

LIPID PANEL REPORT

Fasting Status: 12 Hours Required

Patient Name: _____

Date of Collection: ___ / ___ / ___

Date of Birth: _____

Physician: _____

TEST COMPONENT	YOUR RESULT (MG/DL)	REFERENCE RANGE / STATUS
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Total Cholesterol		Desirable: < 200 High: ≥ 240
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LDL Cholesterol (The "Bad" Cholesterol)		Optimal: < 100 Very High: ≥ 190
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HDL Cholesterol (The "Good" Cholesterol)		Low: < 40 (Men) / < 50 (Women) High (Protective): ≥ 60
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Triglycerides		Normal: < 150 Very High: ≥ 500
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Non-HDL Cholesterol		Optimal: < 130
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This template is for informational purposes only. Please consult with a healthcare professional to interpret your clinical results.