



QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE [REDACTED]

SPECIMEN INFORMATION
SPECIMEN: K4671284
REQUISITION:

PATIENT INFORMATION
EPSTEIN,JEFFREY

DOB: 01/20/1953 AGE: 57
GENDER: M FASTING: Y

PHONE: [REDACTED]

REPORT STATUS PARTIAL
REPRINT
ORDERING PHYSICIAN

CLIENT INFORMATION
T11886
WOODSON MERRELL, M.D.
44 E 67TH STREET
NEW YORK, NY 10065

10013650

COLLECTED: 03/03/2010 11:50
RECEIVED: 03/03/2010 21:07
REPORTED: 03/09/2010 17:30

The original copy of this report was printed on: 03/09/2010 at 08:16
Patient results contained in a facsimile or electronic
medical report are provided only upon the request of the
physician or authorized person. Facsimile or electronic
medical reports that are created before the final results
are reported are considered to be INTERIM RESULTS ONLY and
are subject to change by the laboratory.

Test Name	In Range	Out of Range	Reference Range	Lab
IGF-1	151		87-225 ng/mL	TBR
FSH	3.7		1.6-8.0 mIU/mL	TBR
LH	4.1		1.5-9.3 mIU/mL	TBR
PROLACTIN	2.6		2.0-18.0 ng/mL	TBR
PROGESTERONE	1.1		<1.4 ng/mL	TBR
DHEA SULFATE	182		25-240 mcg/dL	TBR
TESTOSTERON,FR/TOT,LCMSMS				QNI
TESTOSTERONE, TOTAL	188	L	250-1100 ng/dL	

Total Testosterone was measured by LCMSMS. The LCMSMS method
correlates well with our extraction/RIA method.

% FREE TESTOSTERONE	1.94	1.5-2.2 %
TESTOSTERONE, FREE	36.5	35.0-155.0 pg/mL

MTHFR,DNA MUTATION,NY see note A
RESULT: POSITIVE FOR TWO COPIES OF THE C677T
MUTATION

AMD

DNA testing indicates this individual is
homozygous for the C677T mutation and does not
have the A1298C mutation. This has been associated
with an increased risk for hyperhomocysteinemia
and vascular diseases. Consider genetic counseling
and DNA testing for at-risk members.

EPSTEIN,JEFFREY - K4671284

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EFTA02444816



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Laboratory testing supervised and results
monitored by U.M. Pratt, Ph.D., FACMG,
Director, Molecular Genetics.

Hyperhomocysteinemia is a risk factor for arterial
disease and venous thrombosis. Homocysteine levels
are affected by nutritional and genetic factors.
Since MTHFR is involved in methylation of
homocysteine to methionine, individuals with
MTHFR gene mutations that reduce enzyme activity
may develop hyperhomocysteinemia and thus be at risk
for vascular disease.

The C677T and A1298C mutations are detected by
signal amplification of the MTHFR gene by allele-
specific hybridizations and chemiluminescent
detection of hybridized probes. Since genetic
variation and other factors can affect the accuracy
of direct mutation testing, these results should be
interpreted in light of clinical and familial data.

This test was developed and its performance
characteristics have been determined by Quest
Diagnostics Nichols Institute, Chantilly, VA.
It has not been cleared or approved by the U.S.
Food and Drug Administration. The FDA has determined
that such clearance or approval is not necessary.
Performance characteristics refer to the analytical
performance of the test.

ESTRADIOL,ULTRASEN,LCMSMS

PENDING

PERFORMING LABORATORY INFORMATION:

AMD Quest Diagnostics Nichols Chantilly 14225 Newbrook Drive Chantilly VA 20151
Laboratory Director: Kenneth Sisco, MD, PhD CLIA No: 49D0221801
QNI Quest Diagnostics, Nichols Institute 33608 Ortega Highway San Juan Capistrano CA 92690
Laboratory Director: Dr. Jon M. Nakamoto CLIA No: 05D0643352
TBR Quest Diagnostics One Malcolm Avenue Teterboro NJ 07608
Laboratory Director: William E. Tarr, M.D. CLIA No: 31D0696246

EPSTEIN,JEFFREY - K4671284

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QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE [REDACTED]

SPECIMEN INFORMATION
SPECIMEN: K4666434
REQUISITION:

COLLECTED: 03/03/2010 08:20
RECEIVED: 03/03/2010 20:43
REPORTED: 03/08/2010 08:32

PATIENT INFORMATION
ESPSTEIN,JEFFREY
DOB: 01/20/1953 AGE: 57
GENDER: M FASTING: Y

PHONE: [REDACTED]

REPORT STATUS FINAL
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WOODSON MERRELL, M.D.
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NEW YORK, NY 10065

The original copy of this report was printed on: 03/05/2010 at 08:16

Test Name	In Range	Out of Range	Reference Range	Lab
LEAD,BLOOD	<3		<10 mcg/dL	TBR
Blood lead levels in the range of 5-9 mcg/dL have been associated with adverse health effects in children aged 6 years and younger.				
Industrial Exposure: <40 mcg/dL mcg/dL = mcg/100g for OSHA (refer to current governmental regulations for exposure criteria)				
MERCURY,BLOOD	5		<=10 mcg/L	AMD
ARSENIC,BLOOD	4		<23 mcg/L	AMD

Urine is usually the best specimen for the analysis of Arsenic in body fluids. Blood levels tend to be low even when urine concentrations are high.

PERFORMING LABORATORY INFORMATION:

AMD Quest Diagnostics Nichols Chantilly 14225 Newbrook Drive Chantilly VA 20151
Laboratory Director: Kenneth Sisco, MD, PhD CLIA No: 4900221801
TBR Quest Diagnostics One Malcolm Avenue Teterboro NJ 07608
Laboratory Director: William E. Tarr, M.D. CLIA No: 3100696246

ESPSTEIN,JEFFREY - K4666434

Page 1 - End of Report

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03/08/10 08:34 N15250160 2/2

EFTA_R1_01522015
EFTA02444818



QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE [REDACTED]

SPECIMEN INFORMATION
SPECIMEN: F7579815
REQUISITION:

COLLECTED: 03/03/2010 11:50
RECEIVED: 03/03/2010 21:49
REPORTED: 03/05/2010 10:31

PATIENT INFORMATION
EPSTEIN, JEFFREY

DOB: 01/20/1953 **AGE:** 57
GENDER: M **FASTING:** Y

PHONE: [REDACTED]

REPORT STATUS **FINAL**

ORDERING PHYSICIAN

CLIENT INFORMATION
T11886 10013650
WOODSON MERRELL, M.D.
44 E 67TH STREET
NEW YORK, NY 10065

Test Name	In Range	Out of Range	Reference Range	Lab
CALCIUM		10.4 H	8.6-10.2 mg/dL	TBR
PTH, INTACT		68.9 H	10-65 pg/mL	TBR
Interpretive Guide	Intact PTH		Calcium	
Normal Parathyroid Function	Normal		Normal	
Hypoparathyroidism	Low or Low Normal		Low	
Primary Hyperparathyroidism	Normal or High		High	
Secondary Hyperparathyroidism	High		Normal or Low	
Tertiary Hyperparathyroidism	High		High	
Non-Parathyroid Hypercalcemia	Low or Low Normal		High	

PERFORMING LABORATORY INFORMATION:

TBR Quest Diagnostics One Malcolm Avenue Teterboro NJ 07608 Laboratory Director: William E. Tarr, M.D.
CLIA No: 31DC696246

EPSTEIN, JEFFREY - F7579815

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Date of Report: 03/06/2010

Patient Name:
Jeffrey Epstein

Identification Number:

T11886 10013650

WOODSON MERRELL, M.D.
44 E 67th Street
New York, NY 10065

Ordering Physician:

Route: 10013650

Account Number:
T11886

Age: 57

Sex: M

Intact Parathyroid Hormone
Test No. 1222A







Date Received: 03/03/2010
Accession # F7579815

Results (Please refer to
the official Medical Report)

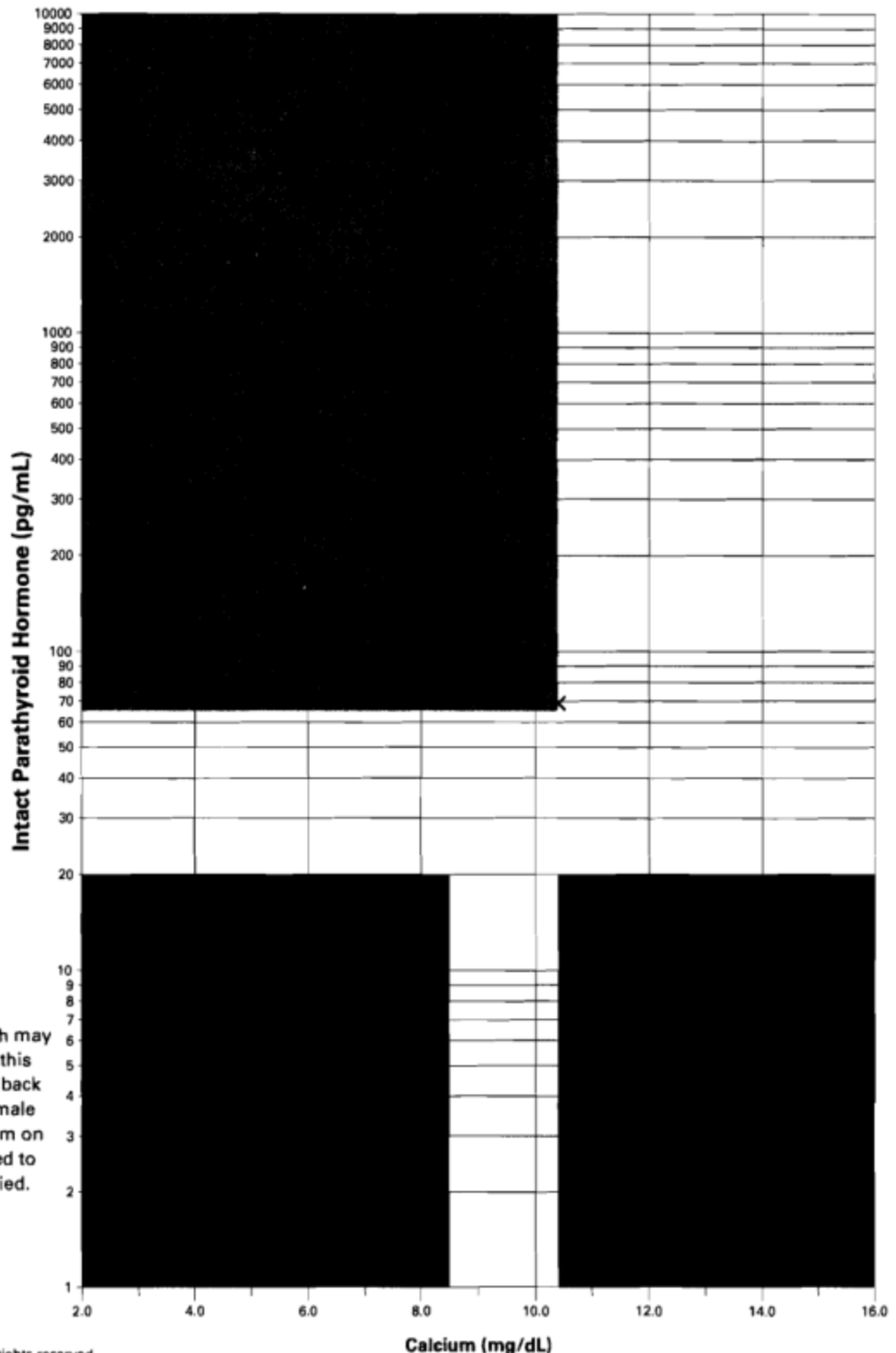
Intact PTH 68.90 pg/mL
(Normal Range 10 - 65 pg/mL)

Total Calcium 10.40 mg/dL
(Female Range 8.5 - 10.3 mg/dL;
Male Range 8.7 - 10.4 mg/dL ‡)

Legend

	Normal
	Indeterminate
	Secondary Hyperparathyroidism
	Primary Hyperparathyroidism
	Hypoparathyroidism
	Non-Parathyroid Hypercalcemia

‡ Note: The reference range on the graph may differ from the reference range cited for this patient. The comparison data set on the back of this report includes both male and female patients. The reference ranges for calcium on the graph are those that would be applied to an adult patient where sex was unspecified.





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SPECIMEN INFORMATION

SPECIMEN: 92116012

REQUISITION:

PHONE:

CLIENT INFORMATION

T11886

10013650

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44 E 67TH STREET
NEW YORK, NY 10065

COLLECTED: 03/03/2010 08:20
RECEIVED: 03/03/2010 19:57
REPORTED: 03/08/2010 08:16

Test Name	In Range	Out of Range	Reference Range	Lab
MAGNESIUM	1.8		1.5-2.5 mg/dL	TBR
TSH, 3RD GENERATION	1.77		0.40-4.50 mIU/L	TBR
THYROID PANEL				TBR
T4, TOTAL	9.4		4.5-12.5 mcg/dL	
Please note new reference range.				
T3 UPTAKE	32		22-35 Percent	
T4, FREE, CALCULATED	3.0		1.4-3.8 Units	
CK, TOTAL		(262) H	44-196 U/L	TBR

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EPSTEIN, JEFFREY

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LECTED: 03/03/2010 08:20

ORTED: 03/08/2010 08:16

Test Name	In Range	Out of Range	Reference Range	Lab
IS/HDL/TIBC W FER RFX/FRUCTOSAMINE				TBR
GLUCOSE, FASTING		(104) H	65-99 mg/dL	
FRUCTOSAMINE	246		190-270 umol/L	
SODIUM	140		135-146 mmol/L	
POTASSIUM	4.4		3.5-5.3 mmol/L	
CHLORIDE	105		98-110 mmol/L	
CARBON DIOXIDE	24		21-33 mmol/L	
UREA NITROGEN	18		7-25 mg/dL	
CREATININE	0.94		0.76-1.46 mg/dL	
BUN/CREATININE RATIO	NOTE		6-22	
Bun/Creatinine ratio is not reported when the Bun and Creatinine values are within normal limits.				
URIC ACID		(8.6) H	4.0-8.0 mg/dL	
PHOSPHORUS	3.3		2.5-4.5 mg/dL	
CALCIUM	10.0		8.6-10.2 mg/dL	
CHOLESTEROL, TOTAL	200		125-200 mg/dL	
HDL CHOLESTEROL		(33) L	>=40 mg/dL	
CHOLESTEROL/HDL RATIO		6.1 H	<= 5.0	
LDL CHOL, CALCULATED	111		<130 mg/dL	
See footnote 1				
TRIGLYCERIDES		(279) H	<150 mg/dL	
PROTEIN, TOTAL	7.4		6.2-8.3 g/dL	
ALBUMIN	4.6		3.6-5.1 g/dL	
GLOBULIN, CALCULATED	2.8		2.1-3.7 g/dL	
A/G RATIO	1.6		1.0-2.1	
BILIRUBIN, TOTAL	0.7		0.2-1.2 mg/dL	
BILIRUBIN, DIRECT	0.1		<= 0.2 mg/dL	
ALKALINE PHOSPHATASE	64		40-115 U/L	
GGT	12		3-85 U/L	
AST	21		10-35 U/L	
ALT	19		9-60 U/L	
LD	152		120-250 U/L	
IRON, TOTAL	70		45-170 mcg/dL	
TIBC	314		250-425 mcg/dL	
TRANSFERRIN SATURATION	22		20-50 %	



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Test Name	In Range	Out of Range	Reference Range	Lab
CBC (INCLUDES DIFF/PLT)				TBR
WBC	5.3		3.8-10.8 Thous/mcL	
RBC	5.06		4.20-5.80 Mill/mcL	
HEMOGLOBIN	15.0		13.2-17.1 g/dL	
HEMATOCRIT	44.8		38.5-50.0 %	
MCV	88.5		80.0-100.0 fL	
MCH	29.6		27.0-33.0 pg	
MCHC	33.4		32.0-36.0 g/dL	
RDW	13.4		11.0-15.0 %	
PLATELET COUNT	289		140-400 Thous/mcL	
MPV	7.9		7.5-11.5 fL	
TOTAL NEUTROPHILS, %	49.7		38-80 %	
TOTAL LYMPHOCYTES, %	34.9		15-49 %	
MONOCYTES, %	7.5		0-13 %	
EOSINOPHILS, %	7.2		0-8 %	
BASOPHILS, %	0.7		0-2 %	
NEUTROPHILS, ABSOLUTE	2634		1500-7800 Cells/mcL	
LYMPHOCYTES, ABSOLUTE	1850		850-3900 Cells/mcL	
MONOCYTES, ABSOLUTE	398		200-950 Cells/mcL	
EOSINOPHILS, ABSOLUTE	382		15-550 Cells/mcL	
BASOPHILS, ABSOLUTE	37		0-200 Cells/mcL	
DIFFERENTIAL				

An instrument differential was performed.

URINALYSIS, COMPLETE				TBR
COLOR	Yellow		Yellow	
APPEARANCE	Cloudy *		Clear	
GLUCOSE, QL	Negative		Negative mg/dL	
BILIRUBIN, URINE	Negative		Negative	
KETONES	Negative		Negative mg/dL	
SPECIFIC GRAVITY	1.024		1.001-1.035	
BLOOD	Small (1+) *		Negative	
PH	5.5		5.0-8.0	
PROTEIN, TOTAL, QL	Negative		Negative mg/dL	
NITRITE	Negative		Negative	
LEUKOCYTE ESTERASE	Negative		Negative	
SQUAMOUS EPITHELIAL CELLS	None Seen		<or=5 cells/hpf	
WBC	None Seen		<or=5 cells/hpf	
BACTERIA	None Seen		None Seen /hpf	
RBC	(4-10) H		<or=3 cells/hpf	
HYALINE CASTS	None Seen		None Seen /lpf	

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Test Name	In Range	Out of Range	Reference Range	Lab
VITAMIN B12 + FOLATE				TBR
VITAMIN B12, SERUM	(287)		200-1100 pg/mL	
Please note: although the reference range for Vitamin B12 is 200-1100 pg/mL, it has been reported that between 5 and 10% of patients with values between 200 and 400 pg/mL may experience neuropsychiatric and hematologic abnormalities due to occult B12 deficiency; less than 1% of patients with values above 400 pg/mL will have symptoms.				
FOLATE, SERUM	10.6		> 5.4 ng/mL	
		Normal:	>5.4	
		Borderline:	3.4-5.4	
		Low:	<3.4	
CARDIO CRP (R)	0.8		mg/L	TBR
Low relative cardiovascular risk according to AHA/CDC guidelines.				
See footnote 2				
PSA, TOTAL	0.54		<=4.0 ng/mL	TBR
See footnote 3				
APOLIPOPROTEIN A-1+B				TBR
APOLIPOPROTEIN A1	117		94-176 mg/dL	
APOLIPOPROTEIN B	107		52-109 mg/dL	
APOLIPOPROTEIN B/A1 RATIO	0.91			
	Below average risk:	<0.29		
	Average risk:	0.29-1.30		
	Above average risk:	>1.30		
HEMOGLOBIN A1C	6.1	H	Percent	TBR
Reference Range: Non Diabetics < 6.0%				
HOMOCYSTEINE, CARDIO				TBR
HOMOCYSTEINE	11.5	H	<11.4 MICROMol/L	



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Test Name	In Range	Out of Range	Reference Range	Lab
VITAMIN D, 25-OH, LC/MS/MS				TBR
VITAMIN D, 25-OH, TOTAL	42		20-100 ng/mL	
VITAMIN D, 25-OH, D3	42		ng/mL	
VITAMIN D, 25-OH, D2	<4		ng/mL	
25-OHD3 indicates both endogenous production and supplementation. 25-OHD2 is an indicator of exogenous sources such as diet or supplementation. Therapy is based on measurement of Total 25-OHD, with levels <20 ng/mL indicative of Vitamin D deficiency, while levels between 20 ng/mL and 30 ng/mL suggest insufficiency. Optimal levels are >30 ng/mL.				
MAGNESIUM, RBC	4.6		4.0-6.4 mg/dL	AMD

FOOTNOTE(S) :

- Desirable range is <100 mg/dL for patients with coronary heart disease (CHD) or diabetes, and <70 mg/dL for diabetic patients with known CHD.
- For Ages >17 Years:

CCRP mg/L	Risk according to AHA/CDC guidelines
<1.0	Low cardiovascular risk
1.0 - 3.0	Average cardiovascular risk
3.1 - 10.0	High cardiovascular risk
>10.0	Persistent elevations may represent non-cardiovascular inflammation
- This test was performed using the Siemens (Bayer) chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

PERFORMING LABORATORY INFORMATION:

AMD Quest Diagnostics Nichols Chantilly 14225 Newbrook Drive Chantilly VA 20151
Laboratory Director: Kenneth Sisco, MD, PhD CLIA No: 49D0221801

TBR Quest Diagnostics One Malcolm Avenue Teterboro NJ 07608 Laboratory Director: William E. Tarr, M.D.
CLIA No: 31D0696246

EPSTEIN, JEFFREY - 92116012

Page 5 - End of Report



QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE [REDACTED]

SPECIMEN INFORMATION
SPECIMEN: F7579848
REQUISITION:

PATIENT INFORMATION
EPSTEIN, JEFFREY

DOB: 01/20/1953 AGE: 57
GENDER: M FASTING: Y

PHONE: [REDACTED]

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Test Name	In Range	Out of Range	Reference Range	Lab
INSULIN, FREE	7.8		1.5-14.9 uIU/mL	QNI

Insulin levels vary widely in specimens taken from non-fasting individuals.

PERFORMING LABORATORY INFORMATION:

QNI Quest Diagnostics, Nichols Institute 33608 Ortega Highway San Juan Capistrano CA 92690
Laboratory Director: Dr. Jon M. Nakamoto CLIA No: 05D0643352