Specimen ID: 300-847-2114-0 Control ID: 63010223414

հվեներններինեն,որինվներիվվեննինիներ

Specimen Details
Date collected: 10/26/2020 1000 Local
Date received: 10/26/2020
Date entered: 10/26/2020
Date reported: 11/05/2020 1609 ET

General Comments & Additional Information Total Volume: Not Provided

Fasting: Yes

Ordered Items

NMR LipoProfile+Lipids+Graph; CBC With Differential/Platelet; Comp. Metabolic Panel (14); Lipid Panel; Thyroid Panel; Vitamin B12 and Folate; Insulin and C-Peptide, Serum; Hemoglobin A1c; Cortisol; Testosterone, Serum; IGF-1; Reverse T3, Serum; Vitamin D, 25-Hydroxy; Fructosamine; Lipoprotein (a); C-Reactive Protein, Cardiac; Oxidized LDL; Lp-PLA2 Activity; GlycA; Leptin, Serum; Homocyst(e)ine; Uric Acid; GGT; Ferritin, Serum; Glucagon, Plasma; Apolipoprotein A-1; Fatty Acids, Free (Nonester); Apolipoprotein B; Venipuncture

TESTS	RESULT	FLAG	UNITS R	EFERENCE INTERVAL	LAB
NMR LipoProfile+Lipids+Graph					
LDL Particle Number					01
LDL-P ^A	1201	High	nmol/L	<1000	01
			Low	< 1000	
			Moderate Bondonline Ui	1000 - 1299	
			High	1600 - 2000	
			Very High	> 2000	
Lipids					01
LDL-C (NIH Calc)	104	High	mg/dL	0-99	01
		5	Optimal	< 100	
			Above optimal	100 - 129	
			Borderline	130 - 159	
			Nerv high	> 189	
HDL-C ^A	52		mg/dL	>39	01
Triglycerides A	123		mg/dL	0-149	01
Cholesterol, Total ^A	178		mg/dL	100-199	01
LDL and HDL Particles			5.		01
HDL-P (Total) ^A	32.9		umol/L	>=30.5	01
Small LDL-P ^A	441		nmol/L	<=527	01
LDL Size ^A	20.5	Low	nm	>20.5	01
			 {}		
PARTICL	E CONCENTRA	TION A	AND SIZE		
<l< td=""><td>ower CVD Ri</td><td>sk I</td><td>Higher CVD Ris</td><td>k></td><td></td></l<>	ower CVD Ri	sk I	Higher CVD Ris	k>	
LDL AND HDL PARTICLES	Percentil	e in 1	Reference Popu	lation	
HDL-P (total) H	igh 75t	h !	50th 25th	LOW	
Small I.DIP I.	34.9 34. OW 25+	ש ג א	50.5 26.7 50th 75th	<20./ High	
	117 117		527 839	>839	
LDL Size <-Large (Pa	ttern A)->	< - \$	Small (Pattern	B)->	

Date Issued: 11/05/20 1611 ET

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Patient Report

Patient ID:	Con	Control ID: 63010223414			Specimen ID: 300-847-2114 Date collected: 10/26/2020 1000 Loc			
TESTS		RESULT	FLA	3	UNITS	REFERENCE	INTERVAL	LAB
	23.0	20.6		20.	5	19.0		
Comment: Small LDL-P and 1 LDL-P is taken in	LDL Size nto accou	are asso int.	ciated	with C	VD risk	, but not	after	01
Insulin Resistance So	core							01
LP-IR Score ^A		65	Higl	ı		<=45		01
INSULIN RESISTAN	CE MARKER							
<insulin se<br="">Perce</insulin>	ensitive	Insul	in Res:	Istant-	->			
Insulin Resistan	ce Score	Kererenc	e ropu	Lacion				
LP-IR Score Low	w 25th	50th	75th	High				
<2'	7 27	45	63	>63				
Comment:		.	~~~	man fa	~+-!~~~			01
The LP-IR score is in The LP-IR score : associated with : used as one compo	is a labo insulin r onent of	e il pati pratory d cesistanc a physic	ent is evelope e and o ian's o	ed inde diabete clinica	ex that es risk l asses	has been and should sment.	l be	
PDF		•						01
	/_ _ . _ .							
CBC With Differential,	/Platelet							
WBC		4.6		2	c10E3/ul	3.4	-10.8	02
RBC		5.59		2	<10E6/ul	4.14	-5.80	02
Hemoglobin		16.3			g/dL	13.0	-17.7	02
Hematocrit		48.2			8	37.5	-51.0	02
MCV		86			fL	79	-97	02
MCH		29.2			pg	26.6	-33.0	02
MCHC		33.8			g/dL	31.5	-35.7	02
RDW		13.5			010	11.6	-15.4	02
Platelets		253		2	c10E3/uI	150	-450	02
Neutrophils		52			0/0	Not E	stab.	02
Lymphs		37			olo	Not E	stab.	02
Monocytes		8			olo	Not E	stab.	02
Eos		2			olo	Not E	stab.	02
Basos		1			0/0	Not E	stab.	02
Neutrophils (Absolute	∋)	2.4		2	k10E3/uI	1.4	-7.0	02
Lymphs (Absolute)		1.7		2	k10E3/uI	0.7	-3.1	02
Monocytes(Absolute)		0.4		2	c10E3/uI	0.1	-0.9	02
Eos (Absolute)		0.1		2	c10E3/uI	0.0	-0.4	02
Baso (Absolute)		0.1		2	k10E3/uI	0.0	-0.2	02
Immature Granulocytes	3	0			010	Not E	stab.	02
Immature Grans (Abs)		0.0		2	k10E3/uI	0.0	-0.1	02
Comp. Metabolic Panel	(14)							
Glucose	/	80			ma/dī,	65	-99	02
BUN		17			mg/dL	6	-24	02
					J, 1			

Date Issued: 11/05/20 1611 ET

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Cholesterol, Total	176		mg/dL
Triglycerides	110		mg/dL
HDL Cholesterol	50		mg/dL
VLDL Cholesterol Cal	20		mg/dL
LDL Chol Calc (NIH)	106	High	mg/dL
Thyroid Panel			
Thyroxine (T4)	5.8		uq/dL

T3 Uptake Free Thyroxine Index

Creatinine

Sodium

Potassium

Chloride

Calcium

Albumin

A/G Ratio

AST (SGOT)

ALT (SGPT)

Lipid Panel

Protein, Total

Globulin, Total

Bilirubin, Total

Alkaline Phosphatase

Patient ID:

TESTS

eGFR If NonAfricn Am

BUN/Creatinine Ratio

Carbon Dioxide, Total

eGFR If Africn Am

Vitamin B12 and FolateVitamin B121236Folate (Folic Acid), Serum11.1

Note: A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency.

Insulin and C-Peptide, Serum

Insulin	5.9	uIU/mL	2.6-24.9	02
C-Peptide, Serum	1.6	ng/mL	1.1-4.4	02
C-Peptide referenc	e interval is for fasting	g patients.		
Hemoglobin Alc				
Hemoglobin A1c	5.2	00	4.8-5.6	02
Please Note:				02

Control ID: 63010223414

FLAG

UNITS

mq/dL

mL/min/1.73

mL/min/1.73

mmol/L

mmol/L

mmol/L

mmol/L

mg/dL

g/dL

g/dL

g/dL

mg/dL

IU/L

IU/L

IU/L

°

pg/mL

ng/mL

RESULT

1.14

78

91

15

139

4.4

101

23

9.6

6.8

4.5

2.3

2.0

0.6

53

22

21

32

1.9

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Patient Report

Specimen ID: 300-847-2114-0

LAB

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

02

Date collected: 10/26/2020 1000 Local

REFERENCE INTERVAL

0.76-1.27

>59

>59

9-20

134-144

3.5-5.2

96-106

20-29

8.7-10.2

6.0-8.5

4.0-5.0

1.5-4.5

1.2-2.2

0.0-1.2

39-117

0-40

0-44

100-199

>39

5-40 0-99

4.5-12.0

24-39

1.2-4.9

232-1245

>3.0

0-149

LabCorp

Patient Report

Patient ID:	Con	trol ID: 630102234	14	S Date collec	pecimen ID: 300-8 cted: 10/26/2020	847-2114-0 1000 Local
TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Prediabetes: Diabetes: >6. Glycemic cont	5.7 - 6.4 4 rol for adu	lts with d	iabetes:	<7.0		
Cortisol	9.7	Cort Cort	ug/dL isol AM isol PM	6.2	- 19.4 - 11.9	02
Testosterone, Serum Adult male reference i healthy nonobese males Travison, et.al. JCEM	518 nterval is b (BMI <30) b 2017,102;116	oased on a Detween 19 51-1173. P	ng/dL populati and 39 y MID: 2832	264 on of ears old. 4103.	-916	02
IGF-1						
Insulin-Like Growth Factor	I 172		ng/mL	84	-270	01
Reverse T3, Serum ^B	21.0		ng/dL	9.2	-24.1	01
<pre>Vitamin D, 25-Hydroxy Vitamin D deficiency h Medicine and an Endocr level of serum 25-OH w The Endocrine Society insufficiency as a lew 1. IOM (Institute of M intakes for calcium National Academies 2. Holick MF, Binkley Evaluation, treatme deficiency: an Endo guideline. JCEM. 20</pre>	46.7 has been define ritamin D les went on to d rel between 2 ledicine). 20 hand D. Wash Press. NC, Bischoff ent, and preso ocrine Societ 11 Jul; 96(1	ined by th practice ss than 20 further de 21 and 29 D10. Dieta hington DC E-Ferrari vention of ty clinica 7):1911-30	ng/mL e Institu guideline ng/mL (1 fine vita ng/mL (2) ry refere : The HA, et al vitamin l practic	30.0 te of as a ,2). min D nce D e	-100.0	02
Fructosamine Published reference in between age 20 and 60 controlled diabetic po mean of 396 umol/L.	213 iterval for a is 205 - 285 pulation is	apparently 5 umol/L a 228 - 563	umol/I healthy nd in a p umol/L w	osubjects oorly ith a	-285	02
Lipoprotein (a) Note:	27.1 Values great indicate an but must be to non-Cauca influence of ethnicities	ter than o independe evaluated asian popu genetic	nmol/I r equal t nt risk f with cau lations d factors o	o 75.0 nmol actor for 0 tion when a ue to the n Lp(a) acr	5.0 /L may HD, upplied	01
C-Reactive Protein, Cardiac	: 1.89 Relative B	Risk for F	mg/L uture Car Low Average High	0.00 diovascular 1.00	-3.00 Event <1.00 - 3.00 >3.00	02

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LabCorp

Patient Report

Patient ID:	Control ID: 6	3010223414	Specimen ID: 300- Date collected: 10/26/2020	847-2114-0 1000 Local
TESTS	RESULT FL	AG UNITS I	REFERENCE INTERVAL	LAB
Oxidized LDL	64	ng/mL	10-170	01
Lp-PLA2 Activity	168	nmol/min/m Reduced Risk Increased Ris	nL 0-224 <225 sk >224	01
GlycA [*]	323	umol/L GlycA Medical I Low Risk High Risł	<400 Decision Limit: <400 x >or=400	01
Leptin, Serum Leptin, Serum Blum Acco Stag WF, Comment: Results of this tes assay's manufacture have not been estab be used for treatme of the diagnosis by or procedure. The p LabCorp	14.3 Male Ran BMI R 11 0.1 - 12 0.1 - 13 0.1 - 14 0.1 - 15 0.1 - 16 0.2 - 17 0.2 - 18 0.2 - 19 0.3 - 20 0.4 - 21 0.4 - 22 0.5 - 23 0.8 - 24 0.9 - 0 WF, Juul A, "Refer ording to Body Mass ge" in Leptin: The V Kiess WF, and Rasch at are labeled for r er. The performance olished by the manuf ent or for diagnosti y another medically performance characte	ng/mL ges by Body Mass ange BMI 0.4 25 0.6 26 0.7 27 0.9 28 1.1 29 1.3 30 1.7 31 2.1 32 2.6 33 3.2 34 4.0 35 5.0 36 6.2 37 7.7 ence Ranges of I Index, Gender an oice of Adipose er W, eds, 1997, esearch purposes characteristics acturer. The res c purposes without established diagonics of the stablished diagoni	<pre>s Index (BMI) Range 1.1 - 9.6 1.3 - 12.0 1.6 - 14.9 2.0 - 18.6 2.5 - 23.2 3.2 - 28.9 3.9 - 36.0 4.9 - 44.9 6.1 - 55.8 7.6 - 69.6 9.5 - 86.7 11.8 - 108.0 14.8 - 135.0 Leptin Levels nd Development Tissue, Blumm 319-326.</pre>	01
Homocyst(e)ine	12.1	umol/L	0.0-14.5	02
Uric Acid Uric Acid Please Note: GGT	6.8 Therapeutic	mg/dL target for gout	3.7-8.6 patients: <6.0	02 02
	± 🤟	то, т	0.05	02

Date Issued: 11/05/20 1611 ET

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TESTS	RESULT	FLAG UN	TS REFERENCE	E INTERVAL	LAB
Ferritin, Serum	126	ng	ر/mL 3	0-400	02
Glucagon, Plasma	74	nc	r/mī, 5	0-150	01
Comment: Results of this test are assay's manufacturer. Th have not been establishe be used for treatment or of the diagnosis by anot or procedure. The perfor LabCorp.	e labeled for ne performance ed by the man for diagnos ther medicall rmance charac	research pur c research pur c characteris nufacturer. Th stic purposes y established teristics we	rposes only by stics of this le result shou without confi diagnostic p re determined	y the assay ild not irmation product by	01
Apolipoprotein A-1	142	mg	//dL 10	1-178	02
Fatty Acids, Free (Nonester)	0.7	mE	lq/L 0.	1-0.9	01
Apolipoprotein B	95	High mo Desirable Borderlin High Very High	//dL 3 1e High 90 100	<90 < 90) - 99) - 130 >130	02
 V F N	ASCVD RISK CATEGORY Very High Ris Iigh Risk Moderate Risk	sk <80 <90 c <90	THERAPEUTIC T APO B (mg/ (if extreme r	(ARGET (dL) cisk <70)	
Comments: ^A This test was developed ar	nd its perfor	mance charact	ceristics dete	ermined by	

Control ID: 63010223414

Administration. ^B This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug

LabCorp. It has not been cleared or approved by the Food and Drug

^B This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

0	1 BN	LabCorp Burlington	Dir: Sanjai Nagendra, MD
		1447 York Court, Burlington, NC 27215-3361	
0	2 PDLCA	LabCorp Phoenix	Dir: Earle Collum, MD
		5005 S 40th Street Ste 1200, Phoenix, AZ 85040-2969	
		the abusician many context Dranch, 000 500 0077 Labs 000 700 4044	

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For inquiries, the physician may contact Branch: 888-522-2677 Lab: 800-762-4344

Patient Report

Date collected: 10/26/2020 1000 Local

Specimen ID: 300-847-2114-0



Specimer 300-847	Number -2114-0	Patient ID		Account Number	Account Fax	
Patient La	ast Name	Patient First Name		Account Address		
Age	Date of Birth	Sex M	Fasting YES			
Control I	Number		NPI			
Date Collected 10/26/2020	Date Entered 10/26/2020	Date and Time Reported 10/28/2020 12:58 PM ET		Physician ID a	Physician ID & Name	

* NMR LipoPro	file ® test			Reference Inte	erval ¹	
	Percent	tile ¹ 20	0th 50	th 80	th 95	th
	nmol/L	Low	Moderate	Borderline High	High	Very High
LDL-P	1201	< 1000	1000 - 1299	1300 - 1599	1600 - 2000	> 2000
1. Reference population (5,3	62 men and women) not on l	ipid medication enrolled	in the Multi-Ethnic Study c	f Atherosclerosis (MESA).	Mora, et al. Atheroscleros	is 2007.
* Lipids	mg/dL	Optimal	Near or Above Optimal	Borderline High	High	Very High
LDL-C (calculated)	104	< 100	100 - 129	130 - 159	160 - 189	≥ 190
HDL-C	mg/dL 52 Desirable ≥ 40	Triglycer	mg/dL ides 123 Desirable <	Total C	holesterol	mg/dL 178 esirable < 200
Historical Rep	oorting					
LDL-P	500 - 600 - 700 - 800 -	900 - 1000 - 1100 -	1300 - 1300 - 1400 - 1500 -	1000 - 1700 - 1800 - 1900 -	2100 - 2200 - 2200 -	8
			► 1336 (10/12 ► 1201 (10/26/2020)	1602 (10/19/2020) /2020)		
LDL-C		<u>6</u> 61 61 6	1207 1306 1406 1506	160- - 170- 180- 190-		
► 124 (10/19/2020) ► 107 (10/12/2020)						
		P 104 (10				
This test was developed a Administration.	and its performance chara	acteristics determined	l by LabCorp. It has not	t been cleared or appro	ved by the US Food ar	nd Drug
Issued or Pending PATENTS	The NMR LipoProfile ® te	st may be covered by . 6,518,069; 6,576,47	y one or more issued or 71; 6,653,140; and 7,24	pending patents, 3,030	CLIA N	umber 34D0655059
This document contains p federal law. If you have re	rivate and confidential he	alth information prote	ected by state and -222-7566.	© 1995- Al	2015 Laboratory Corp I Rights Reserved - Er	oration of America® Hold



Medical Director: Sanjai Nagendra, MD

Specimen	Number -2114-0	Patient ID		Account Number	Account Phone	Account Fax
Patient La	Ist Name	Patient First Name		Account Address		
Age	Date of Birth	Sex M	Fasting YES			
Control Number			NPI			
Date Collected 10/26/2020	Date Entered 10/26/2020	Date and Time Reported 10/28/2020 12:58 PM ET		Physician ID	Physician ID & Name	

PARTICLE CONCENTRATION AND SIZE

· LDL and HDL Parti	LDL and HDL Particles		Lower CVD Risk			Higher CVD Risk	
	cies		Percentile	in Reference Popula	ation		
	µmol/L	high	75th	50th	25th	low	
HDL-P (total)	32.9		34.9	30.5	26.7		
	nmol/L	low	25th	50th	75th	hiah	
SMALL LDL-P	441		117	527	839		
	nm						
LDL SIZE	20.5	23.0 Larg	ge (Pattern A)	20.6 20.5	Small (Pattern B)	19.0	
Small I DI -P and I [OL Size are associat	ted with CVD risk bu	it not after I DI -F	■ P is taken into accou	int		
Insulin Resistance	Score 23	Insulin Sensitiv	ve		Insulin	Resistant	
		Percentile in Reference Population ①					
	0-100	insulin sensitive	25th	50th	75th insuli	in resistant	
	65		27	45	63	in resistant	
LF-IK SCORE			21	40	00		
** The LP-IR score is a component of a physicia	laboratory developed i n's clinical assessment.	ndex that has been as The LP-IR score has not b	sociated with insuli been cleared by the l	in resistance and diabe US Food and Drug Admin	tes risk and should be ι iistration.	used as one	
** The LP-IR score is a component of a physicia	laboratory developed i n's clinical assessment.	ndex that has been as The LP-IR score has not t	sociated with insuli	in resistance and diabe US Food and Drug Admin	tes risk and should be u iistration.	used as one	
 ** The LP-IR score is a component of a physicia Clinician Notes 	laboratory developed i n's clinical assessment.	ndex that has been as: The LP-IR score has not t	sociated with insuli been cleared by the l	in resistance and diabe US Food and Drug Admin	tes risk and should be ι iistration.	used as one	
** The LP-IR score is a component of a physicia	laboratory developed i n's clinical assessment.	ndex that has been as: The LP-IR score has not t	sociated with insuli	in resistance and diabe US Food and Drug Admin	tes risk and should be u iistration.	used as one	
 ** The LP-IR score is a component of a physicia Clinician Notes 	laboratory developed i n's clinical assessment.	ndex that has been as The LP-IR score has not t	sociated with insuli been cleared by the l	in resistance and diabe US Food and Drug Admin	tes risk and should be u istration.	used as one	
 ** The LP-IR score is a component of a physicia Clinician Notes 	laboratory developed i n's clinical assessment.	ndex that has been as: The LP-IR score has not t	sociated with insuli been cleared by the l	in resistance and diabe US Food and Drug Admin	tes risk and should be ι iistration.	used as one	
** The LP-IR score is a component of a physicia	laboratory developed i n's clinical assessment.	ndex that has been as The LP-IR score has not t	sociated with insuli	in resistance and diabe US Food and Drug Admin	tes risk and should be u istration.	used as one	
** The LP-IR score is a component of a physicia	laboratory developed i n's clinical assessment.	ndex that has been as The LP-IR score has not t	sociated with insuli been cleared by the l	in resistance and diabe US Food and Drug Admin	tes risk and should be u istration.	used as one	
** The LP-IR score is a component of a physicia	laboratory developed i n's clinical assessment.	ndex that has been as The LP-IR score has not t	sociated with insuli been cleared by the l	in resistance and diabe US Food and Drug Admin	tes risk and should be u	used as one	
 ** The LP-IR score is a component of a physicia Clinician Notes 	laboratory developed i n's clinical assessment.	ndex that has been as The LP-IR score has not t	sociated with insuli been cleared by the l	in resistance and diabe US Food and Drug Admin	tes risk and should be u	used as one	
 ** The LP-IR score is a component of a physicia Clinician Notes 	laboratory developed i n's clinical assessment.	ndex that has been as The LP-IR score has not t	sociated with insuli been cleared by the l	in resistance and diabe US Food and Drug Admin	tes risk and should be u istration.	used as one	
** The LP-IR score is a component of a physicia Clinician Notes	laboratory developed i n's clinical assessment.	ndex that has been as The LP-IR score has not t	sociated with insuli been cleared by the l	in resistance and diabe US Food and Drug Admin	tes risk and should be u	used as one	
** The LP-IR score is a component of a physicia	laboratory developed i n's clinical assessment.	ndex that has been as The LP-IR score has not t	sociated with insuli been cleared by the l	in resistance and diabe US Food and Drug Admin	tes risk and should be u	used as one	
** The LP-IR score is a component of a physicia Clinician Notes	laboratory developed i n's clinical assessment.	ndex that has been as The LP-IR score has not t	sociated with insuli been cleared by the l	in resistance and diabe US Food and Drug Admin	tes risk and should be u istration.	used as one	
** The LP-IR score is a component of a physicia Clinician Notes	laboratory developed i n's clinical assessment.	ndex that has been as The LP-IR score has not t	sociated with insuli been cleared by the l	in resistance and diabe US Food and Drug Admin	tes risk and should be u	used as one	
** The LP-IR score is a component of a physicia	laboratory developed i n's clinical assessment.	ndex that has been as The LP-IR score has not t	sociated with insuli been cleared by the l	in resistance and diabe US Food and Drug Admin	tes risk and should be u	used as one	
 ** The LP-IR score is a component of a physicia Clinician Notes Clinician Notes 	laboratory developed i n's clinical assessment.	ndex that has been as The LP-IR score has not t aracteristics determined by	y LabCorp. It has not	n resistance and diabe US Food and Drug Admin	tes risk and should be u iistration .	used as one	
 ** The LP-IR score is a component of a physicia Clinician Notes Clinician Notes This test was developed Administration. LipoScience reference point 	laboratory developed i n's clinical assessment.	ndex that has been as The LP-IR score has not b aracteristics determined by 8 men and women withou	y LabCorp. It has not	In resistance and diabe US Food and Drug Admin to been cleared or approve betes and not on lipid med	tes risk and should be u istration.	used as one	
 ** The LP-IR score is a component of a physicia Clinician Notes Clinician Notes Administration. LipoScience reference po Shalaurova I et al., Metal 	laboratory developed i n's clinical assessment.	ndex that has been as The LP-IR score has not b rracteristics determined by 8 men and women withou 4; 12:422-9.	y LabCorp. It has not tknown CVD or diat 3 Mackey R	t been cleared or approve betes and not on lipid mer H et al., Diab Care 2015;	tes risk and should be u distration.	Jused as one	