Fax

To: Dr Malleah

From: James Martin Driskill

Fax: 1-951-784-8934

Date: Aug 30/22 06:24 PM

Organization: ID

Subject: **Labs From March**

Here is the results of a test that was drawn from a primary care doctor that referred me to an HIV DOCTOR that ordered tests, but not a single HIV TEST was present in that JUNE DRAW!

The primary care doctor ended up terminating my care. I AM CONFRONTING THE QUALITY AND THE STANDARDS OF CARE THAT I HAVE RECEIVED MOST RECENTLY SINCE MARCH 2019.

I have been infected with HIV SINCE SEPT OF 1999. BEFORE Y2K. You all are tripped out crazy.

A CERTAIN DISCUSSION POINT SEEMS TO FREAK OUT MY DOCTORS.

I AM GOING TO HAVE THAT DISCUSSION POINT AND BE DAMNED YOU ALL DOCTORS.

I WILL DIE FIRST THAN TO SIT DOWN AND HAVE TO REMAIN SILENT ABOUT THIS PARTICULAR SUBJECT.

THIS IS EMBARRASSING TO THE DOCTORS INVOLVED - I WOULD HOPE THERE HAS FINALLY BEEN AND END OF THIS ROPE THAT I AM STRANGLED BY! IT IS NOT ME FOR SURE!

I have attempted this several times and all of the CARE DOCTORS seem to ABANDON MY CARE. I am now dying.

Why is the secret of something undiscussable even though there is as of APRIL 2020, RESEARCH FINDINGS THAT ARE PUBLISHED ON THE NATIONAL INSTITUTES OF HEALTH LIBRARY. 3 actually, all demonstrate this is a REAL THING AND NOT MASS PARANOIA. In fact, there is a Reuters Fact Check In Jan 2022 on something similar and there is no such thing as mass paranoia.

There is no brain disorder condition from the APA journals. Something Wicked You all [collectively] engaged in --- and in the elements, a violation of the United States Federal Law Title 18, Section 242 , Deprivation of Rights Under Color of Law. The penalty to which if I should die, those guilty of this are publishable to the death penalty.

THE LAST PAPER PUBLISHED ON NIH.GOV HAS VERY SPECIFIC ADVICE FOR "CLINICIANS".

I do believe that any doctor in my care would apply.

Whatever you believe, there is a learning curve that you must be pushed into accepting. OR I DIE !

I REFUSE TO SIT DOWN AND JUST ALLOW THIS IMPORTANT TOPIC TO BE BURRIED! I WILL NOT ACCEPT THAT YOUR DOCTORS OFFICE IS A RESET WITHOUT A LOOPING OF REALITY FOR THIS DYSFUNCTION. THIS IS A MATTER OF REALISM AND A MATTER THAT MUST FIND ITSELF DISCUSSIONS AND DIRECTIVES TO A RESOLVE!

ADVISE TO CLINICIANS IN THE 3RD PAPER. THAT WOULD INCLUDE YOU!

IS THAT CLEAR?

PATIENT-CENTERED COMMUNICATIONS BEGINS ON THE NIH IN 2003 WITH THIS PUBLISHED WORK....

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1201002/

Proc (Bayl Univ Med Cent). 2003 Apr; 16(2): 157–161.
doi: 10.1080/08998280.2003.11927898
PMCID: PMC1201002
PMID: 16278732

Communication gaffes: a root cause of malpractice claims

Beth Huntington, BSN, MSN, JD[✉1] and Nettie Kuhn, RN, BSPA, CPHRM[1]

RELEASE YOUR HOLD ON THE BULLSHIT THAT IS KILLING ME --- PLEASE -- FOR GOD SAKES --- TIMES UP!

Disclaimer - Disclaimer - Disclaimer - Disclaimer - Disclaimer - Disclaimer - Disclaimer

ANYONE WHO IS RECEIVING THIS FAX TRANSMISSION -

THIS IS THE DISCLAIMER PORTION OF THE FAX DETAILS THAT YOU ARE BEING GIVEN.

PLEASE CONTINUE BY USING THE PROVIDED

SPOKEN VOICE LINK FOR A FULL EXPRESSION OF WHAT IS EXPECTED

FROM ALL – EACH AND EVERY ONE - WHO HAS AN NPI ASSIGNED

NUMBER - IN THE VIEW OF WHO, WHAT, WHERE, WHY, AND HOW,

DO YOU THINK YOU HAVE MAINTAINED ANY KIND OF STANDARD

OF PROFESSIONALISM - WHY SHOULD I NOT CLAIM SUCH

A FAULT - AND HAVE ALL OF YOUR LICENCES PUT UP

AND SUSPENDED / TERMINATED?

FOR GROSS INCOMPENTENCE

CONDUCT UNBECOMING

PROFESSIONALS!

OGG AUDIO: [SCAN THE QR CODE AT THE TOP OF THE PAGE]

http://realityaudit.life/srfax.com/

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FAXDISCLAIMER-AUDIO-CREATEDBY-@GRUWUP-NETWORK-APRIL282022.ogg

AUDIO MEDIA DOES HAVE TERM KEY EXTENSIONS THAT MIGHT BE OF INTEREST TO ALL

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Ordered Items: **CD4/CD8 Ratio Profile; Comp. Metabolic Panel (14); Urinalysis, Complete; Lipid Panel; Thyroid Panel With TSH; Albumin/Creat Ratio, Random Ur; Chlamydia/GC Amplification; PSA Total+% Free; Cardiovascular Report; HIV-1/HIV-2 Qualitative RNA; HCV Antibody RFX to Quant PCR; Diabetes Patient Education; Hemoglobin A1c; RPR, Rfx Qn RPR/Confirm TP; HIV Ab/p24 Ag with Reflex; HBsAg Screen; Venipuncture**

Date Collected: **03/23/2022** Date Received: **03/24/2022** Date Reported: **03/26/2022** Fasting: **Yes**

General Comments & Additional Information

Clinical Info: SRC:UR

CD4/CD8 Ratio Profile

	Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
▼	**Absolute CD 4 Helper**	**159**	**Low**	438	12/31/2018	/uL	359-1519
▼	**% CD 4 Pos. Lymph.** [01]	**22.7**	**Low**	48.7	12/31/2018	%	30.8-58.5
	Abs. CD 8 Suppressor	419		340	12/31/2018	/uL	109-897
▲	**% CD 8 Pos. Lymph.** [01]	**59.8**	**High**	**37.8**	12/31/2018	%	12.0-35.5
▼	**CD4/CD8 Ratio**	**0.38**	**Low**	1.29	12/31/2018		0.92-3.72
	WBC [01]	3.6		4.0	12/31/2018	x10E3/uL	3.4-10.8
▲	**RBC** [01]	**5.84**	**High**	4.86	12/31/2018	x10E6/uL	4.14-5.80
	Hemoglobin [01]	15.5		15.4	12/31/2018	g/dL	13.0-17.7
	Hematocrit [01]	47.4		45.5	12/31/2018	%	37.5-51.0
	MCV [01]	81		94	12/31/2018	fL	79-97
▼	**MCH** [01]	**26.5**	**Low**	31.7	12/31/2018	pg	26.6-33.0
	MCHC [01]	32.7		33.8	12/31/2018	g/dL	31.5-35.7
	RDW [01]	14.4		14.1*	12/31/2018	%	11.6-15.4
	Platelets [01]	216		169*	12/31/2018	x10E3/uL	150-450
	Neutrophils [01]	68		68	12/31/2018	%	Not Estab.
	Lymphs [01]	20		22	12/31/2018	%	Not Estab.
	Monocytes [01]	12		8	12/31/2018	%	Not Estab.
	Eos [01]	0		1	12/31/2018	%	Not Estab.
	Basos [01]	0		0	12/31/2018	%	Not Estab.
	Neutrophils (Absolute) [01]	2.4		2.8	12/31/2018	x10E3/uL	1.4-7.0
	Lymphs (Absolute) [01]	0.7		0.9	12/31/2018	x10E3/uL	0.7-3.1
	Monocytes(Absolute) [01]	0.4		0.3	12/31/2018	x10E3/uL	0.1-0.9
	Eos (Absolute) [01]	0.0		0.0	12/31/2018	x10E3/uL	0.0-0.4
	Baso (Absolute) [01]	0.0		0.0	12/31/2018	x10E3/uL	0.0-0.2
	Immature Granulocytes [01]	0		1	12/31/2018	%	Not Estab.
	Immature Grans (Abs) [01]	0.0		0.0	12/31/2018	x10E3/uL	0.0-0.1

* Previous Reference Intervals: (RDW: 12.3-15.4 %), (Platelets: 150-379 x10E3/uL)

Comp. Metabolic Panel (14)

	Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
▲	**Glucose** [01]	**120**	**High**	**416**	12/31/2018	mg/dL	65-99
	BUN [01]	13		8	12/31/2018	mg/dL	6-24
	Creatinine [01]	1.08		1.06	12/31/2018	mg/dL	0.76-1.27

Comp. Metabolic Panel (14) (Cont.)

eGFR	81			mL/min/1.73	>59
BUN/Creatinine Ratio	12	**8**	12/31/2018		9-20
Sodium [01]	140	138	12/31/2018	mmol/L	134-144
Potassium [01]	4.5	4.4	12/31/2018	mmol/L	3.5-5.2
Chloride [01]	103	101	12/31/2018	mmol/L	96-106
Carbon Dioxide, Total [01]	23	22	12/31/2018	mmol/L	20-29
Calcium [01]	9.9	9.0	12/31/2018	mg/dL	8.7-10.2
Protein, Total [01]	8.0	6.2	12/31/2018	g/dL	6.0-8.5
Albumin [01]	4.6	3.9*	12/31/2018	g/dL	3.8-4.9
Globulin, Total	3.4	2.3	12/31/2018	g/dL	1.5-4.5
A/G Ratio	1.4	1.7	12/31/2018		1.2-2.2
Bilirubin, Total [01]	0.5	0.4	12/31/2018	mg/dL	0.0-1.2
Alkaline Phosphatase [01]	108	102*	12/31/2018	IU/L	44-121
AST (SGOT) [01]	30	40	12/31/2018	IU/L	0-40
ALT (SGPT) [01]	29	**59**	12/31/2018	IU/L	0-44

* Previous Reference Intervals: (Albumin: 3.5-5.5 g/dL), (Alkaline Phosphatase: 39-117 IU/L)

Urinalysis, Complete

Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
Urinalysis Gross Exam [01]						
Specific Gravity [01]	1.027		1.029	12/31/2018		1.005-1.030
pH [01]	5.0		5.5	12/31/2018		5.0-7.5
Urine-Color [01]	Yellow		Yellow	12/31/2018		Yellow
▶ **Appearance** [01]	**Turbid**	**Abnormal**	Clear	12/31/2018		Clear
WBC Esterase [01]	Negative		Negative	12/31/2018		Negative
Protein [01]	Negative		Negative	12/31/2018		Negative/Trace
Glucose [01]	Negative		**3+**	12/31/2018		Negative
▶ **Ketones** [01]	**Trace**	**Abnormal**	Negative	12/31/2018		Negative
Occult Blood [01]	Negative		Negative	12/31/2018		Negative
Bilirubin [01]	Negative		Negative	12/31/2018		Negative
Urobilinogen,Semi-Qn [01]	0.2		0.2	12/31/2018	mg/dL	0.2-1.0
Nitrite, Urine [01]	Negative		Negative	12/31/2018		Negative
Microscopic Examination [01]	Microscopic follows if indicated.					
Microscopic Examination [01]	See below:		See below:	12/31/2018		
	Microscopic was indicated and was performed.					
WBC [01]	None seen		0-5*	12/31/2018	/hpf	0 - 5
RBC [01]	None seen		None seen*	12/31/2018	/hpf	0 - 2
Epithelial Cells (non renal) [01]	None seen		0-10*	12/31/2018	/hpf	0 - 10
Casts [01]	None seen				/lpf	None seen
Bacteria [01]	None seen		None seen	12/31/2018		None seen/Few

* Previous Reference Intervals: (WBC: 0 - 5), (RBC: 0 - 2), (Epithelial Cells (non renal): 0 - 10)

Lipid Panel

	Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
	Cholesterol, Total [01]	196		170	12/31/2018	mg/dL	100-199
	Triglycerides [01]	147		**401**	12/31/2018	mg/dL	0-149
▼	**HDL Cholesterol** [01]	**31**	**Low**	**29**	12/31/2018	mg/dL	>39
	VLDL Cholesterol Cal	27				mg/dL	5-40
▲	**LDL Chol Calc (NIH)**	**138**	**High**			mg/dL	0-99

Thyroid Panel With TSH

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
TSH [01]	1.630	2.67	08/27/2018	uIU/mL	0.450-4.500
Thyroxine (T4) [01]	7.1			ug/dL	4.5-12.0
T3 Uptake [01]	26			%	24-39
Free Thyroxine Index	1.8				1.2-4.9

Albumin/Creat Ratio, Random Ur

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Creatinine, Urine [01]	336.8		mg/dL	Not Estab.
Albumin, Urine [01]	11.2		ug/mL	Not Estab.
Alb/Creat Ratio	3		mg/g creat	0-29

Normal: 0 - 29
Moderately increased: 30 - 300
Severely increased: >300

Chlamydia/GC Amplification

Test	Current Result and Flag	Units	Reference Interval
Chlamydia trachomatis, NAA [01]	Negative		Negative
Neisseria gonorrhoeae, NAA [01]	Negative		Negative

PSA Total+% Free

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Prostate Specific Ag [01]	1.1		ng/mL	0.0-4.0

Roche ECLIA methodology.
According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.
Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

PSA, Free [01]	0.32		ng/mL	N/A

Roche ECLIA methodology.

% Free PSA	29.1		%	

The table below lists the probability of prostate cancer for men with non-suspicious DRE results and total PSA between

PSA Total+% Free (Cont.)

4 and 10 ng/mL, by patient age (Catalona et al, JAMA 1998, 279:1542).

% Free PSA	50-64 yr	65-75 yr
0.00-10.00%	56%	55%
10.01-15.00%	24%	35%
15.01-20.00%	17%	23%
20.01-25.00%	10%	20%
>25.00%	5%	9%

Please note: Catalona et al did not make specific recommendations regarding the use of percent free PSA for any other population of men.

Cardiovascular Report

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Interpretation [02]	Note Supplemental report is available.			
PDF [02]	.			

HIV-1/HIV-2 Qualitative RNA

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▶ **HIV-1 RNA** [03]	**Reactive** **Abnormal**			Non Reactive
HIV-2 RNA [03]	Non Reactive			Non Reactive

HCV Antibody RFX to Quant PCR

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
HCV Ab [01]	<0.1	<0.1 08/27/2018	s/co ratio	0.0-0.9

Interpretation: [01]
Negative
Not infected with HCV, unless recent infection is suspected or other evidence exists to indicate HCV infection.

Diabetes Patient Education

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
PDF [02]	Not applicable			

Hemoglobin A1c

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▲ **Hemoglobin A1c** [01]	**7.1** **High**	**7.7** 12/31/2018	%	4.8-5.6

Please Note: [01]
Prediabetes: 5.7 - 6.4
Diabetes: >6.4
Glycemic control for adults with diabetes: <7.0

RPR, Rfx Qn RPR/Confirm TP

Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
RPR[01]	**Reactive**	**Abnormal**	**Reactive**	05/07/2020		Non Reactive
RPR, Quant.[01]	**1:8**	**High**	**1:256**	05/07/2020		NonRea<1:1
Treponema pallidum Antibodies[01]	**Reactive**	**Abnormal**	**Reactive**	05/07/2020		Non Reactive

HIV Ab/p24 Ag with Reflex

Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
HIV Ab/p24 Ag Screen[01]	Preliminary Reactive		**Reactive**	05/07/2020		Non Reactive
	Please refer to the Final Interpretation. Results reactive by HIV Antigen/Antibody EIA must be confirmed by the HIV testing algorithm to be considered indicative of a true HIV infection.					
HIV 1/2 Ab Differentiation[01]						
HIV 1 Ab[01]	Reactive		**Positive***	05/07/2020		Non Reactive
HIV 2 Ab[01]	Non Reactive		**Indeterminate***	05/07/2020		Non Reactive
Interpretation:[01]	**HIV-1 Positive**	**Abnormal**	HIV-1 Positive	05/07/2020		
	Laboratory evidence consistent with HIV-1 infection.					

* Previous Reference Intervals: (HIV 1 Ab: Negative), (HIV 2 Ab: Negative)

HBsAg Screen

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
HBsAg Screen[01]	Negative	Negative	05/07/2020		Negative

Disclaimer
The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

Icon Legend
▲ Out of Reference Range ■ Critical or Alert

Performing Labs
01: SO - Labcorp San Diego 13112 Evening Creek Dr So Ste 200, San Diego, CA, 92128-4108 Dir: Jenny Galloway, MD
02: LITIL - Litholink Corporation 150 Spring Lake Dr Ste A, Itasca, IL, 60143-2091 Dir: John Asplin, MD
03: BN - Labcorp Burlington 1447 York Court, Burlington, NC, 27215-3361 Dir: Sanjai Nagendra, MD
For Inquiries, the physician may contact Branch: 800-859-6046 Lab: 858-668-3700

PatientDetails
Driskill, James
3260 GRANDE VISTA DR, SAN BERNARDINO, CA, 92405

Phone: **909-882-8759**
Date of Birth: **09/01/1965**
Age: **56**
Sex: **Male**
Patient ID: **15809**
Alternate Patient ID: **15809**

Physician Details
R KANGAH
Ultimate Medical Practice Inc
3606 E Highland Ave Ste 108109, HIGHLAND, CA, 92346

Phone: **909-864-1006**
Account Number: **04515825**
Physician ID: **1255379681**
NPI: **1255379681**

Specimen Details
Specimen ID: **082-494-5899-0**
Control ID: **33141CE1536**
Alternate Control Number: **33141CE15368**
Date Collected: **03/23/2022 1459 Local**
Date Received: **03/24/2022 0000 ET**
Date Entered: **03/24/2022 0627 ET**
Date Reported: **03/26/2022 1005 ET**
Rte: **00**

Accessions: 08249458990

DISCLAIMER: *These assessments and treatment suggestions are provided as a convenience in support of the physician-patient relationship and are not intended to replace the physician's clinical judgment. They are derived from national guidelines in addition to other evidence and expert opinion. The clinician should consider this information within the context of clinical opinion and the individual patient.*
SEE GUIDANCE FOR CARDIOVASCULAR REPORT: Grundy SM et al. 2018 Multisociety guideline on the management of blood cholesterol: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol 2019; 73: e285-350; Contois et al. Clin Chem 2009; 55(3):407-419; Brunzell et al. Diabetes Care 2008; 31(4):811-82.

Note: *Please refer to your LabCorp Report for all results as well as any test-specific and specimen-specific comments.*

Cardiovascular Report

Patient Assessment

Current available clinical information suggests the patient's risk is at least HIGH. Your patient appears to have one CHD risk equivalent (diabetes). Two additional major risk factors are present (age over 45 and HDL-C less than 40).

Insulin resistance, obesity, excessive alcohol use, smoking, liver disease, and certain medications can cause secondary dyslipidemia. Consider evaluation if clinically indicated.

Therapeutic lifestyle changes are always valuable to achieve optimal blood lipid status (diet, exercise, weight management).

Lipid Management

Select one patient risk category based upon medical history and clinical judgment. Additional risk factors such as personal or family history of premature CHD, smoking, and hypertension modify a patient's goals of therapy. In CVD prevention, the intensity of therapy should be adjusted to the level of patient risk. MODERATE intensity statin therapy generally results in an average LDL-C reduction of 30% to less than 50% from the untreated baseline. Examples include (daily doses): atorvastatin 10-20 mg, rosuvastatin 5-10 mg, simvastatin 20-40 mg, pravastatin 40-80 mg, lovastatin 40 mg. HIGH intensity statin therapy generally results in an average LDL-C reduction of 50% or more from the untreated baseline. Examples include (daily doses): atorvastatin 40-80 mg and rosuvastatin 20 mg.

▽ = PATIENT'S RESULT

ANALYTE / RESULT	Patient Risk Category (select one) LOW	INTERMEDIATE	HIGH
LDL-C **138 mg/dL**	▽ 160	▽ 100 130	▽ 70 100
non-HDL **165 mg/dL**	▽ 190	▽ 130 160	▽ 100 130
Lipid Assessment	LDL-C is acceptable, 138 mg/dL. Non-HDL Cholesterol is acceptable, 165 mg/dL.	LDL-C is borderline high, 138 mg/dL. Non-HDL Cholesterol is borderline high, 165 mg/dL.	LDL-C is high, 138 mg/dL. Non-HDL Cholesterol is high, 165 mg/dL.
Treatment Suggestions	Please refer to assessment and treatment suggestions under high risk category.	Please refer to assessment and treatment suggestions under high risk category.	Begin statin. If statin already in use, consider increasing dose to achieve at least a 50% LDL reduction from baseline. Moderate or high intensity statin is preferred. If statin cannot be tolerated or increased, alternatives include use of an intestinal agent (ezetimibe or bile acid sequestrant) or niacin.

PATIENT	DATE OF BIRTH	GENDER	DATE OF SERVICE	PHYSICIAN
DRISKILL, JAMES	**09/01/1965**	**M**	**03/23/2022**	**KANGAH, RICHARD**

LabCorp Account #: 04515825

Your Test Results

WITHIN GOAL | BORDERLINE | OUT OF GOAL

Test	Your Results	Comments
Blood Sugar		
A1C measures your average blood sugar control over the last 2-3 months.	**7.1%** 7.1%	**YOUR A1C IS SLIGHTLY ABOVE GOAL** which means your diabetes could be under better control. Remember to take all medicines prescribed by your doctor. Avoid foods high in sugar. Regular exercise (at least 30 minutes 5 times a week) and weight loss can also improve diabetes control.
Blood Lipids		
LDL CHOLESTEROL is the bad cholesterol that can clog your arteries.	**138** Ref. Range: 0 to 99 mg/dL	**LOWERING LDL IS IMPORTANT** to protect your heart and blood vessels. Your doctor may prescribe or increase medicine to lower your cholesterol. Remember to take all medicines as prescribed. Weight loss, exercise (at least 30 minutes 5 times a week), eating less trans and saturated fats, and quitting smoking can also help to lower cholesterol.
TRIGLYCERIDES are a type of fat and high levels may increase risk of heart disease.	**147** Ref. Range: 0 to 149 mg/dL	**YOUR TRIGLYCERIDES ARE NORMAL.** To keep them normal, limit the amount of alcohol, carbohydrates and sugars in your diet and keep your diabetes in control.
Kidney Health		
eGFR estimates how well your kidneys are filtering blood. The higher the number, the better your kidneys are working.	**81** Ref Range: >59 mL/min/1.73mE2	**YOUR RESULT SHOWS MILDLY LOW KIDNEY FUNCTION.** Control of diabetes and blood pressure can help to preserve kidney function.
URINE ALBUMIN : CREATININE RATIO is a test that looks for albumin in the urine, a sign of kidney damage. Higher amounts also put you at risk for heart disease and loss of kidney function. The lower the result, the better.	**3.3** Ref. Range: 0 to 30 mg/g creat	**YOUR URINE ALBUMIN IS NORMAL.** Controlli ng conditions like high blood pressure and diabetes can help keep your urine albumin in the normal range. Regular exercise, weight loss, and quitting smoking are also beneficial for both heart and kidney health.

DISCLAIMER: You should discuss this information with your physician. Labcorp does not have a doctor-patient relationship with you, nor does it have access to a complete medical history or physical examination conducted by a physician that would be necessary for a complete diagnosis and comprehensive treatment plan. Neither you nor your physician should rely solely on this guidance. Bolded result descriptions in "Comments" consider either the reference range or target range for the test result. Reference range refers to the Labcorp reference interval. Target range refers to the guideline-suggested goal. REFERENCES:American Diabetes Association's Standards of Medical Care in Diabetes-2022 (Diabetes Care, Vol 45, Supp 1, Jan 2022); National Diabetes Education Program's 4 Steps to Manage Your Diabetes for Life (2016, NIH publication 16-5492).

DISCLAIMER: You should discuss this information with your physician. Labcorp does not have a doctor-patient relationship with you, nor does it have access to a complete medical history or physical examination conducted by a physician that would be necessary for a complete diagnosis and comprehensive treatment plan. Neither you nor your physician should rely solely on this guidance. Bolded result descriptions in "Comments" consider either the reference range or target range for the test result. Reference range refers to the Labcorp reference interval. Target range refers to the guideline-suggested goal. REFERENCES:American Diabetes Association's Standards of Medical Care in Diabetes-2022 (Diabetes Care, Vol 45, Supp 1, Jan 2022); National Diabetes Education Program's 4 Steps to Manage Your Diabetes for Life (2016, NIH publication 16-5492).