



Debra Ann Smith

Patient Health Summary, generated on Jul. 23, 2018

Patient Demographics - Female, born Sep. 04, 1968

Patient Address	Communication	Language	Race / Ethnicity
2929 Hoyt Number 203 EVERETT, WA 98201	206-294-0324 (Home) 425-776-6080 (Mobile) 425-971-0579 (Home) iammoonbubble2@gmail.com	English (Preferred)	Unknown / Unknown

Note from Providence Health and Services Washington and Montana

This document contains information that was shared with Debra Ann Smith. It may not contain the entire record from Providence Health and Services Washington and Montana.

Allergies

Acetaminophen
Amitriptyline Hcl
Aspirin
Carbamazepine (Dermatitis)
Clindamycin Hcl
Nortriptyline Hcl

Current Medications

lisinopril (PRINIVIL, ZESTRIL) 20 mg tablet (Started 2/25/2014) Take 1 tablet by mouth daily.
ibuprofen (ADVIL, MOTRIN) 400 mg tablet (Started 6/11/2014) Take 2 tablets by mouth every 6 hours as needed.
methadone 10 mg tablet Take 20 mg by mouth 2 times daily. in the morning and at bedtime, and take 1½ tablets (15mg) daily at noon
oxyCODONE (ROXICODONE) 5 mg tablet Take 5-10 mg by mouth every 6 hours as needed. take 10 mg by mouth every four hours.
albuterol 90 mcg/puff inhaler (Started 9/22/2015) Inhale 2 puffs into the lungs every 6 hours as needed for wheezing.
fluticasone (FLONASE) 50 mcg/nasal spray (Started 9/23/2015) 1 spray by nasal route 2 times daily.
citalopram (CELEXA) 40 mg tablet (Started 7/12/2018) Take 40 mg by mouth daily.
propranolol (INDERAL) 20 MG tablet Take 20 mg by mouth 3 times daily.
pregabalin (LYRICA) 50 MG capsule Take 100 mg by mouth 3 times daily.
traZODone (DESYREL) 100 mg tablet Take 150 mg by mouth nightly.
ondansetron (ZOFRAN ODT) 4 mg disintegrating tablet Take 4 mg by mouth every 8 hours as needed for nausea.
levothyroxine (SYNTHROID) 112 mcg tablet Take 112 mcg by mouth daily.
melatonin 3 mg TABS Take 3 mg by mouth nightly as needed for insomnia.
methadone 10 mg tablet Take 15 mg by mouth daily (at noon). and 2 tablets (20mg) twice daily in the morning and at bedtime
Cholecalciferol (VITAMIN D-3) 2000 units CAPS Take 4,000 units by mouth daily.
nicotine (NICODERM) 21 mg/24 hr (Started 7/19/2018) Place 1 patch onto the skin daily.
butalbital-acetaminophen-caffeine (FIORICET) 50-300-40 mg per capsule (Started 7/18/2018) Take 1-2 capsules by mouth every 4 hours as needed for headaches.
clindamycin (CLEOCIN) 300 MG capsule (Started 7/18/2018) Take 1 capsule by mouth 3 times daily for 10 days.

Ended Medications

varenicline (CHANTIX) 1 MG tablet (Started 2/29/2012) (Discontinued) Take 1 mg by mouth daily.
ALBUTEROL SULFATE (Started 2/29/2012) (Discontinued) Nebu
furosemide (LASIX) 20 mg tablet (Started 2/29/2012) (Discontinued) Take 20 mg by mouth daily.
Potassium Chloride Crys CR (KLOR-CON M10 PO) (Started 2/29/2012) (Discontinued) Cr-tabs - take one by mouth daily
DiphenhydrAMINE HCl, Sleep, 25 MG CAPS (Discontinued) Take 1 capsule by mouth every 6 hours as needed. taking prn allergies
dicyclomine (BENTYL) 20 MG tablet (Discontinued) Take 20 mg by mouth. take 1 tablet by mouth 4 times every day as needed for irritable bowel

atorvaSTATin (LIPITOR) 80 MG tablet (Discontinued)

Take 80 mg by mouth nightly.

venlafaxine (EFFEXOR XR) 75 mg 24 hr capsule (Started 2/29/2012) (Discontinued)

Take 150 mg by mouth daily.

diclofenac (VOLTAREN) 1% GEL (Started 2/18/2014) (Discontinued)

Apply 4 g topically 4 times daily.

Sanitary Napkins & Tampons (RA PANTY LINERS) PADS (Discontinued)

By does not apply route. as directed for use for irritable bowel with fecal incontinence 787.60 up to 6 per day

Disposable Gloves (LATEX GLOVES) (Discontinued)

By does not apply route. with aloe vera, for use for fecal incontinence 787.60 irritable bowel, up to 2 boxes per month

hydrochlorothiazide 25 mg tablet (Started 2/25/2014) (Discontinued)

Take 1 tablet by mouth daily.

furosemide (LASIX) 20 mg tablet (Started 5/14/2014) (Discontinued)

Take 0.5 tablets by mouth daily as needed for edema (take extra 10mg dose on days your edema is worse).

antipyrine-benzocaine 54-14 MG/ML SOLN (Started 7/2/2014) (Discontinued)

Place 2-6 drops into both ears every 2 hours as needed.

prednisONE (DELTASONE) 20 mg tablet (Started 7/30/2014) (Discontinued)

Take 3 tabs/day x 5 days, then 2 tabs/day x 5 days, then 1 tab/day x 5 days and then stop.

carisoprodol (SOMA) 350 mg tablet (Discontinued)

Take 350 mg by mouth every day.

tiotropium (SPIRIVA HANDIHALER) 18 mcg inhalation capsule (Started 9/22/2015) (Discontinued)

Inhale contents of one capsule once daily (do not swallow capsules)

gabapentin (NEURONTIN) 800 MG tablet (Started 9/23/2015) (Discontinued)

Take 1 tablet by mouth 5 times daily.

magic mouthwash (Started 9/23/2015) (Discontinued)

Take 5 mls by mouth every 4 hours as needed for pain. (recipe = 1:1:1 mixture of maalox, diphenhydramine, viscous lidocaine)

estrogens, conjugated, (PREMARIN) 0.3 mg tablet (Started 9/23/2015) (Discontinued)

Take 1 tablet by mouth daily.

ranitidine (ZANTAC) 150 mg tablet (Started 9/23/2015) (Discontinued)

Take 1 tablet by mouth 2 times daily.

rOPINirole (REQUIP) 0.5 MG tablet (Started 9/23/2015) (Discontinued)

Take 1 -2 tablets by mouth every bedtime for restless legs

fluticasone-salmeterol (FLUTICASONE-SALMETEROL) 500-50 mcg/puff diskus inhaler (Started 9/28/2015) (Discontinued)

Inhale 1 puff into the lungs 2 times daily.

pregabalin (LYRICA) 50 MG capsule (Discontinued)

Take 50 mg by mouth 2 times daily.

busPIRone (BUSPAR) 7.5 MG tablet (Discontinued)

Take 7.5 mg by mouth 2 times daily.

traZODone (DESYREL) 50 mg tablet (Discontinued)

Take 50 mg by mouth as needed for insomnia (every 4 1/2 tablet).

fluconazole (DIFLUCAN) 200 MG tablet (Started 7/18/2018) (Expired)

Take 1 tablet by mouth daily for 1 dose. then repeat again one week after.

Active Problems

Anxiety disorder**Asthma****Chronic pain syndrome** (Noted 3/2/2012)**DISC DISEASE, LUMBAR** (Noted 2/29/2012)**Encounter for smoking cessation counseling** (Noted 7/18/2018)**Esophageal stricture** (Noted 7/7/2016)**FH DIABETES****Hypertension****OTITIS MEDIA, SEROUS, CHRONIC** (Noted 3/2/2012)**Tobacco user** (Noted 3/2/2012)

Immunizations

PNEUMOCOCCAL POLYSACCHARIDE 23-VALENT (PPSV23) (Given 1/1/2007)**TDAP, (ADOL/ADULT)** (Given 2/18/2014)

Results

MRSA NAAT - Final result (07/17/2018 1322)

Component	Value	Ref Range	Performed At
MRSA DNA	Not Detected	Not Detected	PROVIDENCE EVERETT CORE LABORATORY (I)

Interpretations:	MRSA DNA not detected. A negative result does not preclude MRSA nasal colonization. Comment:	PROVIDENCE EVERETT CORE LABORATORY (I)
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Testing performed on the Cepheid Genexpert DX System. This assay is an FDA approved diagnostic test for the in vitro identification of methicillin-resistant Staphylococcus aureus (MRSA) from nasal swabs collected from patients at risk for nasal

colonization. The test utilizes automated real-time polymerase chain reaction to detect MRSA-specific DNA targets (mecA/mecC and SCCmec). Results from the Xpert MRSA assay should be interpreted in conjunction with other laboratory and clinical data available.
 Performed by PRMCE Colby 1312 Colby Ave
 Everett WA 98201

Specimen

Tissue - Nares

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

CT ANGIOGRAM PULMONARY - Final result (07/16/2018 2155)

Narrative	Performed At
<p>EXAM: CT ANGIOGRAM CHEST</p> <p>EXAM DATE: 7/16/2018 09:45 PM.</p> <p>CLINICAL HISTORY: Short of breath, history of cancer and swollen leg.</p> <p>COMPARISON: None.</p> <p>TECHNIQUE: Routine helical imaging was performed through the chest in the pulmonary arterial phase. IV Contrast: 89 mL Omnipaque 350. Reconstructions: Coronal 3-D MIP reconstructions.Sagittal and coronal.</p> <p>In accordance with CT protocol optimization, one or more of the following dose reduction techniques were utilized for this exam: automated exposure control, adjustment of mA and/or kV based on patient size, or use of iterative reconstructive technique.</p> <p>FINDINGS: Pulmonary Arteries: Diagnostic quality: Adequate through the segmental arteries. No evidence for acute or chronic pulmonary emboli.</p> <p>RV/LV is within normal limits. There is no interventricular septal bowing. There is no reflux of contrast material in the IVC.</p> <p>Lungs/Pleura: There is a 1.8 x 1.9 cm right lower lobe nodule with irregular margins. A smaller, calcified left lower lobe granuloma is noted. There is no confluent lung consolidation. No pleural effusion or pneumothorax.</p> <p>Mediastinum: Normal. No cardiac enlargement or adenopathy.</p> <p>Thoracic Aorta: Unremarkable.</p> <p>Upper Abdomen: The gallbladder has been removed. Splenic calcifications noted.</p> <p>Other: None.</p> <p>IMPRESSION-</p> <p>1. No pulmonary embolism. 2. Right lower lobe 1.9 cm nodule with aggressive margins concerning for malignancy. Consider PET/CT for further characterization versus tissue sampling.</p> <p>RADIA</p> <p>Dictated By: Krol Christopher MD 2018-07-16 22:26:33.76 Signed By: Krol Christopher MD 2018-07-16 22:40:44.0 Transcribed By: Risbell Kathy 2018-07-16 22:30:58.04</p> <p>SITE ID: 046 Referring Provider Line: 855-371-0425</p>	PHS IMAGING

Procedure Note

Edi, Rad Results In - 07/16/2018 2240 PDT

EXAM:
 CT ANGIOGRAM CHEST

EXAM DATE: 7/16/2018 09:45 PM.

CLINICAL HISTORY: Short of breath, history of cancer and swollen leg.

COMPARISON: None.

TECHNIQUE: Routine helical imaging was performed through the chest in the pulmonary arterial phase. IV Contrast: 89 mL Omnipaque 350. Reconstructions: Coronal 3-D MIP reconstructions.Sagittal and coronal.

In accordance with CT protocol optimization, one or more of the following dose reduction techniques were utilized for this exam: automated exposure control, adjustment of mA and/or KV based on patient size, or use of iterative reconstructive technique.

FINDINGS:
Pulmonary Arteries:
Diagnostic quality: Adequate through the segmental arteries. No evidence for acute or chronic pulmonary emboli.
RV/LV is within normal limits. There is no interventricular septal bowing. There is no reflux of contrast material in the IVC.
Lungs/Pleura: There is a 1.8 x 1.9 cm right lower lobe nodule with irregular margins. A smaller, calcified left lower lobe granuloma is noted. There is no confluent lung consolidation. No pleural effusion or pneumothorax.
Mediastinum: Normal. No cardiac enlargement or adenopathy.
Thoracic Aorta: Unremarkable.
Upper Abdomen: The gallbladder has been removed. Splenic calcifications noted.
Other: None.

IMPRESSION-
1. No pulmonary embolism.
2. Right lower lobe 1.9 cm nodule with aggressive margins concerning for malignancy. Consider PET/CT for further characterization versus tissue sampling.

RADIA
Dictated By: Krol Christopher MD 2018-07-16 22:26:33.76
Signed By: Krol Christopher MD 2018-07-16 22:40:44.0
Transcribed By: Risbell Kathy 2018-07-16 22:30:58.04

SITE ID: 046
Referring Provider Line: 855-371-0425

Performing Organization	Address	City/State/Zipcode	Phone Number
PHS IMAGING			

VAS LEG BILATERAL VENOUS DOPPLER FOR DVT (VAS LOWER EXTREMITY VENOUS LEFT) - Final result (07/16/2018 2129)

Narrative	Performed At
This result has an attachment that is not available.	PHS IMAGING

STUDY: Left lower extremity venous Doppler.

REFERRAL FROM: Scott Schwitz, MD.

STUDY DATE: 07/16/2018.

INDICATION: Left leg swelling.

TECHNIQUE: The left lower extremity was evaluated with a linear ultrasound transducer from the inguinal canal through the proximal calf. Gray scale, color, and duplex Doppler were used. The veins were interrogated for thrombus using augmentation and graded compression.

Performing Organization	Address	City/State/Zipcode	Phone Number
PHS IMAGING			

XR CHEST AP PORTABLE - Final result (07/16/2018 2050)

Narrative	Performed At
EXAM: CHEST RADIOGRAPHY	PHS IMAGING

EXAM DATE: 7/16/2018 08:35 PM.

CLINICAL HISTORY: Shortness of breath.

COMPARISON: Chest 10/27/2009.

TECHNIQUE: 1 view.

FINDINGS:
Lungs/Pleura: No focal opacities evident. No pleural effusion. No pneumothorax.
Mediastinum: within exam limitations, the cardiomeastinal contour is normal.
Other: None.

IMPRESSION-
Normal single view chest.

RADIA

Dictated By: Josafat Alice MD 2018-07-16 20:57:03.423
Signed By: Josafat Alice MD 2018-07-16 20:58:05.0
Transcribed By: Josafat Alice 2018-07-16 20:58:05.43

SITE ID: 018
Referring Provider Line: 855-371-0425

Procedure Note

Edi, Rad Results In - 07/16/2018 2058 PDT

EXAM:
CHEST RADIOGRAPHY

EXAM DATE: 7/16/2018 08:35 PM.

CLINICAL HISTORY: Shortness of breath.

COMPARISON: Chest 10/27/2009.

TECHNIQUE: 1 view.

FINDINGS:
Lungs/Pleura: No focal opacities evident. No pleural effusion. No pneumothorax.

Mediastinum: Within exam limitations, the cardiomeastinal contour is normal.

Other: None.

IMPRESSION-
Normal single view chest.

RADIA

Dictated By: Josafat Alice MD 2018-07-16 20:57:03.423
Signed By: Josafat Alice MD 2018-07-16 20:58:05.0
Transcribed By: Josafat Alice 2018-07-16 20:58:05.43

SITE ID: 018
Referring Provider Line: 855-371-0425

Performing Organization	Address	City/State/Zipcode	Phone Number
PHS IMAGING			

TROPONIN I - Final result (07/16/2018 2023)

Component	Value	Ref Range	Performed At
Troponin I	<0.03 Comment: LT or equal to 0.03 = Normal 0.04 - 0.07 = Indeterminate GT or equal to 0.08 = Abnormal, consider myocardial ischemia. Indeterminate: Significance of troponin I elevation in this range depends on clinical scenario. Serial measurements may be needed in appropriate clinical situations. Abnormal: consider myocardial ischemia. Clinical situations other than myocardial ischemia like myocardial inflammation, increased myocardial strain from heart failure or pulmonary embolism may cause elevation of troponin I. Performed by PRMCE Colby 1312 Colby Ave Everett WA 98201	0.00 - 0.07 ng/mL	PROVIDENCE EVERETT CORE LABORATORY (I)

Specimen
Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

PROTIME W/INR (PROTIME INR) - Final result (07/16/2018 2023)

Component	Value	Ref Range	Performed At
Protime	12.6	12.2 - 14.6 sec	PROVIDENCE EVERETT CORE LABORATORY (I)
INR	0.9 Comment: Therapeutic ranges: INR = 2.0 - 3.0 Most Conditions Including Patients with Antiphospholipid Antibodies INR = 2.5 - 3.5 Mechanical Heart Valves Anticoagulants that act as Direct Thrombin Inhibitors (Hirudin, Argatroban, etc) may prolong the Protime and APTT. Performed by PRMCE Colby 1312 Colby Ave Everett WA 98201		PROVIDENCE EVERETT CORE LABORATORY (I)

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

CBC W/DIFFERENTIAL (CBC WITH DIFFERENTIAL) - Final result (07/16/2018 2023)

Component	Value	Ref Range	Performed At
WBC	5.1	3.8 - 11.0 K/uL	PROVIDENCE EVERETT CORE LABORATORY (I)
RBC	4.22	3.70 - 5.10 M/uL	PROVIDENCE EVERETT CORE LABORATORY (I)
Hgb	13.1	11.3 - 15.5 g/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
Hct	38.9	34.0 - 46.0 %	PROVIDENCE EVERETT CORE LABORATORY (I)
MCV	92.3	80.0 - 100.0 fL	PROVIDENCE EVERETT CORE LABORATORY (I)
MCH	31.1	27.0 - 34.0 pg	PROVIDENCE EVERETT CORE LABORATORY (I)
MCHC	33.7	32.0 - 35.5 g/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
RDW-CV	14.3	11.0 - 15.5 %	PROVIDENCE EVERETT CORE LABORATORY (I)
Platelet Count	146	150 - 400 K/uL	PROVIDENCE EVERETT CORE LABORATORY (I)
% Neutrophils	61.6	%	PROVIDENCE EVERETT CORE LABORATORY (I)
% Lymphocytes	25.4	%	PROVIDENCE EVERETT CORE LABORATORY (I)
% Monocytes	9.1	%	PROVIDENCE EVERETT CORE LABORATORY (I)
% Eosinophils	3.2	%	PROVIDENCE EVERETT CORE LABORATORY (I)
% Basophils	0.7	%	PROVIDENCE EVERETT CORE LABORATORY (I)
Absolute Neutrophils	3.1	1.9 - 7.4 K/uL	PROVIDENCE EVERETT CORE LABORATORY (I)
Absolute Lymphocytes	1.3	1.0 - 3.9 K/uL	PROVIDENCE EVERETT CORE LABORATORY (I)
Absolute Monocytes	0.5	0.0 - 0.8 K/uL	PROVIDENCE EVERETT CORE LABORATORY (I)
Absolute Eosinophils	0.2	0.0 - 0.2 K/uL	PROVIDENCE EVERETT CORE LABORATORY (I)

Absolute Basophils	0.0 Comment:	0.0 - 0.2 K/uL	LABORATORY (I) PROVIDENCE EVERETT CORE LABORATORY (I)
Performed by PRMCE Colby 1312 Colby Ave Everett WA 98201			

Specimen
Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

BNPPATR PEPTIDE (B TYPE NATRIURETIC PEPTIDE) - Final result (07/16/2018 2023)

Component	Value	Ref Range	Performed At										
BNP	8 Comment:	0 - 99 pg/mL	PROVIDENCE EVERETT CORE LABORATORY (I)										
<p>Natrecor (nesiritide) is a recombinant form of BNP and is measured in this assay. The assay manufacturer recommends waiting 2 hours post infusion before measuring BNP.</p> <p>Relationship between BNP and New York Heart Association (NYHA) functional classification:</p> <table border="1"> <thead> <tr> <th>Class</th> <th>BNP Level*</th> </tr> </thead> <tbody> <tr> <td>I</td> <td>GT 100 pg/mL</td> </tr> <tr> <td>II</td> <td>GT 222 pg/mL</td> </tr> <tr> <td>III</td> <td>GT 459 pg/mL</td> </tr> <tr> <td>IV</td> <td>GT 1005 pg/mL</td> </tr> </tbody> </table> <p>*GT-greater than</p> <p>Performed by PRMCE Colby 1312 Colby Ave Everett WA 98201</p>				Class	BNP Level*	I	GT 100 pg/mL	II	GT 222 pg/mL	III	GT 459 pg/mL	IV	GT 1005 pg/mL
Class	BNP Level*												
I	GT 100 pg/mL												
II	GT 222 pg/mL												
III	GT 459 pg/mL												
IV	GT 1005 pg/mL												

Specimen
Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

Lactic Acid (LACTIC ACID) - Final result (07/16/2018 2023)

Component	Value	Ref Range	Performed At
Lactate, Venous	0.6 Comment:	<=2.1 mmol/L	PROVIDENCE EVERETT CORE LABORATORY (I)
<p>Performed by PRMCE Colby 1312 Colby Ave Everett WA 98201</p>			

Specimen
Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

Comprehensive Metabolic Panel (COMPREHENSIVE METABOLIC PANEL) - Final result (07/16/2018 2023)

Component	Value	Ref Range	Performed At
NA	139	135 - 145 mmol/L	PROVIDENCE EVERETT CORE LABORATORY (I)
K	3.9	3.5 - 5.3 mmol/L	PROVIDENCE EVERETT CORE LABORATORY (I)

CL	104	99 - 109 mmol/L	PROVIDENCE EVERETT CORE LABORATORY (I)
CO2	29 Comment: CO2 testing added on to specimens greater than 4 hours old may be compromised interpret results with caution.	23 - 32 mmol/L	PROVIDENCE EVERETT CORE LABORATORY (I)
CALCIUM	9.7	8.5 - 10.2 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
ANION GAP	6	5 - 16 mmol/L	PROVIDENCE EVERETT CORE LABORATORY (I)
ALBUMIN	3.9	3.5 - 5.0 g/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
BUN	12	8 - 25 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
Creatinine, Serum/Plasma	0.86	0.50 - 1.00 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
GLUCOSE	84 Comment: Glucose Reference Range: Glucose, Fasting:65-99 mg/dL Glucose, Random: 65-140 mg/dL	65 - 140 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
Total protein	6.8	6.1 - 8.4 g/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
GLOBULIN	2.9	2.0 - 4.0 g/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
Albumin/Globulin ratio	1.3	0.7 - 2.2 Ratio	PROVIDENCE EVERETT CORE LABORATORY (I)
ALK PHOS	96	35 - 115 U/L	PROVIDENCE EVERETT CORE LABORATORY (I)
ALT	14	10 - 65 U/L	PROVIDENCE EVERETT CORE LABORATORY (I)
AST	16	10 - 45 U/L	PROVIDENCE EVERETT CORE LABORATORY (I)
Bilirubin Total	0.3	0.1 - 1.5 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
Estimated GFR	>60 Comment: Multiply the calculated GFR by 1.21 for African Americans. Adult GFR Result Intervals measured in mL/min/1.73 m squared: GT 60: Normal renal function. LT or equal to 60: Chronic kidney disease, if confirmed over a 3 month period. A single determination is not considered diagnostic. 30-60 eGFR (Stage 3 CKD): Chronic renal disease. 15-29 eGFR (Stage 4 CKD): Chronic renal disease, consider nephrology consult. LT 15 eGFR (Stage 5 CKD): Renal failure. Performed by PRMCE Colby 1312 Colby Ave Everett WA 98201	>=61 mL/min/1.73m2	PROVIDENCE EVERETT CORE LABORATORY (I)

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

INFLUENZA A+B, PCR (INFLUENZA A AND B RNA, NAAT) - Final result (04/29/2016 1100)

Component	Value	Ref Range	Performed At
Influenza A RNA	Negative	Negative	PROVIDENCE EVERETT CORE LABORATORY (I)
Influenza B RNA	Negative	Negative	PROVIDENCE EVERETT CORE LABORATORY (I)
Influenza H1N1	Not Detected	Not Detected	PROVIDENCE EVERETT CORE LABORATORY (I)
Interpretation	<p>Influenza A/B/H1N1 nucleic acid not detected. Comment:</p> <p>Testing performed on Cepheid Dx System. This is an FDA approved assay for the qualitative detection of Influenza A, Influenza B and Influenza A subtype 2009 H1N1 by real time RT-PCR. M6 viral transport media has not been FDA cleared for this assay. Use of this media has been validated and its performance characteristics determined by Providence Regional Medical Center Everett. The FDA has determined such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. The laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity laboratory testing. Performed by PRMCE/Paclab Colby 1312 Colby Ave Everett WA 98201</p>		PROVIDENCE EVERETT CORE LABORATORY (I)

Specimen

Respiratory

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

C. DIFFICILE (CLOSTRIDIUM DIFFICILE) - Final result (03/10/2016 2030)

Component	Value	Ref Range	Performed At
Clostridium difficile DNA	NEG	Neg	PROVIDENCE EVERETT CORE LABORATORY (I)
Interpretation	<p>Testing performed on Cepheid Genexpert Dx System. This assay is an FDA approved diagnostic test for the in vitro identification of toxin B gene sequences in stool specimens collected from patients suspected of having Clostridium difficile infection. The test utilizes automated real-time polymerase chain reaction (PCR) to detect toxin gene sequences associated with toxin producing C. difficile. A negative result indicates that the toxin B gene sequence was not detected. Results from the Xpert C. difficile assay should be interpreted in conjunction with other laboratory and clinical data available. The sensitivity of this test is >95%, and a negative result generally does not need repeat testing for a period of seven days. For approval of repeated testing within a 7 day period, please contact the medical director of the microbiology labs or an infectious diseases physician.</p>		PROVIDENCE EVERETT CORE LABORATORY (I)

Comment:

Performed by PRMCE/PacLab Colby 1312
Colby Ave Everett WA 98201

Specimen

Stool

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

EXTERNAL LAB: CBC - Final result (12/09/2015 2348)

Component	Value	Ref Range	Performed At
WBC, External	6.99		
HGB, External	12.8		
HCT, External	37.7		
PLT, External	166		

Resulting Agency Comment

Swedish Medical Center Edmonds ER

AST (EXTERNAL LAB: AST) - Final result (12/09/2015 2348)

Component	Value	Ref Range	Performed At
AST, External	14		

Specimen

Blood

Resulting Agency Comment

Swedish Medical Center Edmonds ER

ALT (EXTERNAL LAB: ALT) - Final result (12/09/2015 2348)

Component	Value	Ref Range	Performed At
ALT, External	14		

Specimen

Blood

Resulting Agency Comment

Swedish Medical Center Edmonds ER

EGFR (EXTERNAL LAB: EGFR) - Final result (12/09/2015 2348)

Component	Value	Ref Range	Performed At
eGFR, External	>60		

Specimen

Blood

Resulting Agency Comment

Swedish Medical Center Edmonds ER

CREATININE (EXTERNAL LAB: CREATININE) - Final result (12/09/2015 2348)

Component	Value	Ref Range	Performed At
Creatinine, External	0.5		

Specimen

Blood

Resulting Agency Comment

Swedish Medical Center Edmonds ER

HEMOGLOBIN A1C (EXTERNAL LAB: HEMOGLOBIN A1C) - Final result (12/09/2015 2348)

Component	Value	Ref Range	Performed At
Hemoglobin A1c, external	13.1		

Specimen

Blood

Resulting Agency Comment

Swedish Medical Center Edmonds ER

EXTERNAL LAB: CBC - Final result (10/26/2015 0647)

Component	Value	Ref Range	Performed At
WBC, External	7.4		
HGB, External	12.8		
HCT, External	38.8		
PLT, External	190		

Resulting Agency Comment

Swedish Medical Group ER

AST (EXTERNAL LAB: AST) - Final result (10/26/2015 0647)

Component	Value	Ref Range	Performed At
AST, External	10		

Specimen

Blood

Resulting Agency Comment

Swedish Medical Group ER

ALT (EXTERNAL LAB: ALT) - Final result (10/26/2015 0647)

Component	Value	Ref Range	Performed At
ALT, External	7		

Specimen

Blood

Resulting Agency Comment

Swedish Medical Group ER

MICROALBUMIN/CREATININE RATIO, URINE (EXTERNAL LAB: MICROALBUMIN/CREATININE RATIO, URINE) - Final result (10/26/2015 0647)

Component	Value	Ref Range	Performed At
Microalbumin/Creatinine Ratio, External	15		

Specimen

Blood

Resulting Agency Comment

Swedish Medical Group ER

EGFR (EXTERNAL LAB: EGFR) - Final result (10/26/2015 0647)

Component	Value	Ref Range	Performed At
eGFR, External	>60		

Specimen

Blood

Resulting Agency Comment

Swedish Medical Group ER

CREATININE (EXTERNAL LAB: CREATININE) - Final result (10/26/2015 0647)

Component	Value	Ref Range	Performed At
Creatinine, External	0.8		

Specimen

Blood

Resulting Agency Comment

Swedish Medical Group ER

DRUG OF ABUSE, SCREEN, 7 TESTS, W/REFLEX (DRUGS OF ABUSE, 7 DRUG PANEL, REFLEX, URINE) - Final result (09/22/2015 1540)

Component	Value	Ref Range	Performed At
Heroin (6-MAM) Confirm, Urine	Negative Comment: Cutoff: 10 ng/mL	NEG ng/mL	PROVIDENCE EVERETT CORE LABORATORY (I)
Opiates Screen, Urine	Negative Comment: Cutoff: 300 ng/mL	NEG ng/mL	PROVIDENCE EVERETT CORE LABORATORY (I)
Amphetamine Screen, Urine	Negative Comment: Cutoff: 500 ng/mL	NEG ng/mL	PROVIDENCE EVERETT CORE LABORATORY (I)
BARBITURATES SCR	Negative Comment: Cutoff: 200 ng/mL	NEG ng/mL	PROVIDENCE EVERETT CORE LABORATORY (I)
Benzodiazepines, Urine, Screen	Negative Comment: Cutoff: 300 ng/mL	NEG ng/mL	PROVIDENCE EVERETT CORE LABORATORY (I)
Cannabinoids Screen, Urine	Negative Comment: Cutoff: 50 ng/mL	NEG ng/mL	PROVIDENCE EVERETT CORE LABORATORY (I)
Cocaine Screen, Urine	Negative Comment: Cutoff: 150 ng/mL	NEG ng/mL	PROVIDENCE EVERETT CORE LABORATORY (I)
Oxycodone, UR	Negative Comment: Cutoff: 100 ng/mL	NEG ng/mL	PROVIDENCE EVERETT CORE LABORATORY (I)
Phencyclidine	Negative Comment: Cutoff: 25 ng/mL	NEG ng/mL	PROVIDENCE EVERETT CORE LABORATORY (I)
pH, Urine	6.1	4.0 - 9.0	PROVIDENCE EVERETT CORE LABORATORY (I)
Creatinine, Urine	78	> 19 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
Specific Gravity	1.010 Comment: Testing Performed: PAML, 110 W. Cliff Dr, Spokane, WA 99204	1.003 - 1.020	PROVIDENCE EVERETT CORE LABORATORY (I)

Specimen
Urine

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

Methadone, Urine, Qual (DRUGS OF ABUSE, METHADONE, URINE, QUAL) - Final result (09/22/2015 1540)

Component	Value	Ref Range	Performed At
Methadone Screen, Urine	Positive	<=300	PROVIDENCE EVERETT CORE LABORATORY (I)
U Tox Comment	See Comment		PROVIDENCE EVERETT CORE

Comment:

LABORATORY (I)

Specimen was collected without chain of custody. Reference range represents the lowest level of detection. Unconfirmed screening results are to be used for medical purposes only. Confirmation by GCMS of positive test results are available upon request at an additional charge. Performed by PRMCE/Paclab Colby 1312 Colby Ave Everett WA 98201

Specimen

Urine

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

OXYCODONE, URINE, QUAL (DRUGS OF ABUSE, OXYCODONE, URINE QUAL) - Final result (09/22/2015 1540)

Component	Value	Ref Range	Performed At
Oxycodone, UR	Negative	<=300 ng/mL	PROVIDENCE EVERETT CORE LABORATORY (I)
U Tox Comment	See Comment Comment:		PROVIDENCE EVERETT CORE LABORATORY (I)

Specimen was collected without chain of custody. Reference range represents the lowest level of detection. Unconfirmed screening results are to be used for medical purposes only. Confirmation by GCMS of positive test results are available upon request at an additional charge. Performed by PRMCE/Paclab Colby 1312 Colby Ave Everett WA 98201

Specimen

Urine

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

TSH, REFLEX FREE T4 - Final result (09/22/2015 1535)

Component	Value	Ref Range	Performed At
TSH	1.74 Comment:	0.45 - 5.10 uIU/mL	PROVIDENCE EVERETT CORE LABORATORY (I)
	Performed by PRMCE/Paclab Colby 1312 Colby Ave Everett WA 98201		

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

Sedimentation Rate (SEDIMENTATION RATE) - Final result (09/22/2015 1535)

Component	Value	Ref Range	Performed At
ESR	20 Comment:	0 - 20 mm/hr	PROVIDENCE EVERETT CORE LABORATORY (I)

Performed by PRMCE/Paclab Colby 1312 Colby Ave Everett WA 98201

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

CBC NO DIFFERENTIAL - Final result (09/22/2015 1535)

Component	Value	Ref Range	Performed At
WBC	4.9	3.8 - 11.0 K/uL	PROVIDENCE EVERETT CORE LABORATORY (I)
RBC	4.15	3.70 - 5.10 M/uL	PROVIDENCE EVERETT CORE LABORATORY (I)
Hgb	12.5	11.3 - 15.5 g/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
Hct	37.2	34.0 - 46.0 %	PROVIDENCE EVERETT CORE LABORATORY (I)
MCV	89.7	80.0 - 100.0 fL	PROVIDENCE EVERETT CORE LABORATORY (I)
MCH	30.1	27.0 - 34.0 pg	PROVIDENCE EVERETT CORE LABORATORY (I)
MCHC	33.6	32.0 - 35.5 g/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
RDW-CV	12.9	11.0 - 15.5 %	PROVIDENCE EVERETT CORE LABORATORY (I)
Platelet Count	133 Comment:	150 - 400 K/uL	PROVIDENCE EVERETT CORE LABORATORY (I)
Performed by PRMCE/PacLab Colby 1312 Colby Ave Everett WA 98201			

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

C-REACTIVE PROTEIN - Final result (09/22/2015 1535)

Component	Value	Ref Range	Performed At
CRP	9.3 Comment:	0.0 - 7.9 mg/L	PROVIDENCE EVERETT CORE LABORATORY (I)
Performed by PRMCE/PacLab Colby 1312 Colby Ave Everett WA 98201			

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

Comprehensive Metabolic Panel (COMPREHENSIVE METABOLIC PANEL) - Final result (09/22/2015 1535)

Component	Value	Ref Range	Performed At
NA	136	135 - 145 mmol/L	PROVIDENCE EVERETT CORE LABORATORY (I)
K	3.8	3.5 - 5.3 mmol/L	PROVIDENCE EVERETT CORE LABORATORY (I)
CL	100	99 - 109 mmol/L	PROVIDENCE EVERETT CORE LABORATORY (I)
CO2	32 Comment:	23 - 32 mmol/L	PROVIDENCE EVERETT CORE LABORATORY (I)
CO2 testing added on to specimens greater than 4 hours old may be compromised			

interpret results with caution.

CALCIUM	9.5	8.5 - 10.2 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
ANION GAP	4	5 - 16 mmol/L	PROVIDENCE EVERETT CORE LABORATORY (I)
ALBUMIN	3.9	3.5 - 5.0 g/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
BUN	12	8 - 25 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
Creatinine, Serum/Plasma	0.69	0.50 - 1.00 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
GLUCOSE	104 Comment: Glucose Reference Range: Glucose, Fasting:65-99 mg/dL Glucose, Random: 65-140 mg/dL	65 - 140 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
Total protein	6.7	6.1 - 8.4 g/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
GLOBULIN	2.8	2.0 - 4.0 g/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
Albumin/Globulin ratio	1.4	0.7 - 2.2 Ratio	PROVIDENCE EVERETT CORE LABORATORY (I)
ALK PHOS	88	35 - 115 U/L	PROVIDENCE EVERETT CORE LABORATORY (I)
ALT	8	10 - 65 U/L	PROVIDENCE EVERETT CORE LABORATORY (I)
AST	11	10 - 45 U/L	PROVIDENCE EVERETT CORE LABORATORY (I)
Bilirubin Total	0.4	0.1 - 1.5 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
Estimated GFR	>60 Comment: Multiply the calculated GFR by 1.21 for African Americans. Adult GFR Result Intervals measured in mL/min/1.73 m squared: GT 60: Normal renal function. LT or equal to 60: Chronic kidney disease, if confirmed over a 3 month period. A single determination is not considered diagnostic. 30-60 eGFR (Stage 3 CKD): Chronic renal disease. 15-29 eGFR (Stage 4 CKD): Chronic renal disease, consider nephrology consult. LT 15 eGFR (Stage 5 CKD): Renal failure. Performed by PRMCE/Paclab Colby 1312 Colby Ave Everett WA 98201	>=61 mL/min/1.73m2	PROVIDENCE EVERETT CORE LABORATORY (I)

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

ANA QUALITATIVE, SCREEN, REFLEXIVE (ANA SCREEN, QUAL, REFLEX) - Final result (02/18/2014 1138)

Component	Value	Ref Range	Performed At
ANA SCREEN	Negative Comment: A multiplex screen for 11 autoantibodies (dsDNA, Sm, Ribosomal P, Chromatin, RNP, Sm RNP, Scl-70,	NEG	PROVIDENCE EVERETT CORE LABORATORY (I)

Centromere B, SSA, SSB and Jo-1) was performed and no autoantibodies were detected.
 Test Performed by PAML, 110 W. Cliff Dr,
 Spokane, WA 99204

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

LIPID PANEL - Final result (02/18/2014 1138)

Component	Value	Ref Range	Performed At
Cholesterol	126	0 - 199 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
HDL	42.0	40.0 - 59.0 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
Triglycerides	94	0 - 149 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
LDL, Calculated	65 Comment:	0 - 99 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
Optimal: <100 mg/dL Near or above optimal: 100 - 129 mg/dL Borderline High: 130 - 159 mg/dL High: 160 - 189 mg/dL Very High: >190 mg/dL Performed by PRMCE/PacLab Colby 1312 Colby Ave Everett WA 98201			

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

TSH, REFLEX FREE T4 - Final result (02/18/2014 1138)

Component	Value	Ref Range	Performed At
TSH	1.48 Comment:	0.45 - 5.10 uIU/mL	PROVIDENCE EVERETT CORE LABORATORY (I)
Performed by PRMCE/PacLab Colby 1312 Colby Ave Everett WA 98201			

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

Sedimentation Rate (SEDIMENTATION RATE) - Final result (02/18/2014 1138)

Component	Value	Ref Range	Performed At
ESR	15 Comment:	0 - 20 mm/hr	PROVIDENCE EVERETT CORE LABORATORY (I)
Performed by PRMCE/PacLab MC 12800 Bothell-Everett Hwy Everett WA 98208			

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

CBC W/DIFFERENTIAL (CBC WITH DIFFERENTIAL) - Final result (02/18/2014 1138)

Component	Value	Ref Range	Performed At
WBC	8.1	3.8 - 11.0 K/uL	PROVIDENCE EVERETT CORE LABORATORY (I)
RBC	4.08	3.70 - 5.10 M/uL	PROVIDENCE EVERETT CORE LABORATORY (I)
Hgb	12.7	11.3 - 15.5 g/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
Hct	37.2	34.0 - 46.0 %	PROVIDENCE EVERETT CORE LABORATORY (I)
MCV	91.2	80.0 - 100.0 fL	PROVIDENCE EVERETT CORE LABORATORY (I)
MCH	31.1	27.0 - 34.0 pg	PROVIDENCE EVERETT CORE LABORATORY (I)
MCHC	34.1	32.0 - 35.5 g/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
RDW-CV	14.0	11.0 - 15.5 % CV	PROVIDENCE EVERETT CORE LABORATORY (I)
Platelet Count	174	150 - 400 K/uL	PROVIDENCE EVERETT CORE LABORATORY (I)
% Neutrophils	74.7	40.0 - 75.0 %	PROVIDENCE EVERETT CORE LABORATORY (I)
% Lymphocytes	19.2	15.0 - 48.0 %	PROVIDENCE EVERETT CORE LABORATORY (I)
% Monocytes	3.9	0.0 - 10.0 %	PROVIDENCE EVERETT CORE LABORATORY (I)
% Eosinophils	1.8	0.0 - 4.0 %	PROVIDENCE EVERETT CORE LABORATORY (I)
% Basophils	0.4	0.0 - 1.0 %	PROVIDENCE EVERETT CORE LABORATORY (I)
Absolute Neutrophils	6.1	1.9 - 7.4 K/uL	PROVIDENCE EVERETT CORE LABORATORY (I)
Absolute Lymphocytes	1.6	1.0 - 3.9 K/uL	PROVIDENCE EVERETT CORE LABORATORY (I)
Absolute Monocytes	0.3	0.0 - 0.8 K/uL	PROVIDENCE EVERETT CORE LABORATORY (I)
Absolute Eosinophils	0.1	0.0 - 0.2 K/uL	PROVIDENCE EVERETT CORE LABORATORY (I)
Absolute Basophils	0.0	0.0 - 0.2 K/uL	PROVIDENCE EVERETT CORE LABORATORY (I)
	Comment:		
	Performed by PRMCE/PaCLab MC 12800 Bothell-Everett Hwy Everett WA 98208		

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

C-REACTIVE PROTEIN - Final result (02/18/2014 1138)

Component	Value	Ref Range	Performed At
CRP	2.0	0.0 - 7.9 mg/L	PROVIDENCE EVERETT CORE LABORATORY (I)
	Comment:		
	Performed by PRMCE/PaCLab Colby 1312 Colby Ave Everett WA 98201		

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

Comprehensive Metabolic Panel (COMPREHENSIVE METABOLIC PANEL) - Final result (02/18/2014 1138)

Component	Value	Ref Range	Performed At
NA	139	135 - 145 mmol/L	PROVIDENCE EVERETT CORE

K	3.7	3.5 - 5.3 mmol/L	LABORATORY (I) PROVIDENCE EVERETT CORE LABORATORY (I)
CL	105	99 - 109 mmol/L	PROVIDENCE EVERETT CORE LABORATORY (I)
CO2	28	23 - 32 mmol/L	PROVIDENCE EVERETT CORE LABORATORY (I)
CALCIUM	9.0	8.5 - 10.2 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
ANION GAP	6	5 - 16 mmol/L	PROVIDENCE EVERETT CORE LABORATORY (I)
ALBUMIN	4.0	3.5 - 5.0 g/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
BUN	13	8 - 25 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
Creatinine, Serum/Plasma	0.73	0.50 - 1.00 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
GLUCOSE	98 Comment: Glucose Reference Range: Glucose, Fasting:65-99 mg/dL Glucose, Random: 65-140 mg/dL	65 - 140 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
Total protein	6.5	6.1 - 8.4 g/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
GLOBULIN	2.5	2.0 - 4.0 g/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
Albumin/Globulin ratio	1.6	0.7 - 2.2 Ratio	PROVIDENCE EVERETT CORE LABORATORY (I)
ALK PHOS	117	35 - 115 U/L	PROVIDENCE EVERETT CORE LABORATORY (I)
ALT	11	10 - 65 U/L	PROVIDENCE EVERETT CORE LABORATORY (I)
AST	12	10 - 45 U/L	PROVIDENCE EVERETT CORE LABORATORY (I)
Bilirubin Total	0.3	0.1 - 1.5 mg/dL	PROVIDENCE EVERETT CORE LABORATORY (I)
Estimated GFR	>60 Comment: Multiply the calculated GFR by 1.21 for African Americans. Adult GFR Result Intervals measured in mL/min/1.73 m squared: GT 60: Normal renal function. LT or equal to 60: Chronic kidney disease, if confirmed over a 3 month period. A single determination is not considered diagnostic. 30-60 eGFR (Stage 3 CKD): Chronic renal disease. 15-29 eGFR (Stage 4 CKD): Chronic renal disease, consider nephrology consult. LT 15 eGFR (Stage 5 CKD): Renal failure. Performed by PRMCE/PacLab Colby 1312 Colby Ave Everett WA 98201	>=61 mL/min/1.73m2	PROVIDENCE EVERETT CORE LABORATORY (I)

Specimen

Blood

Performing Organization	Address	City/State/Zipcode	Phone Number
PROVIDENCE EVERETT CORE LABORATORY (I)	1321 Colby Avenue	EVERETT, WA 98201	425-261-2000

Document Information

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Document Coverage Dates

Sep. 04, 1968 - Jul. 23, 2018

Custodian Organization

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Renton, WA 98057



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