

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number 703-534-6766	Rte
Patient Last Name			Account Address		
Patient First Name		Patient Middle Name		Health One Inc 131 E Broad St Ste 202 FALLS CHURCH, VA 22046	
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D)	Date of Birth	Sex	Fasting Yes		
Patient Address			Additional Information		
			UPIN: C00000		
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID C00000
Tests Ordered					
General Comments					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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VAP Cholesterol Profile

Lipids					01
LDL Cholesterol	80		mg/dL	<130	01
HDL Cholesterol	42		mg/dL	>=40	01
VLDL Cholesterol	32	High	mg/dL	<30	01
Cholesterol, Total	154		mg/dL	<200	01
Triglycerides	202	High	mg/dL	<150	01
Non HDL Chol. (LDL+VLDL)	111		mg/dL	<160	01
apoB100-calc	82		mg/dL	<109	01
LDL-R (Real)-C	58		mg/dL	<100	01
Lp(a) Cholesterol	5.0		mg/dL	<10	01
IDL Cholesterol	17		mg/dL	<20	01
Remnant Lipo. (IDL+VLDL3)	34	High	mg/dL	<30	01
Clinical Consideration					01
Probable Metabolic Syndrome	Yes	Abnormal		No	01
Sub-Class Information					01
HDL-2 (Most Protective)	10	Low	mg/dL	>15	01
HDL-3 (Less Protective)	32		mg/dL	>25	01
VLDL-3 (Small Remnant)	17	High	mg/dL	<10	01
LDL1 Pattern A	13.4		mg/dL		01
LDL2 Pattern A	10.2		mg/dL		01
LDL3 Pattern B	25.3		mg/dL		01
LDL4 Pattern B	9.3		mg/dL		01
LDL Density Pattern	B	Abnormal		A	01

[_____ * _____] [_____] [_____]
 Pattern B Pattern Pattern A
 Small, Dense LDL A/B Large Buoyant LDL

Seq #

FINAL REPORT