

PATIENT PHONE

PATIENT ALT ID

ACCOUNT

PROVIDER

Gene Street Laboratories CLIA ID: 45D2176552

Laboratory Director: Douglas H. Posey, Jr. MD

11301 FALLBROOK DRIVE SUITE 120 HOUSTON, TX 77065

P: (866) 230-0848 F: (713) 903-7916



ACCESSION PATIENT NAME PATIENT, TEST 23112000005 Oct. 11, 1950 **PATIENT DOB ORDER CODE** GN23-0000301 **PATIENT GENDER SAMPLE TYPE &** Saliva

SOURCE Serum

COLLECTED 11-20-2023, 12:00PM (CST) Gene Street Laboratories 11-20-2023, 12:00PM (CST)

GENE STREET **RECEIVED** 11-20-2023, 12:46PM (CST) 11-26-2023, 06:03PM (CST) **REPORTED**

Ν **PATIENT FASTING FINAL REPORT STATUS**

TEST BIO-GPS KYNURENINE PATHWAY SLEEP PANEL DIAGNOSIS INFORMATION CODES

TESTS	RESULT	UNIT	FLAG	REFERENCE
TRYPTOPHAN METABOLITES				
TRYPTOPHAN	6056	ng/mL	L	9300 - 17000
KYNURENINE	210	ng/mL	L	237.4 - 754.2
TRYPTOPHAN/KYNURENINE RATIO	0.034	ng/mL	н	< 0.027
QUINOLINIC ACID	21.4	ng/mL	н	0 - 17.3
5-HYDROXYTRYPTOPHAN (5-HTP)	25.00	ng/mL	L	32 - 47
MELATONIN MORNING	5	pg/mL		0 - 8
MELATONIN NIGHT	8	pg/mL	L	10 - 58
CO-FACTORS				
MAGNESIUM	1.8	mg/dL	L	1.9 - 2.5
VITAMIN B9 (FOLATE)	4.9	ng/mL	L	5.9 - 24.8
VITAMIN B12 (COBALAMIN)	300	pg/mL		180 - 914
ACTIVE VITAMIN B12 (holoTRANSCOBALAMIN-holoTC)	15	pmol/L	L	21 - 123
Amendment comment: NONE				
CORTISOL				
CORTISOL MORNING	12.000	μg/dL		0.803 - 22.17
CORTISOL MID-DAY	8.000	μg/dL		0.322 - 8.89
CORTISOL NIGHT	6.000	μg/dL	н	0.108 - 2.98

Amendment comment: NONE

PATIENT NAME: PATIENT, TEST Page 1 of 2 **Gene Street Laboratories** Generated: 11-26-2023, 06:03PM (CST)



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REPORT STATUS FINAL

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----- END OF REPORT -----

Tests were developed and performance characteristics determined by Gene Street Laboratories. Tests were performed in a CLIA certified laboratory and are intended for clinical purposes.



PATIENT NAME: PATIENT, TEST

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