

19516220 (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
 CLIA# BN

Patient Name MITCHELL, JASON						
Patient ID/Hospital ID		Sex M	Age 52	Patient Birth Date 9/7/1970	Patient Phone Number	Physician Sivieri, Mark
Page 1	Requisition No. 19570643210	Accession No. 19570643210		Collection Date & Time 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 RANGE	REFERENCE RANGE	UNITS	SITE CODE
------	----------	--------------	-----------------	-------	-----------

COMMENT:

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); 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) 081746-Histamine Determination, Blood This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

Test(s) 605082-F079-IgG Gluten; 605081-F078-IgG Casein was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Results of this test are for investigational purposes only. The result should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure. 010389

HNK1 (CD57) Panel

% CD8-/CD57+ Lymphs L 1.1 2.0-17.0 % BN

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

Abs.CD8-CD57+ Lymphs L 20 60-360 /uL BN

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

WBC 7.9 3.4-10.8 x10E3/uL BN
 RBC 5.06 4.14-5.80 x10E6/uL BN
 Hemoglobin 15.0 13.0-17.7 g/dL BN

>> REPORT CONTINUED ON NEXT PAGE <<

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



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

Patient Name MITCHELL, JASON						
Patient ID/Hospital ID		Sex M	Age 52	Patient Birth Date 9/7/1970	Patient Phone Number	Physician Sivieri, Mark
Page 2	Requisition No. 19570643210	Accession No. 19570643210		Collection Date & Time 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 RANGE	REFERENCE RANGE	UNITS	SITE CODE
------	----------	--------------	-----------------	-------	-----------

HNK1 (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

Immature Cells

Testing could not be performed. 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

Testing could not be performed. Test cancelled.					
<u>Hematology Comments:</u>					
Testing could not be performed. Test cancelled.					

ANA 12Plus Profile. Do All RDL

		A Positive	Negative		
Anti-Nuclear Ab by IFA (RDL)					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

>> REPORT CONTINUED ON NEXT PAGE <<

19516220 (410) 312-5280
 Turning Point Integrative Health Center



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

Patient Name
MITCHELL, JASON

Patient ID/Hospital ID	Sex M	Age 52	Patient Birth Date 9/7/1970	Patient Phone Number	Physician Sivieri, Mark	
Page 3	Requisition No. 19570643210	Accession No. 19570643210	Collection Date & Time 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 RANGE	REFERENCE RANGE	UNITS	SITE CODE
------	----------	--------------	-----------------	-------	-----------

ANA 12Plus Profile, Do All RDL (CONTINUED)

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 (RDL)	<20		<20	Units	ESECF
Anti-CCP Ab, IgG / IgA (RDL)	<20		<20	Units	ESECF
Rheumatoid Factor by Turb RDL	<14		<14	IU/mL	ESECF

Interpretation for Anti-Sm, Anti-U1 RNP, Anti-Ro, Anti-La:
 Negative: <20
 Weak Positive: 20 - 39
 Moderate Positive: 40 - 80
 Strong Positive: >80

Interpretation for Anti-CCP Ab, IgG / IgA:
 Negative: <20
 Weak Positive: 20 - 39
 Moderate Positive: 40 - 59
 Strong Positive: >59

Interpretation for Anti-Cardiolipin Ab:
 Negative: GPL <15, APL <12, MPL <13
 Indeterminate: GPL 15-20, APL 12-20, MPL 13-20
 Low Positive: GPL, APL, MPL >20 - 40
 Med Positive: GPL, APL, MPL >40 - 80
 High Positive: GPL, APL, MPL >80

SLE classification criteria are based on Med to High titer (>40) Anti-Cardiolipin Ab (aCL). aCL may be elevated transiently with certain infections and may increase spuriously in the presence of rheumatoid factor.

ANA Titer and Pattern

<u>Homogeneous Pattern</u>					ESECF
Testing could not be performed. Test cancelled.					
<u>Nucleolar Pattern</u>					ESECF
Testing could not be performed. Test cancelled.					
<u>Speckled Pattern</u>					ESECF
1:40					
<u>Centromere Pattern</u>					ESECF
Testing could not be performed. Test cancelled.					
<u>Spindle Apparatus Pattern</u>					ESECF
Testing could not be performed. Test cancelled.					
<u>Nuclear Membrane Pattern</u>					ESECF
Testing could not be performed. Test cancelled.					

>> REPORT CONTINUED ON NEXT PAGE <<

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

Patient Name MITCHELL, JASON						
Patient ID/Hospital ID	Sex M	Age 52	Patient Birth Date 9/7/1970	Patient Phone Number	Physician Sivieri, Mark	
Page 4	Requisition No. 19570643210	Accession No. 19570643210	Collection Date & Time 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 RANGE	REFERENCE RANGE	UNITS	SITE CODE
<u>ANA Titer and Pattern (CONTINUED)</u>					
<u>Midbody Pattern</u>					ESECF
1 : 160					
<u>Nuclear Dot Pattern</u>					ESECF
Testing could not be performed. Test cancelled.					
<u>PCNA Pattern</u>					ESECF
Testing could not be performed. Test cancelled.					
<u>Centriole Pattern</u>					ESECF
Testing could not be performed. Test cancelled.					
<u>Note:</u>					ESECF
ANA performed by Indirect Fluorescent Antibody (IFA)					
<u>Comp. Metabolic Panel (14)</u>					
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/Creatinine Ratio		H 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 Dioxide, 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 reference interval change					
Globulin, Total	2.6		1.5-4.5	g/dL	BN
A/G Ratio	1.8		1.2-2.2		BN
Bilirubin, Total	0.4		0.0-1.2	mg/dL	BN
Alkaline Phosphatase	77		44-121	IU/L	BN
AST (SGOT)	20		0-40	IU/L	BN
ALT (SGPT)	20		0-44	IU/L	BN
<u>Lyme. Line Blot, Serum</u>					
IgG P93 Ab.	Absent				BN
IgG P66 Ab.	Absent				BN
>> REPORT CONTINUED ON NEXT PAGE <<					

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



LabCorp Burlington

Patient Name MITCHELL, JASON		Sex M	Age 52	Patient Birth Date 9/7/1970	Patient Phone Number	Physician Sivieri, Mark
Page 5	Requisition No. 19570643210	Accession No. 19570643210	Collection Date & Time 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 RANGE	REFERENCE RANGE	UNITS	SITE CODE
<u>Lyme. Line Blot, Serum (CONTINUED)</u>					
IgG P58 Ab.	Absent				BN
IgG P45 Ab.	Absent				BN
IgG P41 Ab.	Absent				BN
IgG P39 Ab.	Absent				BN
IgG P30 Ab.	Absent				BN
IgG P28 Ab.	Absent				BN
IgG P23 Ab.	Absent				BN
IgG P18 Ab.	Absent				BN
Lyme IgG Line Blot Interp.	Negative				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				BN
IgM P39 Ab.	Absent				BN
IgM P23 Ab.	Absent				BN
Lyme IgM Line Blot Interp.	Negative				BN
<p>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.</p> <p>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</p> <p>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.</p>					
<u>Urinalysis, Complete</u>					
Specific Gravity	1.014		1.005-1.030		BN
>> REPORT CONTINUED ON NEXT PAGE <<					

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



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

Patient Name

MITCHELL, JASON				CLIA# BN		
Patient ID/Hospital ID		Sex M	Age 52	Patient Birth Date 9/7/1970	Patient Phone Number	Physician Sivieri, Mark
Page 6	Requisition No. 19570643210	Accession No. 19570643210		Collection Date & Time 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 RANGE	REFERENCE RANGE	UNITS	SITE CODE
<u>Urinalysis, Complete (CONTINUED)</u>					
pH	7.0		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
Microscopic follows if indicated.					
See below:					
Microscopic was indicated and was performed.					
<u>Microscopic Examination</u>					
WBC	None seen		0 - 5	/hpf	BN
RBC	None seen		0 - 2	/hpf	BN
Epithelial Cells (non renal)	None seen		0 - 10	/hpf	BN
<u>Epithelial Cells (renal)</u>					
Testing could not be performed. Test cancelled.					
Casts	None seen		None seen	/lpf	BN
<u>Cast Type</u>					
Testing could not be performed. Test cancelled.					
<u>Crystals</u>					
Testing could not be performed. Test cancelled.					
<u>Crystal Type</u>					
Testing could not be performed. Test cancelled.					
<u>Mucus Threads</u>					
Testing could not be performed. Test cancelled.					
Bacteria	None seen		None seen/Few		BN
<u>Yeast</u>					
Testing could not be performed. Test cancelled.					
<u>Trichomonas</u>					
Testing could not be performed. Test cancelled.					

REPORT CONTINUED ON NEXT PAGE

19516220 (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
 CLIA# BN

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

	M	52	9/7/1970		Sivieri, Mark	
Page 7	Requisition No. 19570643210	Accession No. 19570643210	Collection Date & Time 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 RANGE	REFERENCE RANGE	UNITS	SITE CODE
<u>Microscopic Examination (CONTINUED)</u>					
<u>Comment</u>					BN
Testing could not be performed. Test cancelled.					
<u>Porphyrins, Qn, Random U</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
<u>Immunoglobulins A/E/G/M, Serum</u>					
Immunoglobulin G, Qn, Serum	1013		603-1613	mg/dL	BN
Immunoglobulin A, Qn, Serum	103		90-386	mg/dL	BN
Immunoglobulin M, Qn, Serum	31		20-172	mg/dL	BN
Immunoglobulin E, Total	24		6-495	IU/mL	BN
<u>Iron and TIBC</u>					
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
<u>Candida Antibodies IgG,IgA,IgM</u>					
Candida Antibodies IgG	Negative		Negative		BN
Candida Antibodies IgM	Negative		Negative		BN
Please note reference interval change					
Candida Antibodies IgA	Negative		Negative		BN
Please note reference interval change					
Trans. Growth Fact. beta 1*	10257		2537-22306	pg/mL	EURKS
The reference range was obtained from a limited population of apparently healthy adults and does not represent diagnostic thresholds. Test methodology is microfluidics ELISA. *This test was developed and its performance characteristics determined by Eurofins Viracor. It has not					
>> REPORT CONTINUED ON NEXT PAGE <<					

19516220 (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
CLIA# BN

Patient Name MITCHELL, JASON		Sex M	Age 52	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

TEST	IN RANGE	OUT OF RANGE	REFERENCE RANGE	UNITS	SITE CODE
<u>D-Dimer (CONTINUED)</u>					
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	pg/mL	BN
ACTH reference interval for samples collected between 7 and 10 AM.					
TSH	1.480		0.450-4.500	uIU/mL	BN
Homocyst(e)ine	10.7		0.0-14.5	umol/L	BN
Cortisol	8.8		6.2-19.4	ug/dL	BN
Please Note: The reference interval and flagging for this test is for an AM collection. If this is a PM collection please use: Cortisol PM: 2.3-11.9					
Folate (Folic Acid), Serum	13.5		>3.0	ng/mL	BN
A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency.					
<u>Prostate-Specific Ag</u>					
Prostate Specific Ag	3.3		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.					
<u>Thyroxine (T4) Free, Direct</u>					
T4,Free(Direct)	1.25		0.82-1.77	ng/dL	BN
>> REPORT CONTINUED ON NEXT PAGE <<					

19516220 (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
 CLIA# BN

Patient Name MITCHELL, JASON						
Patient ID/Hospital ID		Sex M	Age 52	Patient Birth Date 9/7/1970	Patient Phone Number	Physician Sivieri, Mark
Page 10	Requisition No. 19570643210	Accession No. 19570643210		Collection Date & Time 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 RANGE	REFERENCE RANGE	UNITS	SITE CODE
------	----------	--------------	-----------------	-------	-----------

IGF-1

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 defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).

1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.
2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.

Uric Acid 5.1 3.8-8.4 mg/dL BN

Therapeutic target for gout patients: <6.0

Histamine Determination, Blood 80 12-127 ng/mL BN

F079-IgG Gluten **H 8.0** **0.0-1.9** **ug/mL** **BN**

F078-IgG Casein **H 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 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

>> REPORT CONTINUED ON NEXT PAGE <<

19516220 (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
 CLIA# BN

Patient Name
MITCHELL, JASON

Patient ID/Hospital ID		Sex M	Age 52	Patient Birth Date 9/7/1970	Patient Phone Number	Physician Sivieri, Mark	
Page 11	Requisition No. 19570643210	Accession No. 19570643210		Collection Date & Time 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 RANGE	REFERENCE RANGE	UNITS	SITE CODE
Melanocyte Stimulating Hormone (CONTINUED)					

procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.

C-Reactive Protein, Quant	4	0-10	mg/L	BN
Ferritin	143	30-400	ng/mL	BN

ADDITIONAL TEST INFORMATION:

Test	Status
ACTH, Plasma	F
ANA 12Plus Profile, Do All RDL	F
ANA Titer and Pattern	F
Ammonia, Plasma	F
Anti-DNase B Strep Antibodies	F
Antistreptolysin O Ab	F
C-Reactive Protein, Quant	F
Candida Antibodies IgG,IgA,IgM	F
Comp. Metabolic Panel (14)	F
Complement C4a	F
Cortisol	F
D-Dimer	F
DHEA-Sulfate	F
Estradiol	F
F078-IgG Casein	F
F079-IgG Gluten	F
FSH and LH	F
Ferritin	F
Folate (Folic Acid), Serum	F
HNK1 (CD57) Panel	F
Hgb Alc with eAG Estimation	F
Histamine Determination, Blood	F
Homocyst(e)ine	F
IGF-1	F
Immunoglobulins A/E/G/M, Serum	F
Iron and TIBC	F
Lipase	F
Lyme, Line Blot, Serum	F
Melanocyte Stimulating Hormone	F
Microscopic Examination	F
Porphyryns, Qn, Random U	F
Prostate-Specific Ag	F
Sedimentation Rate-Westergren	F
TSH	F
Testosterone,Free and Total	F
Thyroxine (T4) Free, Direct	F
Trans. Growth Fact. beta 1*	F
Uric Acid	F
Urinalysis, Complete	F
Vitamin D, 25-Hydroxy	F

>> REPORT CONTINUED ON NEXT PAGE <<

19516220 (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
CLIA# BN

Patient Name
MITCHELL, JASON

Patient ID/Hospital ID	Sex M	Age 52	Patient Birth Date 9/7/1970	Patient Phone Number	Physician Sivieri, Mark	
Page 12	Requisition No. 19570643210	Accession No. 19570643210	Collection Date & Time 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 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 <<