Pa[redacted]

Ag[redacted]

Date of Birth: [redacted]

HC #: [redacted]

Patient's Phone: [redacted]

C[redacted]

Copy To:

L[redacted]

Reference #:

Patient ID: [redacted]

Referring Site ID:

Date of Service: Aug 27 2025 07:36

Reported on: Aug 28 2025 17:51

LifeLabs®

Address: 100 International Blvd.
Toronto, Ontario
Canada M9W 6J6

Telephone: (877) 849-3637
Toll Free: (877) 849-3637
Fax: (905) 795-9891

Test	Flag	Result	Reference Range - Units		Lab Lic. #
Hematology					
					#5623
WBC		9.2	4.0 - 11.0	x E9/L	
RBC		5.26	4.50 - 6.00	x E12/L	
Hemoglobin		156	135 - 175	g/L	
Hematocrit		0.495	0.400 - 0.500	L/L	
MCV		94	80 - 100	fL	
MCH		29.7	27.5 - 33.0	pg	
MCHC		315	305 - 360	g/L	
RDW		13.2	11.5 - 14.5	%	
Platelet Count		312	150 - 400	x E9/L	
Differential					
Neutrophils		4.7	2.0 - 7.5	x E9/L	
Lymphocytes		2.3	1.0 - 3.5	x E9/L	
Monocytes		0.6	0.2 - 1.0	x E9/L	
Eosinophils	HI	**1.5**	0.0 - 0.5	x E9/L	
Basophils		0.1	0.0 - 0.2	x E9/L	
Immature Granulocytes		0.0	0.0 - 0.1	x E9/L	
Nucleated RBC		0		/100 WBC	
Biochemical Investigation of Anemias					
					#5687
Vitamin B12		317	>220	pmol/L	
		>220 pmol/L: Normal, deficiency unlikely 150-220 pmol/L: Borderline,deficiency is possible <150 pmol/L: Low, consistent with deficiency			
Ferritin		68		ug/L	
		In absence of concomitant inflammation, Ferritin levels can be interpreted as follows: 30-50 ug/L: Probable iron deficiency 51-100 ug/L: Possible iron deficiency, if risk factors are present 101-300 ug/L: Iron deficiency unlikely =>600 ug/L: Consider test for iron overload In patients with concomitant inflammation, use Iron Studies, including TIBC and Transferrin Saturation, to assess Iron Deficiency status. For guidance, see www.hemequity.com/raise-the-bar			

[redacted]

FINAL RESULTS

Patient: [redacted]

Age: [redacted] Gender: M

Date c[redacted]

HC #[redacted]

Patient's [redacted]

Ordered by: [redacted]

Copy To:

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Reference #:

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Test	Flag	Result	Reference Range - Units	Lab Lic. #
General Chemistry				
				#5407
Hemoglobin A1C/Total Hemoglobin		5.4	<6.0 %	
		Diabetes Canada 2018 Guidelines: ---------- Screening and Diagnosis: < 5.5 % Normal 5.5% - 5.9 % At risk 6.0% - 6.4 % Prediabetes >OR= 6.5 % Diabetes Mellitus*** ***Regarding diagnosis: in the absence of symptomatic hyperglycemia, if a single laboratory test result is in the diabetes range, a repeat confirmatory laboratory test (FPG, A1C, 2hPG in a 75 g OGTT) must be done on another day for diagnosis confirmation. ---------- Monitoring: <OR= 7.0 % Target in adults without comorbidities. Other targets may be more appropriate in children, elderly and patients with comorbidities. ---------- Results may not accurately reflect mean blood glucose in patients with hemoglobin variants, disorders associated with abnormal erythrocyte turnover, severe renal and liver disorders.		
				#5623
Creatinine		102	67-117 umol/L	
Glomerular Filtration Rate (eGFR)		76	See below	
		Results rule out CKD stage 3-5. Assessment of urine ACR is required to definitively rule out or confirm CKD diagnosis. The KidneyWise toolkit (kidneywise.ca) recommends remeasuring eGFR and urine ACR annually for people with diabetes mellitus and less frequently in others unless clinical circumstances dictate otherwise. Reference interval: =>60 mL/min/1.73m2 eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.		
Magnesium		0.77	0.70-1.00 mmol/L	

[redacted]

FINAL RESULTS

IMPORTANT: This report contains confidential information intended for view by authorized person(s) only and should be disposed of securely (e.g. shredding) before discarding.

Note to Health Care Providers: This report has been printed by the patient.

Note to patients: Please contact your Health Care Provider if you have any questions regarding the results on this report.

Patient [redacted]

Age: [redacted] Gender [redacted]

Date of Birth: [redacted]

HC #: [redacted]

Patient's Phone: [redacted]

Ordered by: [redacted]

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Test	Flag	Result	Reference Range - Units	Lab Lic. #
Reproductive and Gonadal				#5687
Estradiol		109	<162 pmol/L	
Dehydroepiandrosterone [DHEA-S]		2.0	< 9.7 umol/L	
Testosterone	HI	**32.1**	8.4 - 28.8 nmol/L	
		Reference interval applies to AM collections. Total Testosterone levels may not reflect the biologically-active testosterone when SHBG levels are abnormal.		
Testosterone Free	HI	**784**	179-475 pmol/L	
		Interpret free testosterone results with caution in presence of significant hypoalbuminemia.		
		Test method: calculation (Vermeulen A. et al, J Clin Endocrinol Metab 84:3666-3672, 1999)		
Bone Markers				
25-Hydroxy Vitamin D		131.9	75.0 - 250.0 nmol/L	

[redacted]

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