Name: [redacted]
Birth Date: 03/04/1976 (37 YRS)
Gender: MALE

Collection Date: 06/21/2013
Last Food: 14 HRS
Sample ID: 38084718

ANALYTICS

Determination	Your Result	Expected Range	Test Guide
SMART SCORE	355 HIGH		Smart Score is a statistical assessment of your laboratory results and physical measurements relative to those of similar age and gender based on underwriting rules used by the insurance carrier. Healthiest Scores are less than zero, average scores ar 0-150 and less healthy scores are greater than 150.

ANALYTICS COMPONENTS RESULTS

Determination	Results/Status	Cutoff/Expected Value
HEMOGLOBIN SCORE		NCAL
URN RED BLOOD COUNT SCORE	0	
URN MICROALBUMIN SCORE		NCAL
URN CREATININE SCORE	0	
PULSE STANDARD SCORE	0	
PULSE IRREGULAR SCORE	0	
URN BLOOD SCORE	0	
SGPT (ALT) SCORE	0	
GFR SCORE	0	
NT-PROBNP SCORE		NCAL
BMI SCORE	100	
FRUCTOSAMINE SCORE		NCAL
HBA1C SCORE	300	
BLOOD PRESSURE SCORE	-20	
CEA SCORE		NCAL
PSA SCORE		NCAL
HBS-AG SCORE		NCAL
ANTI-HCV SCORE		NCAL
URN PROTEIN/CREAT SCORE	0	
CDT SCORE		NCAL
ALKALINE PHOSPHATASE SCORE	-25	
TOTAL BILIRUBIN SCORE	0	
SGOT(AST) SCORE	25	
GGT SCORE	-25	
ALBUMIN SCORE	0	
GLOBULIN SCORE	0	
CHOLESTEROL SCORE	0	
HDL SCORE	0	

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Gender:	MALE	Sample ID:	38084718

ANALYTICS COMPONENTS RESULTS *(continued)*

Determination	Results/Status	Cutoff/Expected Value
CHOLESTEROL/HDL SCORE	-20	
AGE AND GENDER SCORE	20	
SMART SCORE VERSION 4.3		

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Lab Director: Lisa A. Manninger, M.D.

Name: [redacted]
Birth Date: 03/04/1976 (37 YRS)
Gender: MALE

Collection Date: 06/21/2013
Last Food: 14 HRS
Sample ID: 38084718

CHEMISTRIES RESULTS

Determination	Your Result	Expected Range	Test Guide
GLUCOSE	142 HIGH	70-110 mg/dL	Measures the blood sugar level. Elevations are indicative of diabetes.
FRUCTOSAMINE	1.71 HIGH	1.20-1.70 mmol/L	Measures blood sugar concentrations over the precedi one to three weeks. Elevations are indicative of diabetes.
HEMOGLOBIN A1C	7.4 HIGH	3.0-6.0 %	The A1c test may be used to screen for and diagnose diabetes in addition to monitoring the glucose control diabetics over time. It provides an accurate long-term index (100-120 days) of the average blood glucose lev This test is not affected by short term variations such a food intake, exercise or stress.
BLOOD UREA NITROGEN (BUN)	13	6-25 mg/dL	BUN is a by-product of protein metabolism and is cleared by the kidneys. Elevations can result from any type of kidney disorder, strenuous exercise, or diuretic medications.
CREATININE	0.91	0.60-1.50 mg/dL	A by-product of muscle metabolism, also cleared by th kidneys. Elevations suggest kidney or muscular disorders. Protein diets may cause mild elevations.
URIC ACID	5.5	4.0-8.5 mg/dL	A by-product of protein metabolism. Elevations are generally associated with gout, but also may be due to kidney disease and other conditions. Asymptomatic elevations in otherwise healthy individuals are of little significance.
ALKALINE PHOSPHATASE	64	30-115 U/L	An enzyme found primarily in the bone and liver that may indicate bone, liver or kidney disorders. Generall higher in children than in adults because of its role in bone making processes. Levels may be elevated at tim of pregnancy.
TOTAL BILIRUBIN	0.74	0.10-1.20 mg/dL	A by-product of the breakdown of old red blood cells and is made into a water soluble form in the liver. Elevations may be due to anemia, chronic liver diseas and carcinoma.
SGOT (AST)	20	12-42 U/L	Enzyme which has three main sources, skeletal muscl heart muscle, and liver tissue. Elevations can be due t disease or trauma to the muscles, to heart damage, and various liver diseases. SGOT may also be elevated in the presence of certain medications.
SGPT (ALT)	32	9-60 U/L	An enzyme present in many tissues including the liver Elevations occur in acute viral hepatitis and other live disorders. SGPT may also be elevated in the presence certain medications.
GAMMA GLUTAMYLTRANSFERASE	16	10-86 U/L	A liver enzyme that is present in various tissues. Elevations may indicate hepatitis, heavy alcohol consumption or the use of certain medications.

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CHEMISTRIES RESULTS *(continued)*

Determination	Your Result	Expected Range	Test Guide
TOTAL PROTEIN	6.3	6.0-8.5 g/dL	Very low values may be associated with peripheral edema or malnutrition. High values may suggest dehydration, chronic inflammation.
ALBUMIN	4.4	3.6-5.2 g/dL	Higher values represent dehydration, while lower values are generally a result of renal or hepatic problems.
GLOBULIN	1.9	1.0-4.6 g/dL	High levels of globulin are found in severe liver disease, some infectious diseases and multiple myelomas.

CARDIAC RISK RESULTS

Determination	Your Result	Expected Range	Test Guide
CHOLESTEROL	143	130-220 mg/dL	Cholesterol is a Blood lipid (fat) which has a direct correlation with the chances of developing coronary heart disease. Elevated cholesterol levels can be hereditary or from excess dietary intake of cholesterol rich foods.
HIGH DENSITY LIPOPROTEIN(HDL)	37.9	25.0-75.0 mg/dL	High density lipoproteins facilitate the transport of lipids (fats) to bodily tissues. HDL removes excess cholesterol from arteries, inhibiting the formation of atherosclerotic lesions. HDL can be increased by regular exercise, weight loss, smoking cessation, and reduction of fat intake.
LOW DENSITY LIPOPROTEIN (LDL)	89	80-200 mg/dL	Low density lipoprotein is known as the "bad" cholesterol. High levels of LDL carry cholesterol through the blood, "painting" it on arteries in combination of calcium and plaques.
TRIGLYCERIDES	79	10-200 mg/dL	A blood lipid (fat) derived primarily from carbohydrate intake. High levels may be associated with various disorders, including diabetes, alcohol abuse, and pancreatitis. Readings are extremely sensitive to diet.
CHOLESTEROL/HDL RATIO	3.7	1.5-5.0	Cholesterol reading divided by the HDL reading. The lower the ratio, the lower the risk of coronary heart disease
LDL/HDL RATIO	2.3	0.0-3.6	Low Density Lipoprotein divided by High Density Lipoprotein. The higher this ratio, the greater the risk for coronary atherosclerosis.

URINALYSIS RESULTS

Determination	Your Result	Expected Range	Test Guide
URN SPECIFIC GRAVITY	1.030	1.003-1.035	Low specific gravity is characteristic of diabetes or tubular necrosis, while high values may occur with dehydration, congestive heart failure, kidney failure, liver failure or shock.
URN CREATININE	156.0	10.0-300.0 mg%	Creatinine levels primarily measure renal function. Decreased levels may indicate impaired renal perfusion, urinary tract obstruction, or kidney related disease.

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Gender:	MALE	Sample ID:	38084718

URINALYSIS RESULTS (continued)

Determination	Your Result	Expected Range	Test Guide
URN GLUCOSE	0.00	0.00 g/dL	Sugar glucose in the urine. Presence is generally thought to be the result of diabetes.
URN TOTAL PROTEIN	7.0	0.0-14.9 mg/dL	Excessive protein in the urine. An elevated result may indicate common infections of the kidney, prostate or vagina or extreme muscular insertion. Elevations may also indicate metabolic or systemic disease states such as diabetes mellitus, kidney disease, renal failure, multiple myeloma, etc.
MICROALBUMIN/CREATININE	2.56	0.00-29.99 mg/gCREA	Microalbumin/creatinine ratio is used to predict the development of diabetic nephropathy (kidney failure) and its mortality risk in diabetes.
URN PROTEIN/CREATININE	0.04	0.00-0.20 g/gCREA	Protein/Creatine Ratio may help determine whether protein is elevated due to kidney disease or urine concentration.
URN MICROALBUMIN	0.4	0.0-3.0 mg/dL	Microalbumin is used to predict the development of diabetic nephropathy (kidney failure) and its mortality risk in diabetes.
URN RED BLOOD COUNT	0	0-5 HPF	Red blood cells in the urine. Presence can indicate diseases, structural abnormalities, or injury to the kidneys, ureters, bladder, prostate, or urethra.
URN WHITE BLOOD COUNT	0	0-9 HPF	Numerous white cells in the urine usually imply urinary tract inflammation such as cystitis or pyelonephritis. Renal infection is suggested by the presence of white cells and white cell casts
URN HYALINE CASTS	0	0 LPF	Excessive numbers of casts are associated with renal disease.
URN GRANULAR CASTS	0	0 LPF	Excessive numbers of casts are associated with renal disease.
NICOTINE METABOLITES, URN	NEGATIVE	0.000-0.199 ug/mL	Nicotine in the urine indicates tobacco use of some typ Cutoff values have been established to differentiate smokers/tobacco users from non-tobacco users, including those non-smokers exposed through passive inhalation.

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PHYSICAL MEASUREMENTS

Height:	6' 1"	Blood Pressure Reading 1:	118/64	Pulse Reading 1:	66
Weight:	310	Blood Pressure Reading 2:	120/62		

The above results are provided to you for information purposes only. If you have any questions regarding your health, please consult with your personal physician. This report is not a substitute for medical care and only your physician can diagnose a medical condition.

Legend:
BDL - BELOW DETECTABLE LIMIT
NCAL - NOT CALCULATED
NSA - NOT SUITABLE FOR ANALYSIS
NVG - NOT VALID DUE TO GLYCOLYSIS
QNS - QUANTITY NOT SUFFICIENT FOR ANALYSIS
SNS - SAMPLE NOT SUBMITTED
TNP - TEST NOT PERFORMED

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Smart Score™

A risk-based assessment of laboratory studies, blood pressure and build.

Attached to your laboratory test results is risk-scoring by Smart Score™. This methodology was developed by Clinical Reference Laboratory, Inc. (CRL), an insurance laboratory, based on research of long-term mortality associated with laboratory results and physical measurements in over 10 million insurance applicants from age 20 to over age 80. A risk score is created for each test result including blood pressure and build as well as creation of an overall risk score.

CRL has analyzed each age-gender combination separately to ascertain which tests and which test values are most predictive of increased or decreased mortality risk. The resulting scoring is more age and gender specific and more accurate in predicting risk than a traditional approach utilizing universal distribution-based "normal ranges". Much of the underlying research on which Smart Score™ is based has been or is being published in medical journals or industry bulletins, many of which are accessible at www.crlcorp.com/insurance/science on the CRL website.

The Smart Score™ generic rules by which risk scores are assessed for lab tests, build and blood pressure have been evaluated and customized by each insurance company using Smart Score™. Those customized rules take into account CRL's research as well as each insurer's own mortality and claims experience and their policy design and underwriting guidelines.

In general, a combined total Smart Score™ with a negative value is associated with much better than average longevity; a value of 50 to 100 has a more average mortality risk; and a value greater than 150 suggests substantially increased mortality risk.

Because your testing results were evaluated using age and gender specific ranges based on actual mortality of life insurance applicants, your risk assessment using the Smart Score™ method may vary from what you have seen in the past. In addition to the total combined score, a review of elevated component scores may help you and your health professional focus on specific ways to reduce health risk for you where possible.

In some cases, known medical conditions (including pregnancy) or treatments may explain potentially adverse test findings. That information needs to be provided to an insurer so their underwriting department can perform the most accurate risk assessment possible for you.

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