

Patient Information	Specimen Information	Client Information

**Cardio IQ®**

Test Name	Current		Risk/Reference Interval			Units	Historical Result & Risk
	Result & Risk		Optimal	Moderate	High		
	Optimal	Non-Optimal					
<b>LIPID PANEL</b>							
CHOLESTEROL, TOTAL	158		<200	N/A	>=200	mg/dL	
HDL CHOLESTEROL	57		>=40	N/A	<40	mg/dL	
TRIGLYCERIDES	58		<150	150-199	>=200	mg/dL	
LDL-CHOLESTEROL	87		<100	100-129	>129	mg/dL (calc)	
CHOL/HDLC RATIO	2.8		<=3.5	3.6-5.0	>5.0	calc	
NON-HDL CHOLESTEROL	101		<130	130-189	>=190	mg/dL (calc)	

For details on reference ranges please refer to the reference range/comment section of the report.

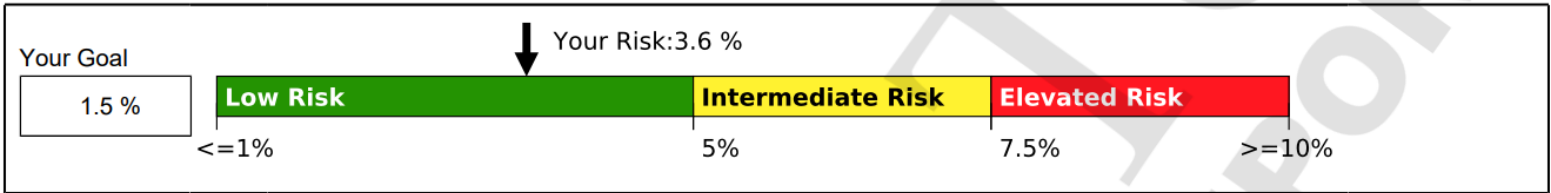
SPECIMEN:

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**ATHEROSCLEROTIC CARDIOVASCULAR DISEASE (ASCVD) RISK EVALUATION**

**10-Year ASCVD Risk Assessment (%)**

Lab:

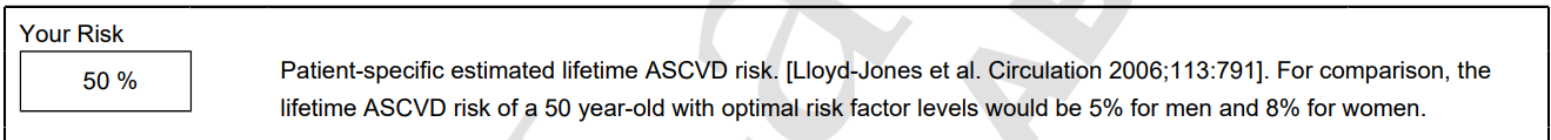


10-year ASCVD risk  $\geq 7.5\%$  is considered elevated risk; 7.5% to 5% is intermediate risk; and  $< 5\%$  is lower risk. Risk estimation using the Pooled Cohort Equations is valid for those free of clinical ASCVD; see guidelines for ethnic group-specific considerations. [Stone et al. Circulation 2013 Nov 12; Goff et al. Circulation 2013 Nov 12].

This patient-specific 10-year risk goal is estimated using the patient's age, sex, and ethnicity and assumes optimal levels for other risk factors. [Stone et al. Circulation 2013 Nov 12].

**Lifetime ASCVD Risk Assessment (%)**

Lab:



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**Personal Factors**

Component	Result	Component	Result
AFRICAN AMERICAN	NO	TREATMENT FOR HIGH B.P.	NO
CURRENT SMOKER	YES	DIABETES	NO
SYSTOLIC BLOOD PRESSURE	125 mmHg		

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**Reference Range/Comments**

Analyte Name	In Range	Out Range	Reference Range	Lab
CHOL/HDLC RATIO	<b>2.8</b>		<3.6 calc	
CHOLESTEROL, TOTAL	<b>158</b>		<200 mg/dL	
HDL CHOLESTEROL	<b>57</b>		>39 mg/dL	
LDL-CHOLESTEROL	<b>87</b>		<100 mg/dL (calc)	
Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with >= 2 CHD risk factors. LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C. Martin SS et al. JAMA. 2013;310(19): 2061-2068 ( <a href="http://education.QuestDiagnostics.com/faq/FAQ164">http://education.QuestDiagnostics.com/faq/FAQ164</a> )				
NON HDL CHOLESTEROL	<b>101</b>		<130 mg/dL (calc)	
For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.				
TRIGLYCERIDES	<b>58</b>		<150 mg/dL	

SPECIMEN: