1.014  1.005-1.030  BN			. Negativ	re					BN
Borrelia-specific bands: 18,23,28,30,39,41,45,58, 66, and 93. Negative: No bands or banding patterns which do not meet positive criteria.  IgM P41 Ab. IgM P39 Ab. Absent IgM P23 Ab. Lyme IgM Line Blot Interp. Note: An equivocal or positive E1A result followed by a negative Line Blot result is considered NEGATIVE. An equivocal or positive E1A result followed by a positive Line Blot is considered POSITIVE by the CDC. Positive: 2 of the following bands: 23,39 or 41 Negative: No bands or banding patterns which do not meet positive criteria. Criteria for positivity are those recommended by CDC/ASTPHLD. p23-Osp C, p41=flagellin Note: Sera from individuals with the following may cross react in the Lyme Line Blot assays: other spirochetal diseases (periodontal disease, leptospirosis, relapsing fever, yaws, and pinta); connective autoimmune (Rheumatoid Arthritis and Systemic Lupus Erythematosus and also individuals with Antinuclear Antibody); other infections (Rocky Mountain Spotted Fever; Epstein-Barr Virus, and Cytomegalovirus). Please Note: Lyme dimmunoblot alone is not recommended for the diagnosis of Lyme disease. Current guidelines recommend the use of a two-tiered approach to Lyme serology testing to improve the sensitivity and specificity of testing. Labcorp offers test code 164226 Lyme Disease Serology with Reflex to aid in the diagnosis of Lyme Disease.  Urinalysis Complete  Specific Gravity  1.014 1.005-1.030 BN		, ,				-11			
18,23,28,30,39,41,45,58,66, and 93.  Negative: No bands or banding patterns which do not meet positive criteria.  IgM P41 Ab. Absent BN IgM P39 Ab. Absent BN IgM P39 Ab. Absent BN IgM P23 Ab. Absent BN IgM P23 Ab. Absent BN IgM P39 Absent BN Ig			PO	sitive:			ands:		
Negative: No bands or banding patterns which do not meet positive criteria.  IgM P41 Ab. Absent BN IgM P39 Ab. Absent BN IgM P23					18,23,28,3	0,39,41,4			
IgM P41 Ab.  IgM P39 Ab.  Absent  IgM P33 Ab.  Absent  IgM P23 Ab.  Absent  Igm E133 Ab.  Absent  Igm E134 Absent  Igm E235 Ab.  Absent  Igm E236 Absent  Igm E236 Absent  Igm E236 Absent  In Blot result is considered NEGATIVE. An equivocal or positive  E1A result followed by a positive Line Blot is considered POSITIVE  by the CDC.  Positive: 2 of the following bands: 23,39 or 41  Negative: No bands or banding patterns which do not meet positive  criteria.  Criteria for positivity are those recommended by CDC/ASTPHLD.  p23-03p C, p41=flagellin  Note:  Sera from individuals with the following may cross react in the  Lyme Line Blot assays: other spirochetal diseases (periodontal  disease, leptospirosis, relapsing fever, yaws, and pinta);  connective autoimmune (Rheumatoid Arthritis and Systemic Lupus  Erythematosus and also individuals with Antinuclear Antibody);  other infections (Rocky Mountain Spotted Fever; Epstein-Barr Virus, and Cytomegalovirus).  Please Note: Lyme immunoblot alone is not recommended for the  diagnosis of Lyme disease. Current guidelines recommend the use  of a two-tiered approach to Lyme serology testing to improve the  sensitivity and specificity of testing. Labcorp offers test code  164226 Lyme Disease Serology with Reflex to aid in the diagnosis  of Lyme Disease.  Urinalysis, Complete  Specific Gravity  1.014  1.005-1.030  BN			No	antiwo.					
IgM P41 Ab. Absent BN IgM P39 Ab. Absent BN IgM P23 Ab. Absent BN Negative BIA result followed by a negative Line Blot result is considered NEGATIVE. An equivocal or positive EIA result followed by a positive Line Blot is considered POSITIVE by the CDC. Positive: 2 of the following bands: 23,39 or 41 Negative: No bands or banding patterns which do not meet positive criteria. Criteria for positivity are those recommended by CDC/ASTPHLD. p23=0sp c, p41=flagellin Note:  Sera from individuals with the following may cross react in the Lyme Line Blot assays: other spirochetal diseases (periodontal disease, leptospirosis, relapsing fever, yaws, and pinta); connective autoimmune (Rheumatoid Arthritis and Systemic Lupus Erythematosus and also individuals with Antinuclear Antibody); other infections (Rocky Mountain Spotted Fever; Epstein-Barr Virus, and Cytomegalovirus).  Please Note: Lyme immunoblot alone is not recommended for the diagnosis of Lyme disease. Current guidelines recommend the use of a two-tiered approach to Lyme serology testing to improve the sensitivity and specificity of testing. Labcorp offers test code 164226 Lyme Disease Serology with Reflex to aid in the diagnosis of Lyme Disease.  Urinalysis. Complete  Specific Gravity 1.014 1.005-1.030 BN			IVE	gative.		_			
IgM P39 Ab.  IgM P39 Ab.  Absent  BN  IgM P23 Ab.  Lyme IgM Line Blot Interp.  Negative  Negative  Absent  EIA result is considered NEGATIVE. An equivocal or positive  EIA result followed by a positive Line Blot is considered POSITIVE  by the CDC.  Positive: 2 of the following bands: 23,39 or 41  Negative: No bands or banding patterns which do not meet positive  criteria.  Criteria for positivity are those recommended by CDC/ASTPHLD.  p23=Osp C, p41=flagellin  Note:  Sera from individuals with the following may cross react in the  Lyme Line Blot assays: other spirochetal diseases (periodontal  disease, leptospirosis, relapsing fever, yaws, and pinta);  connective autoimmune (Rheumatoid Arthritis and Systemic Lupus  Erythematosus and also individuals with Antinuclear Antibody);  other infections (Rocky Mountain Spotted Fever; Epstein-Barr Virus, and Cytomegalovirus).  Please Note: Lyme immunoblot alone is not recommended for the diagnosis of Lyme disease. Current guidelines recommend the use of a two-tiered approach to Lyme serology testing to improve the sensitivity and specificity of testing. Labcorp offers test code 164226 Lyme Disease Serology with Reflex to aid in the diagnosis of Lyme Disease.  Urinalysis. Complete  Specific Gravity  1.014  1.005-1.030  BN					meet posit	ive crite:	ria.		
IgM P39 Ab.  IgM P23 Ab.  Absent  BN  IgM P23 Ab.  Lyme IgM Line Blot Interp.  Negative  Negative  Absent  EIA result is considered NEGATIVE. An equivocal or positive  EIA result followed by a positive Line Blot is considered POSITIVE  by the CDC.  Positive: 2 of the following bands: 23,39 or 41  Negative: No bands or banding patterns which do not meet positive  criteria.  Criteria for positivity are those recommended by CDC/ASTPHLD.  p23=Osp C, p41=flagellin  Note:  Sera from individuals with the following may cross react in the  Lyme Line Blot assays: other spirochetal diseases (periodontal  disease, leptospirosis, relapsing fever, yaws, and pinta);  connective autoimmune (Rheumatoid Arthritis and Systemic Lupus  Erythematosus and also individuals with Antinuclear Antibody);  other infections (Rocky Mountain Spotted Fever; Epstein-Barr Virus, and Cytomegalovirus).  Please Note: Lyme immunoblot alone is not recommended for the diagnosis of Lyme disease. Current guidelines recommend the use of a two-tiered approach to Lyme serology testing to improve the sensitivity and specificity of testing. Labcorp offers test code 164226 Lyme Disease Serology with Reflex to aid in the diagnosis of Lyme Disease.  Urinalysis. Complete  Specific Gravity  1.014  1.005-1.030  BN	т	-M D41 AL	Abaan+						DN
IgM P23 Ab. Absent  Lyme IgM Line Blot Interp. Negative  Note: An equivocal or positive EIA result followed by a negative  Line Blot result is considered NEGATIVE. An equivocal or positive  EIA result followed by a positive Line Blot is considered POSITIVE  by the CDC.  Positive: 2 of the following bands: 23,39 or 41  Negative: No bands or banding patterns which do not meet positive  criteria.  Criteria for positivity are those recommended by CDC/ASTPHLD.  p23-Osp C, p41=flagellin  Note:  Sera from individuals with the following may cross react in the  Lyme Line Blot assays: other spirochetal diseases (periodontal  disease, leptospirosis, relapsing fever, yaws, and pinta);  connective autoimmune (Rheumatoid Arthritis and Systemic Lupus  Erythematosus and also individuals with Antinuclear Antibody);  other infections (Rocky Mountain Spotted Fever; Epstein-Barr Virus,  and Cytomegalovirus).  Please Note: Lyme immunoblot alone is not recommended for the  diagnosis of Lyme disease. Current guidelines recommend the use  of a two-tiered approach to Lyme serology testing to improve the  sensitivity and specificity of testing. Labcorp offers test code  164226 Lyme Disease Serology with Reflex to aid in the diagnosis  of Lyme Disease.  Urinalysis. Complete  Specific Gravity  1.014  1.005-1.030  BN		-							
Lyme IgM Line Blot Interp.  Negative  Note: An equivocal or positive EIA result followed by a negative Line Blot result is considered NEGATIVE. An equivocal or positive EIA result followed by a positive Line Blot is considered POSITIVE by the CDC. Positive: 2 of the following bands: 23,39 or 41 Negative: No bands or banding patterns which do not meet positive criteria. Criteria for positivity are those recommended by CDC/ASTPHLD. p23=Osp C, p41=flagellin Note: Sera from individuals with the following may cross react in the Lyme Line Blot assays: other spirochetal diseases (periodontal disease, leptospirosis, relapsing fever, yaws, and pinta); connective autoimmune (Rheumatoid Arthritis and Systemic Lupus Erythematosus and also individuals with Antinuclear Antibody); other infections (Rocky Mountain Spotted Fever; Epstein-Barr Virus, and Cytomegalovirus). Please Note: Lyme immunoblot alone is not recommended for the diagnosis of Lyme disease. Current guidelines recommend the use of a two-tiered approach to Lyme serology testing to improve the sensitivity and specificity of testing. Labocorp offers test code 164226 Lyme Disease Serology with Reflex to aid in the diagnosis of Lyme Disease.  Urinalysis, Complete  Specific Gravity  1.014  1.005-1.030  BN									
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Specific Gravity 1.014 1.005-1.030 BN		Line Blot result EIA result follow by the CDC. Positive: 2 of th Negative: No band criteria. Criteria for posi p23=Osp C, p41=fi Note: Sera from individ Lyme Line Blot as disease, leptosp: connective autoir Erythematosus and other infections and Cytomegalovin Please Note: Lyme diagnosis of Lyme of a two-tiered a sensitivity and s 164226 Lyme Disea	is considered NEGATIV wed by a positive Line one following bands: 23 ds or banding patterns ditivity are those recollagellin duals with the following says: other spirochetirosis, relapsing fevenmune (Rheumatoid Arthid also individuals with (Rocky Mountain Spotterus). e immunoblot alone is e disease. Current guitapproach to Lyme serolspecificity of testing	E. An earlier Blot in ,39 or which mmended and disear, yaws ritis and hantined Feve not readelines ogy tes. Laboo	equivocal or is considered 41 do not meet do by CDC/AST cross react eases (periods, and pintal and Systemic er; Epstein-commended for recommend sting to imporp offers to	positive d POSITIVI  positive PHLD.  in the dontal ); Lupus body); Barr Virus r the the use rove the est code	Е		
	<u>Urina</u>	lysis, Complete							
>> REPORT CONTINUED ON NEXT PAGE <<	S	pecific Gravity	1.014				1.005-1	.030	BN
	_		>> REPO	ORT CON	NTINUED ON 1	NEXT PAGE	. <<		

19516220 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 Director: DIRECTOR: Frank Hancock MD

MITCHELL, JASON CLIA# BN Patient ID/Hospital ID Sex Age Patient Birth Date Patient Phone Number Physician М 52 9/7/1970 Sivieri, Mark Requisition No. Collection Date & Time Report Date & Time REPORT STATUS Accession No. Log-in Date & Time 19570643210 19570643210 7/14/2023 7/26/2023 10:11 PM | FINAL 7/15/2023

0	19570043210	19570043210	7/14/20	23	7/15/2023	, 	7/20/2023 10:11 PW	FINAL
TES	ST	IN RANG	Е	OUT OF F	RANGE	REFEREN	ICE RANGE UNITS	SITE CODE
<u>Urina</u>	alysis, Complete (CONTIN	<u>UED)</u>						
١,	эΗ	7.0				5.0-7.5		BN
	Urine-Color	Yellow				Yellow		BN
	Appearance	Clear				Clear		BN
,	WBC Esterase	Negativ	<i>r</i> e			Negativ	e	BN
]	Protein	Negativ	<i>т</i> е			Negativ	e/Trace	BN
(	Glucose	Negativ	<i>т</i> е			Negativ	е	BN
	Ketones	Negativ				Negativ		BN
	Occult Blood	Negativ				Negativ		BN
	Bilirubin	Negativ	<i>r</i> e			Negativ		BN
	Urobilinogen,Semi-Qn	0.2				0.2-1.0		BN
	Nitrite, Urine	Negativ	<i>r</i> e			Negativ	e	BN
	Microscopic Examination	MICRON						BN
	Microscopic follo	ws if indicated.						
		2 1						
		See bel	LOW:					
	Microscopic was i	ndicated and was perf	formed.					
Micr	oscopic Examination							
,	WBC	None se	een			0 - 5	/hpf	BN
]	RBC	None se	een			0 - 2	/hpf	BN
]	Epithelial Cells (non renal)	None se	een			0 - 10	/hpf	BN
]	Epithelial Cells (renal)							BN
,	Posting could not be	e performed. Test cand	ollod					
	Casts	None se				None se	en /lpf	BN
	G . T						ī	DV
9	Cast Type							BN
	_	performed. Test cano	elled.					D
9	<u>Crystals</u>							BN
		e performed. Test cand	elled.					
9	Crystal Type							BN
	Testing could not be	performed. Test cand	elled.					
]	Mucus Threads							BN
	Testing could not be	performed. Test cand	elled.					
]	Bacteria	None se	een			None se	en/Few	BN
,	Yeast							BN
l -		nonformed m+	ادءااء					
	resting could not be Frichomonas	e performed. Test cand	еттеа.					BN
								<b>D</b> 1.
	l'esting could not be	e performed. Test cano	elled.					
		ss DED	ODT CON	ITINILIED ON A	EVT DAC	7		

19516220 **Turning Point Integrative Health Center** 10005 Old Columbia Rd Suite P170 Columbia MD 21046

Patient Name

LABORATORY REPORT (410) 312-5280



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

CLIA# BN

MITCHELL, JASON Patient ID/Hospital ID Patient Birth Date Patient Phone Number Sex Physician

		M	52	9/7/1970		Sivieri, Mark	
Page	Requisition No.	Accession No.		Collection Date & Time	Log-in Date & Time	Report Date & Time	REPORT STATUS
7	19570643210	19570643210		7/14/2023	7/15/2023	7/26/2023 10:11 PM	FINAL

TEST	IN RANG	ĒΕ	OUT OF RAM	NGE	REFERENC	E RANGE UNITS	SITE CODE
NC	ITD H IED)						
Microscopic Examination (CON	NTINUED)						
Comment							BN
Testing could not be	e performed. Test cand	celled.					
Porphyrins, Qn, Random U							
Uroporphyrins (UP)	3				0-20	ug/L	BN
Heptacarboxyl (7-CP)	<1				0-2	ug/L	BN
Hexacarboxyl (6-CP)	<1				0-1	ug/L	BN
Pentacarboxyl (5-CP)	<1				0-2	ug/L	BN
Coproporphyrin (CP) I	6				0-15	ug/L	BN
Coproporphyrin (CP) III	24				0-49	ug/L	BN
Immunoglobulins A/E/G/M, Se	rum						
-					602 1612	/ 11	DNI
Immunoglobulin G, Qn, Se					603-1613	8	BN
Immunoglobulin A, Qn, Se					90-386	mg/dL	BN
Immunoglobulin M, Qn, Se					20-172	mg/dL	BN
Immunoglobulin E, Total	24				6-495	IU/mL	BN
Iron and TIBC							
Iron Bind.Cap.(TIBC)	292				250-450	ug/dL	BN
UIBC	163				111-343	ug/dL	BN
Iron	129				38-169	ug/dL	BN
Iron Saturation	44				15-55	%	BN
Candida Antibodies IgG,IgA,Ig	M						
	— Negati				Negative		BN
Candida Antibodies IgG	Negati Negati				Negative		BN
Candida Antibodies IgM	,				3		BIN
	**Please	note refe	erence inter	val char	ige**		
Candida Antibodies IgA	Negati	ve			Negative		BN
	**Please	note refe	erence inter	val char	ıge**		
Trans. Growth Fact. beta 1*	10257				2537-223	06 pg/mL	EURKS
of apparently health diagnostic threshold ELISA. *This test was devel	was obtained from a language and does not does. Test methodology is loped and its performatermined by Eurofins Vi	represen s microfl ance	nt luidics				
	>> REP	ORT CONTI	INUED ON NE	XT PAGE	<<		

19516220 Turning Point Integrative Health Center 10005 Old Columbia Rd Suite P170 Columbia MD 21046 (410) 312-5280 L



LabCorp Burlington 1447 York Court, Burlington NC 272153361

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

Patient	t ID/Hospital ID	Sex M	Age <b>52</b>	Patient Birth Date 9/7/1970	Patient Phone Number	Physician Sivieri, Mark	
Page	Requisition No.	Accession No.		Collection Date & Time	Log-in Date & Time	Report Date & Time	REPORT STATUS

been		IN RANG	E	OUT OF RA	NGE	REFERENCE R	ANGE UNITS	SITE CODE
been Admir FSH and L LH	cleared or appr						7.1102 011110	OHE CODE
been Admir FSH and L LH	cleared or appr							
Admir FSH and L LH		<u>ONTINUED)</u>						
LH	nistration.	oved by the U.S. Food	l and Drug	9				
	<u>.H</u>							
1.311				12.7 1 18.4		1.7-8.6 1.5-12.4	mIU/mL mIU/mL	BN BN
Hgb A1c v	with eAG Estimation							
Hemo	globin A1c	5.1				4.8-5.6	%	BN
	Diabetes	tes: 5.7 - 6.4 : >6.4 : control for adults w	vith diabe	etes: <7.0				
Estim.	. Avg Glu (eAG)	100					mg/dL	BN
Testostero	ne,Free and Total							
Testos	sterone	635				264-916	ng/dL	BN
he	ealthy nonobese	ence interval is based males (BMI <30) betwee JCEM 2017,102;1161-11	en 19 and	d 39 years o	old.			
Free T	Testosterone(Direct)	7.4				7.2-24.0	pg/mL	BN
Anti-DNas	se B Strep Antibodies	<78				0-120	U/mL	BN
	sults verified b t of assay detec	y repeat testing** tion is <78						
Complem	ent C4a		н	8576.5		0.0-650.0	ng/mL	BN
Resul manui not i proce estal **Efi	lts for this tes facturer. The p been established edure without co blished diagnost	y repeat testing** it are for research puterformance characterit. Results should not infirmation of the diadic product or procedut, 2023 Complement C4a.  Males: 15 Females: 21	stics of be used gnosis by re. reference 2.0 - 155	this product as a diagnory another me ce interval <sup>2</sup> 59.4 ng/mL	ct have ostic edically			
D-Dimer		0.44				0.00-0.49	mg/L FEU	BN
		ay manufacturer's pub EU) D-dimer result in				ו		
		>> REP	ORT CONT	INUED ON NE	EXT PAGE	<<		

19516220 (410) 312-5280 Turning Point Integrative Health Center 10005 Old Columbia Rd Suite P170

Columbia MD 21046

MITCHELL, JASON

Patient Name

LABORATORY REPORT



LabCorp Burlington

1447 York Court, Burlington NC 272153361

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

Patien	t ID/Hospital ID	Sex	Age	Patient Birth Date	Patient Phone Number	Physician	
		M	52	9/7/1970		Sivieri, Mark	
Page	Requisition No.	Accession No.		Collection Date & Time	Log-in Date & Time	Report Date & Time	REPORT STATUS
9	19570643210	1957064321	0	7/14/2023	7/15/2023	7/26/2023 10:11 PM	FINAL

OUT OF RANGE REFERENCE RANGE UNITS SITE CODE TEST D-Dimer (CONTINUED) clinical probability assessment, excludes deep vein thrombosis (DVT) and pulmonary embolism (PE) with high sensitivity. D-dimer values increase with age and this can make VTE exclusion of an older population difficult. To address this, the American College of Physicians, based on best available evidence and recent guidelines, recommends that clinicians use age-adjusted D-dimer thresholds in patients greater than 50 years of age with: a) a low probability of PE who do not meet all Pulmonary Embolism Rule Out Criteria, or b) in those with intermediate probability of PE. The formula for an age-adjusted D-dimer cut-off is "age/100". For example, a 60 year old patient would have an age-adjusted cut-off of 0.60 mg/L FEU and an 80 year old 0.80 mg/L FEU. ACTH, Plasma 16.9 7.2-63.3 BN pg/mL ACTH reference interval for samples collected between 7 and 10 AM. **TSH** 1.480 0.450-4.500 uIU/mL BN 10.7 0.0 - 14.5Homocyst(e)ine umol/L BN Cortisol 8.8 6.2-19.4 BN ug/dL Please Note: The reference interval and flagging for this test is for an AM collection. If this is a  $\ensuremath{\text{PM}}$ collection please use: Cortisol PM: 2.3-11.9 Folate (Folic Acid), Serum >3.0 BN 13.5 ng/mL A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency. Prostate-Specific Ag 3.3 0.0 - 4.0Prostate Specific Ag 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. Thyroxine (T4) Free, Direct T4,Free(Direct) 1.25 0.82 - 1.77BN ng/dL >> REPORT CONTINUED ON NEXT PAGE <<

**Turning Point Integrative Health Center** 10005 Old Columbia Rd Suite P170

Columbia MD 21046

LABORATORY REPORT (410) 312-5280



LabCorp Burlington

1447 York Court, Burlington NC 272153361

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

Patient	t ID/Hospital ID	Sex M	Age <b>52</b>	Patient Birth Date 9/7/1970		Physician Sivieri, Mark	
Page 10	Requisition No. <b>19570643210</b>	Accession No. 1957064321	0	Collection Date & Time 7/14/2023	Log-in Date & Time <b>7/15/2023</b>	Report Date & Time 7/26/2023 10:11 PM	REPORT STATUS FINAL

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

<u>IGF-1</u>					
Insulin-Like Growth Factor I		L 41	74-255	ng/mL	BN
Estradiol	34.7		7.6-42.6	pg/mL	BN
Roche ECLIA methodology					
DHEA-Sulfate		L 62.6	71.6-375.4	ug/dL	BN
Vitamin D, 25-Hydroxy	37.1		30.0-100.0	ng/mL	BN
Vitamin D deficiency has been def Medicine and an Endocrine Society level of serum 25-OH vitamin D le The Endocrine Society went on to insufficiency as a level between 1. IOM (Institute of Medicine). 2 intakes for calcium and D. Was National Academies Press. 2. Holick MF, Binkley NC, Bischof Evaluation, treatment, and pre deficiency: an Endocrine Socie guideline. JCEM. 2011 Jul; 96	r practice guide ess than 20 ng/r further define 21 and 29 ng/ml 2010. Dietary re shington DC: The ff-Ferrari HA, e evention of vital ety clinical pra	eline as a mL (1,2). vitamin D L (2). eference e et al. amin D			
Uric Acid	5.1		3.8-8.4	mg/dL	BN
Therape	eutic target for	r gout patients: <6.0			
Histamine Determination, Blood	80		12-127	ng/mL	BN
F079-IgG Gluten		н 8.0	0.0-1.9	ug/mL	BN
F078-IgG Casein		н 18.9	0.0-1.9	ug/mL	BN
Sedimentation Rate-Westergren	4		0-30	mm/hr	BN
Antistreptolysin O Ab	21.0		0.0-200.0	IU/mL	BN
Ammonia, Plasma	88		40-200	ug/dL	BN
Lipase	41		13-78	U/L	BN
Melanocyte Stimulating Hormone	<8		0-40	pg/mL	BN
Results for this test are for res manufacturer. The performance ch not been established. Results sh	aracteristics o	of this product have			
	>> REPORT CO	NTINUED ON NEXT PAGE	<<		

19516220 (410) 312-5280 Turning Point Integrative Health Center 10005 Old Columbia Rd Suite P170 Columbia MD 21046

Patient Name

LABORATORY REPORT



LabCorp Burlington

1447 York Court, Burlington NC 272153361

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

MITC	HELL, JASON				CLIA# BN			
Patient	t ID/Hospital ID	Sex	Age	Patient Birtl	n Date	Patient Phone Number	Physician	
		М	52	9/7/1970			Sivieri, Mark	
Page 11	Requisition No. <b>19570643210</b>	Accession No. 1957064321	0	7/14/202		Log-in Date & Time <b>7/15/2023</b>	Report Date & Time 7/26/2023 10:11 PM	REPORT STATUS FINAL

TEST	IN RANGE	OUT OF RANGE	REFERENCE RANGE UNITS	SITE CODE
Melanocyte Stimulating Hormo	one (CONTINUED)			

procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure. BN0 - 10mg/L C-Reactive Protein, Quant Ferritin 143 30-400 BN ng/mL ADDITIONAL TEST INFORMATION: Status ACTH, Plasma ANA 12Plus Profile, Do All RDL F ANA Titer and Pattern Ammonia, Plasma Anti-DNase B Strep Antibodies Antistreptolysin O Ab C-Reactive Protein, Quant Candida Antibodies IgG, IgA, IgM F Comp. Metabolic Panel (14) Complement C4a Cortisol D-Dimer F DHEA-Sulfate Estradiol F078-IgG Casein F079-IgG Gluten FSH and LH Ferritin Folate (Folic Acid), Serum HNK1 (CD57) Panel Hgb Alc with eAG Estimation Histamine Determination, Blood F Homocyst(e)ine IGF-1 Immunoglobulins A/E/G/M, Serum F Iron and TIBC Lipase Lyme, Line Blot, Serum Melanocyte Stimulating Hormone F Microscopic Examination Porphyrins, Qn, Random U Prostate-Specific Ag Sedimentation Rate-Westergren F TSH Testosterone, Free and Total Thyroxine (T4) Free, Direct F Trans. Growth Fact. beta 1\* Uric Acid Urinalysis, Complete Vitamin D, 25-Hydroxy F F >> REPORT CONTINUED ON NEXT PAGE <<

Patient Name

(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

(888) 200-5439

**Director: DIRECTOR: Frank Hancock MD** 

MITC	HELL, JASON				CLIA# BN			
Patient	t ID/Hospital ID	Sex	Age	Patient Birth	n Date	Patient Phone Number	Physician	
		М	52	9/7/1970			Sivieri, Mark	
Page 12	Requisition No. 19570643210	Accession No. 1957064321	0	Collection D 7/14/2023		Log-in Date & Time 7/15/2023	Report Date & Time 7/26/2023 10:11 PM	REPORT STATUS FINAL

TEST	·	IN RANGE	OUT OF F	RANGE REFER	ENCE 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		
		>> E	END REPORT <<