



Mr. Oliver Barnett | Oliver Barnett

Functional Health Report

Patient Copy



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Mr. Barnett's Notes



Health Improvement Plan



The Health Improvement Plan takes all the information on this report and focuses on the top areas that need the most attention.

Hypothyroidism

The results of your blood test indicate a tendency towards hypothyroidism and a need for thyroid gland support.

Rationale:

TSH ↑, Total T4 ↓, Total T3 ↓, Cholesterol - Total ↑, Free T4 ↓, Free T3 ↓, Thyroglobulin Abs LABCORP ↑

Thyroid Conversion Issues

The results of your blood test indicate a tendency towards a difficulty converting thyroxine (T4) into triiodothyronine (T3), which can cause symptoms of hypothyroidism, and a need for thyroid gland support.

Rationale:

Total T3 ↓, Free T3 ↓

Inflammation

The results of your blood test indicate a tendency towards inflammation and shows a need for anti-inflammatory support.

Rationale:

LDH ↑, Homocysteine ↑, Sodium/Potassium Ratio ↑, Globulin, total ↑, Triglycerides ↓, HDL Cholesterol ↑, Iron - Serum ↑, Creatine Kinase ↑, RDW ↑, Vitamin D (25-OH) ↓

Thyroid Support

The results of your blood test indicate a need for thyroid support.

Rationale:

Cholesterol - Total ↑, Total T4 ↓, Free T4 ↓, Free T3 ↓

* These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.

Increased Cardiovascular Disease Risk

The results of your blood test indicate a higher than optimal risk of you developing cardiovascular disease and shows a need for cardiovascular support.*

Rationale:

LDH ↑, Cholesterol - Total ↑, Homocysteine ↑, Hemoglobin A1C ↑, Vitamin D (25-OH) ↓

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This Health Improvement Plan has been prepared for **Joan Barnett** by **Mr. Oliver Barnett**. Additional personalized recommendations for nutritional support may be applicable based on this laboratory evaluation, your history and other clinical findings.

Suggested Individual Nutrient Recommendations

The Health Improvement Plan takes all the information on this report and focuses on the top areas that need the most attention.

DHEA Need

The results of your blood test indicate that your DHEA levels might be lower than optimal and shows a need for DHEA supplementation.

Rationale:

DHEA-S, Female ↓

Vitamin B12/Folate Need

The results of your blood test indicate that your vitamin B12/folate levels might be lower than optimal and shows a need for vitamin B12/folate supplementation.

Rationale:

MCV ↑, LDH ↑, Homocysteine ↑, Total WBCs ↓, Hemoglobin, Female ↓, RDW ↑, Folate ↓, Vitamin B12 ↓

Vitamin D Need

The results of your blood test indicate that your vitamin D levels might be lower than optimal and shows a need for vitamin D supplementation.

Rationale:

Vitamin D (25-OH) ↓

Selenium Need

The results of your blood test indicate that your selenium levels might be lower than optimal and shows a need for selenium supplementation.

Rationale:

Total T3 ↓, Free T3 ↓

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This Health Improvement Plan has been prepared for **Joan Barnett** by **Mr. Oliver Barnett**. Additional personalized recommendations for nutritional support may be applicable based on this laboratory evaluation, your history and other clinical findings.

Blood Test Results Report



The Blood Test Results Report lists the results of your Blood Chemistry Screen and CBC Test and shows you whether or not an individual biomarker is outside of the optimal range and/or outside of the clinical lab range.

Above Optimal Range 14 Current 0 Previous ↑	Above Standard Range 7 Current 0 Previous ↑↑	Alarm High 1 Current 0 Previous ⚠
Below Optimal Range 9 Current 0 Previous ↓	Below Standard Range 6 Current 0 Previous ↓↓	Alarm Low 2 Current 0 Previous ⚠

Biomarker	Current		Optimal Range	Standard Range	Units
	Feb 29 2016				
Glucose	4.60		4.16 - 4.77	3.61 - 5.50	mmol/L
Hemoglobin A1C	5.60	↑	4.50 - 5.50	0.00 - 5.70	%
Insulin - Fasting	24.79		0.00 - 34.72	0.00 - 131.96	pmol/L
C-Peptide	0.43		0.36 - 0.53	0.26 - 1.03	nmol/L
BUN	6.30	↑	3.57 - 5.71	2.50 - 8.92	mmol/L urea
Creatinine	67.00	↓	70.72 - 97.24	35.36 - 132.60	µmol/L
BUN/Creatinine Ratio	0.09	↑↑	0.04 - 0.06	0.02 - 0.09	Ratio
eGFR Non-Afr. American	81.00		60.00 - 128.00	60.00 - 128.00	/min/1.73r
Sodium	139.00		135.00 - 142.00	135.00 - 146.00	mmol/L
Potassium	3.80	↓	4.00 - 4.50	3.50 - 5.30	mmol/L
Sodium/Potassium Ratio	36.57	↑↑	30.00 - 35.00	30.00 - 35.00	ratio
Chloride	104.00		100.00 - 106.00	98.00 - 110.00	mmol/L
CO2	25.50		25.00 - 30.00	19.00 - 30.00	mmol/L
Anion gap	13.30	↑	7.00 - 12.00	6.00 - 16.00	mmol/L
Uric Acid, female	253.00		178.44 - 327.14	148.70 - 416.36	µmol/L
Protein, total	73.00		69.00 - 74.00	61.00 - 81.00	g/L
Albumin	43.00		40.00 - 50.00	36.00 - 51.00	g/L
Globulin, total	30.00	↑	24.00 - 28.00	19.00 - 37.00	g/L
Albumin/Globulin Ratio	1.43		1.40 - 2.10	1.00 - 2.50	ratio
Calcium	2.48		2.30 - 2.50	2.15 - 2.60	mmol/L
Calcium/Albumin Ratio	0.05		0.00 - 0.06	0.00 - 0.06	ratio
Phosphorus	1.35	↑	0.97 - 1.29	0.81 - 1.45	mmol/L
Calcium/Phosphorous Ratio	1.83		1.78 - 2.09	1.78 - 2.09	ratio
Magnesium	0.91	↓	1.00 - 1.25	0.75 - 1.25	mmol/L
Alk Phos	18.00	⚠	70.00 - 100.00	35.00 - 115.00	IU/L
AST (SGOT)	19.00		10.00 - 26.00	10.00 - 35.00	IU/L
ALT (SGPT)	16.00		10.00 - 26.00	6.00 - 29.00	IU/L
LDH	213.00	↑	140.00 - 200.00	120.00 - 250.00	IU/L
Bilirubin - Total	10.10		1.71 - 15.39	3.42 - 20.52	µmol/L

Bilirubin - Direct	4.30	↑↑	0.00 - 3.42	0.00 - 3.25	µmol/L
Bilirubin - Indirect	5.80		1.71 - 11.97	3.42 - 20.52	µmol/L
GGT	14.00		10.00 - 30.00	3.00 - 70.00	IU/L
Iron - Serum	31.90	↑↑	15.22 - 23.27	7.16 - 28.64	µmol/L
Ferritin	97.00	↑	30.00 - 70.00	10.00 - 232.00	µg/L
TIBC	61.90		44.78 - 62.68	44.78 - 76.12	µmol/L
% Transferrin saturation	0.52	⚠	0.20 - 0.35	0.15 - 0.50	fraction saturation
Cholesterol - Total	5.70	↑↑	4.14 - 4.65	3.23 - 5.17	mmol/L
Triglycerides	0.54	↓	0.79 - 0.90	0.00 - 1.69	mmol/L
LDL Cholesterol	2.90		0.00 - 3.11	0.00 - 3.37	mmol/L
HDL Cholesterol	2.32	↑	1.42 - 1.81	1.19 - 2.59	mmol/L
VLDL Cholesterol	0.48		0.00 - 2.59	0.00 - 7.51	mmol/L
Cholesterol/HDL Ratio	2.45		0.00 - 4.00	0.00 - 5.00	Ratio
Triglyceride/HDL Ratio	0.23		0.00 - 0.87	0.00 - 0.87	ratio
TSH	2.22	↑	1.30 - 2.00	0.40 - 4.50	mIU/L
Free T3	3.27	↓↓	4.61 - 5.38	3.53 - 6.45	pmol/L
Total T3	1.07	↓↓	1.39 - 2.59	1.17 - 2.79	nmol/L
Free T4	11.00	↓	12.87 - 19.30	10.30 - 23.17	pmol/L
Total T4	48.00	↓↓	77.22 - 153.15	57.92 - 154.44	nmol/L
Thyroid Peroxidase (TPO) Abs	0.15		0.00 - 6.80	0.00 - 9.00	KIU/L
Thyroglobulin Abs LABCORP	0.99	↑↑	0.00 - 0.90	0.00 - 0.90	KIU/L
Hs CRP, Female	2.86		0.00 - 14.29	0.00 - 27.62	nmol/L
ESR, Female	10.00		0.00 - 10.00	0.00 - 20.00	mm/hr
Homocysteine	9.40	↑	0.00 - 7.20	0.00 - 10.30	µmol/L
Fibrinogen	6.88		5.88 - 8.82	5.14 - 12.50	µmol/L
Creatine Kinase	2.73	↑	1.09 - 2.25	0.73 - 3.27	µkat/L
Vitamin D (25-OH)	64.00	↓↓	124.80 - 224.64	74.88 - 249.60	nmol/L
Vitamin B12	211.01	↓	295.12 - 811.58	147.56 - 811.58	pmol/L
Folate	28.10	↓	33.99 - 56.65	12.46 - 22.66	nmol/L
DHEA-S, Female	0.12	⚠	7.42 - 10.80	0.94 - 8.78	µmol/L
Sex Hormone Binding Globulin, female	100.30		25.00 - 122.00	17.00 - 124.00	nmol/L
Estradiol, Female	58.00	↓↓	1292.19 - 1651.95	69.75 - 1310.55	pmol/L
Progesterone, Female	0.29	↓↓	57.24 - 85.86	8.27 - 85.86	nmol/L
Total WBCs	4.28	↓	5.50 - 7.50	3.80 - 10.80	giga/L
RBC, Female	3.95		3.90 - 4.50	3.80 - 5.10	10E12/L
Hemoglobin, Female	123.00	↓	135.00 - 145.00	117.00 - 155.00	g/L
Hematocrit, Female	0.37		0.37 - 0.44	0.35 - 0.45	Prop. of 1.0
MCV	93.90	↑	82.00 - 89.90	80.00 - 100.00	fL
MCH	31.10		28.00 - 31.90	27.00 - 33.00	pg
MCHC	332.00		320.00 - 350.00	320.00 - 360.00	g/L
Platelets	252.00		155.00 - 385.00	140.00 - 400.00	x10E9/L
RDW	13.20	↑	11.70 - 13.00	11.00 - 15.00	%
Neutrophils	53.27		40.00 - 60.00	40.00 - 74.00	%
Lymphocytes	31.78		24.00 - 44.00	14.00 - 46.00	%

Monocytes	10.05	↑	0.00 - 7.00	4.00 - 13.00	%
Eosinophils	3.97	↑↑	0.00 - 3.00	0.00 - 3.00	%
Basophils	0.93		0.00 - 1.00	0.00 - 1.00	%

% Deviation from Optimal Report



This report shows the biomarkers on the blood test that are farthest from optimal expressed as a %. The biomarkers that appear closest to the top and the bottom are those biomarkers that are farthest from optimal.

Biomarker	% from Median	Lab Result	Low	High	Optimal Reference Ranges	
					Low	High
Cholesterol - Total	252	5.70	4.14	4.65		
HDL Cholesterol	181	2.32	1.42	1.81		
% Transferrin saturation	163	0.52	0.20	0.35		
Iron - Serum	157	31.90	15.22	23.27		
BUN/Creatinine Ratio	155	0.09	0.04	0.06		
Ferritin	118	97.00	30.00	70.00		
MCV	101	93.90	82.00	89.90		
Globulin, total	100	30.00	24.00	28.00		
Monocytes	94	10.05	0.00	7.00		
Creatine Kinase	91	2.73	1.09	2.25		
Eosinophils	82	3.97	0.00	3.00		
TSH	81	2.22	1.30	2.00		
Sodium/Potassium Ratio	81	36.57	30.00	35.00		
Homocysteine	81	9.40	0.00	7.20		
BUN	77	6.30	3.57	5.71		
Anion gap	76	13.30	7.00	12.00		
Bilirubin - Direct	76	4.30	0.00	3.42		
LDH	72	213.00	140.00	200.00		
Phosphorus	68	1.35	0.97	1.29		
RDW	65	13.20	11.70	13.00		
Thyroglobulin Abs LABCORP	60	0.99	0.00	0.90		
Hemoglobin A1C	60	5.60	4.50	5.50		
ESR, Female	50	10.00	0.00	10.00		
TIBC	46	61.90	44.78	62.68		
LDL Cholesterol	43	2.90	0.00	3.11		
Basophils	43	0.93	0.00	1.00		
Calcium	40	2.48	2.30	2.50		
Protein, total	30	73.00	69.00	74.00		
MCH	29	31.10	28.00	31.90		
Sex Hormone Binding Globulin, female	28	100.30	25.00	122.00		
Calcium/Albumin Ratio	27	0.05	0.00	0.06		
Glucose	22	4.60	4.16	4.77		
Insulin - Fasting	21	24.79	0.00	34.72		
Chloride	17	104.00	100.00	106.00		
Neutrophils	16	53.27	40.00	60.00		

Bilirubin - Total	11	10.10	1.71	15.39	
Cholesterol/HDL Ratio	11	2.45	0.00	4.00	
Sodium	7	139.00	135.00	142.00	
AST (SGOT)	6	19.00	10.00	26.00	
Uric Acid, female	0	253.00	178.44	327.14	
Platelets	-8	252.00	155.00	385.00	
MCHC	-10	332.00	320.00	350.00	
Bilirubin - Indirect	-10	5.80	1.71	11.97	
C-Peptide	-10	0.43	0.36	0.53	
Lymphocytes	-11	31.78	24.00	44.00	
ALT (SGPT)	-12	16.00	10.00	26.00	
Fibrinogen	-16	6.88	5.88	8.82	
eGFR Non-Afr. American	-19	81.00	60.00	128.00	
Albumin	-20	43.00	40.00	50.00	
Triglyceride/HDL Ratio	-24	0.23	0.00	0.87	
Hs CRP, Female	-30	2.86	0.00	14.29	
GGT	-30	14.00	10.00	30.00	
VLDL Cholesterol	-31	0.48	0.00	2.59	
Calcium/Phosphorous Ratio	-34	1.83	1.78	2.09	
CO2	-40	25.50	25.00	30.00	
RBC, Female	-42	3.95	3.90	4.50	
Albumin/Globulin Ratio	-46	1.43	1.40	2.10	
Thyroid Peroxidase (TPO) Abs	-48	0.15	0.00	6.80	
Hematocrit, Female	-50	0.37	0.37	0.44	
Creatinine	-64	67.00	70.72	97.24	
Vitamin B12	-66	211.01	295.12	811.58	
Folate	-76	28.10	33.99	56.65	
Total T3	-76	1.07	1.39	2.59	
Free T4	-79	11.00	12.87	19.30	
Magnesium	-86	0.91	1.00	1.25	
Total T4	-88	48.00	77.22	153.15	
Potassium	-90	3.80	4.00	4.50	
Vitamin D (25-OH)	-111	64.00	124.80	224.64	
Total WBCs	-111	4.28	5.50	7.50	
Hemoglobin, Female	-170	123.00	135.00	145.00	
Alk Phos	-223	18.00	70.00	100.00	
Free T3	-224	3.27	4.61	5.38	
Progesterone, Female	-249	0.29	57.24	85.86	
DHEA-S, Female	-266	0.12	7.42	10.80	
Triglycerides	-272	0.54	0.79	0.90	
Estradiol, Female	-393	58.00	1292.19	1651.95	

Out of Optimal Range Report



The following results show all of the biomarkers that are out of the optimal reference range. The biomarkers that appear closest to the top of each section are those biomarkers that are farthest from optimal.

Above Optimal Range

22 Total



Below Optimal Range

17 Total



Above Optimal

Cholesterol - Total ↑ 5.70 mmol/L (+ 252 %)

Cholesterol is a steroid found in every cell of the body and in the plasma. It is an essential component in the structure of the cell membrane where it controls membrane fluidity. It provides the structural backbone for every steroid hormone in the body, which includes adrenal and sex hormones and vitamin D. The myelin sheaths of nerve fibers are derived from cholesterol and the bile salts that emulsify fats are composed of cholesterol. Cholesterol is made in the body by the liver and other organs, and from dietary sources. The liver, the intestines, and the skin produce between 60-80% of the body's cholesterol. The remainder comes from the diet. An increased cholesterol is just one of many independent risk factors for cardiovascular disease. It is also associated with metabolic syndrome, hypothyroidism, biliary stasis, and fatty liver. Decreased cholesterol levels are a strong indicator of gallbladder dysfunction, oxidative stress, inflammatory process, low fat diets and an increased heavy metal burden.

HDL Cholesterol ↑ 2.32 mmol/L (+ 181 %)

HDL functions to transport cholesterol from the peripheral tissues and vessel walls to the liver for processing and metabolism into bile salts. It is known as "good cholesterol" because it is thought that this process of bringing cholesterol from the peripheral tissue to the liver is protective against atherosclerosis. Decreased HDL is considered atherogenic, increased HDL is considered protective.

% Transferrin saturation ↑ 0.52 fraction saturation (+ 163 %)

The % transferrin saturation index is a calculated value that tells how much serum iron is actually bound to the iron carrying protein transferrin. A % transferrin saturation value of 15% means that 15% of iron-binding sites of transferrin is being occupied by iron. It is a sign of iron overload or too much iron in the blood if it is above the optimal range.

Iron - Serum ↑ 31.90 μmol/L (+ 157 %)

Serum iron reflects iron that is bound to serum proteins such as transferrin. Serum iron levels will begin to fall somewhere between the depletion of the iron stores and the development of anemia. Increased iron levels are associated with liver dysfunction, conditions of iron overload (hemochromatosis and hemosiderosis) and infections. Decreased iron levels are associated with iron deficiency anemia, hypochlorhydria and internal bleeding. The degree of iron deficiency is best appreciated with ferritin, TIBC and % transferrin saturation levels.

BUN/Creatinine Ratio ↑ 0.09 Ratio (+ 155 %)

The BUN/Creatinine is a ratio between the BUN and Creatinine levels. An increased level is associated with renal dysfunction. A decreased level is associated with a diet low in protein.

Ferritin ↑ 97.00 µg/L (+ 118 %)

Ferritin is the main storage form of iron in the body. Decreased levels are strongly associated with iron deficiency where it is the most sensitive test to detect iron deficiency. Increased levels are associated with iron overload, an increasing risk of cardiovascular disease, inflammation and oxidative stress.

MCV ↑ 93.90 fL (+ 101 %)

The MCV is a measurement of the volume in cubic microns of an average single red blood cell. MCV indicates whether the red blood cell size appears normal (normocytic), small (microcytic), or large (macrocytic). An increase or decrease in MCV can help determine the type of anemia present. An increased MCV is associated with B12, folate, or vitamin C deficiency. A decreased MCV is associated with iron and B6 deficiency.

Globulin, total ↑ 30.00 g/L (+ 100 %)

Total serum globulin is a measurement of all the individual globulin fractions in the blood. Globulins constitute the body's antibody system. A raised globulin level is associated with hypochlorhydria, liver dysfunction, immune activation, oxidative stress and inflammation. Decreased levels are associated with inflammation in the digestive system and immune insufficiency.

Monocytes ↑ 10.05 % (+ 94 %)

Monocytes are white blood cells that are the body's second line of defense against infection. They are phagocytic cells that are capable of movement and remove dead cells, microorganisms, and particulate matter from circulating blood. Levels tend to rise at the recovery phase of an infection or with chronic infection.

Creatine Kinase ↑ 2.73 µkat/L (+ 91 %)

Creatine Kinase (CPK) is a group of enzymes found in skeletal muscle, the brain and heart muscle. Damage to one or more of these tissues will liberate CPK into the serum thus raising serum levels. Increased levels of CPK are associated with muscle damage or breakdown, damage to the heart muscle as in an acute MI, heavy exercise and brain damage or inflammation.

Eosinophils ↑ 3.97 % (+ 82 %)

Eosinophils are a type of White Blood Cell, which are often increased in patients that are suffering from intestinal parasites or food or environmental sensitivities/allergies.

TSH ↑ 2.22 mIU/L (+ 81 %)

TSH is a hormone produced from the anterior pituitary to control thyroid function. TSH stimulates the thyroid cells to increase the production of thyroid hormone (T₄), to store thyroid hormone and to release thyroid hormone into the blood stream. TSH synthesis and secretion is regulated by the release of TRH (Thyroid Releasing Hormone) from the hypothalamus. TSH levels describes the body's desire for more thyroid hormone (T₄ or T₃), which is done in relation to the body's ability to use energy. A high TSH is the body's way of saying "we need more thyroid hormone". A low TSH is a reflection of the body's low need for thyroid hormone. Optimal TSH levels tell us that the thyroid hormone levels match the body's current need and/or ability to utilize the energy.

Sodium/Potassium Ratio ↑ 36.57 ratio (+ 81 %)

The sodium:potassium ratio is determined from the serum sodium and serum potassium levels. Both of these elements are under the influence of the adrenal glands. An increased sodium:potassium ratio is associated with acute stress and a decreased sodium:potassium ratio is associated with chronic stress and adrenal insufficiency.

Homocysteine ↑ 9.40 μmol/L (+ 81 %)

Homocysteine is a molecule formed from the incomplete metabolism of the amino acid methionine. Deficiencies in Vitamins B6, B12 and folate cause methionine to be converted into homocysteine. Homocysteine increases the risk of cardiovascular disease by causing damage to the endothelial lining of the arteries, especially in the heart. Increased levels of homocysteine are associated with an increased risk of cardiovascular disease and stroke, as well as cancer, depression and inflammatory bowel disease.

BUN ↑ 6.30 mmol/L urea (+ 77 %)

BUN or Blood Urea Nitrogen reflects the ratio between the production and clearance of urea in the body. Urea is formed almost entirely by the liver from both protein metabolism and protein digestion. The amount of urea excreted as BUN varies with the amount of dietary protein intake. Increased BUN may be due to an increased production of urea by the liver or decreased excretion by the kidney. BUN is a test used predominantly to measure kidney function, where it will be increased. An increased BUN is also associated with dehydration and hypochlorhydria. A low BUN is associated with malabsorption and a diet low in protein.

Anion gap ↑ 13.30 mmol/L (+ 76 %)

The anion gap is the measurement of the difference between the sum of the sodium and potassium levels and the sum of the serum CO₂/bicarbonate and chloride levels. Increased levels are associated with thiamine deficiency and metabolic acidosis.

Bilirubin - Direct ↑ 4.30 μmol/L (+ 76 %)

Direct or conjugated bilirubin is the form of bilirubin that has been made water soluble in the liver so it can be excreted in the bile. An increase in direct or conjugated bilirubin is usually associated with a dysfunction or blockage in the liver, gallbladder, or biliary tree.

LDH ↑ 213.00 IU/L (+ 72 %)

LDH represents a group of enzymes that are involved in carbohydrate metabolism. Decreased levels of LDH often correspond to hypoglycemia (especially reactive hypoglycemia), pancreatic function, and glucose metabolism. Increased levels are used to evaluate the presence of tissue damage to the cell causing a rupture in the cellular cytoplasm. LDH is found in many of the tissues of the body, especially the heart, liver, kidney, skeletal muscle, brain, red blood cells, and lungs. Damage to any of these tissues will cause an elevated serum LDH level.

Phosphorus ↑ 1.35 mmol/L (+ 68 %)

Phosphorous levels, like calcium, are regulated by parathyroid hormone (PTH). Phosphate levels are closely tied with calcium, but they are not as strictly controlled as calcium. Plasma levels may be decreased after a high carbohydrate meal or in people with a diet high in refined carbohydrates. Serum phosphorous is a general marker for digestion. Decreased phosphorous levels are associated with hypochlorhydria. Serum levels of phosphorous may be increased with a high phosphate consumption in the diet, with parathyroid hypofunction and renal insufficiency.

RDW ↑ 13.20 % (+ 65 %)

The Red Cell Distribution Width (RDW) is essentially an indication of the degree of abnormal variation in size of red blood cells (called anisocytosis). Although the RDW will increase with vitamin B12 deficiency, folic acid, and iron anemia, it is increased most frequently with vitamin B12 deficiency anemia.

Thyroglobulin Abs LABCORP ↑ 0.99 KIU/L (+ 60 %)

Thyroglobulin is a protein produced by the follicular cells of the thyroid gland to produce Thyroxine (T4) and Triiodothyronine (T3). Thyroglobulin Antibodies are immune cells that attack the thyroglobulin in the thyroid. Thyroglobulin antibodies are found in patients with Hashimoto's thyroiditis and Grave's disease.

Hemoglobin A1C ↑ 5.60 % (+ 60 %)

The Hemoglobin A1C test measure the amount of glucose that combines with hemoglobin to form glycohemoglobin during the normal lifespan of a red blood cell, which is about 120 days. The amount of glycohemoglobin formed is in direct proportion to the amount of glucose present in the blood stream during the 120-day red blood cell lifespan. In the presence of high blood glucose levels (hyperglycemia) the amount of hemoglobin that is glycosylated to form glycohemoglobin increases and the hemoglobin A1C level will be high. It is used primarily to monitor long-term blood glucose control and to help determine therapeutic options for treatment and management. Studies have shown that the closer to normal the hemoglobin A1C levels are kept, the less likely those patients are to develop the long-term complications of diabetes.

Below Optimal

Estradiol, Female ↓ 58.00 pmol/L (- 393 %)

Estradiol (E2) is the most commonly measured estrogens, the others being estrone (E1) and estriol (E3). The serum estradiol level is not specific to any particular phase of the menstrual cycle. It is a general assessment of estradiol. Low levels of estradiol can be a risk factor for osteoporosis and bone fracture. Estradiol may improve quality of life in menopausal women. Increased levels of estradiol in woman suggest an increased risk of breast or endometrial cancer.

Triglycerides ↓ 0.54 mmol/L (- 272 %)

Serum triglycerides are composed of fatty acid molecules that enter the blood stream either from the liver or from the diet. Patients that are optimally metabolizing their fats and carbohydrates tend to have a triglyceride level about one-half of the total cholesterol level. Levels will be elevated in metabolic syndrome, fatty liver, in patients with an increased risk of cardiovascular disease, hypothyroidism and adrenal dysfunction. Levels will be decreased in liver dysfunction, a diet deficient in fat, and inflammatory processes.

DHEA-S, Female ↓ 0.12 μmol/L (- 266 %)

DHEA is produced primarily from the adrenals and is the most abundant circulating steroid in the human body and influences more than 150 known anabolic (repair) functions throughout the body and brain. It is the precursor for the sex hormones: testosterone, progesterone and estrogen. Decreased levels are associated with many common age-related conditions, including diseases of the nervous, cardiovascular, and immune systems such as metabolic syndrome, coronary artery disease, osteoporosis, mood disorders and sexual dysfunction. Ideally DHEA levels should be maintained at the level of a healthy 30-year-old in order to maximize the anti-aging effects.

Progesterone, Female ↓ 0.29 nmol/L (- 249 %)

Progesterone is a steroid hormone mainly formed in the cells of the corpus luteum and during pregnancy in the placenta. Progesterone levels are used in fertility diagnosis for the detection of ovulation and assessment of the luteal phase of menstruation.

Free T3 ↓ 3.27 pmol/L (- 224 %)

T-3 is the most active thyroid hormone and is primarily produced from the conversion of thyroxine (T-4) in the peripheral tissue. Free T3 is the unbound form of T3 measured in the blood. Free T3 represents approximately 8 – 10% of circulating T3 in the blood. Free T-3 levels may be elevated with hyperthyroidism and decreased with hypothyroidism.

Alk Phos ↓ 18.00 IU/L (- 223 %)

Alkaline phosphatase (ALP) is a group of isoenzymes that originate in the bone, liver, intestines, skin, and placenta. It has a maximal activity at a pH of 9.0-10.0, hence the term alkaline phosphatase. Decreased levels of ALP have been associated with zinc deficiency.

Hemoglobin, Female ↓ 123.00 g/L (- 170 %)

Hemoglobin is the oxygen carrying molecule in red blood cells. Measuring hemoglobin is useful to determine the cause and type of anemia and for evaluating the efficacy of anemia treatment. Hemoglobin levels may be increased in cases of dehydration.

Total WBCs ↓ 4.28 giga/L (- 111 %)

The total White Blood Cell (WBC) count measures the sum of all the WBCs in the peripheral blood. White Blood Cells fight infection, defend the body through a process called phagocytosis, and produce, transport and distribute antibodies as part of the immune process. It is important to look at the WBC differential count (neutrophils, lymphocytes, etc.) to locate the source of an increased or decreased WBC count.

Vitamin D (25-OH) ↓ 64.00 nmol/L (- 111 %)

This vitamin D test measures for levels of 25-OH vitamin D and is a very good way to assess vitamin D status. Vitamin D deficiency has been associated with many disorders including many forms of cancer, hypertension, cardiovascular disease, chronic inflammation, chronic pain, mental illness including depression, diabetes, multiple sclerosis to name just a few.

Potassium ↓ 3.80 mmol/L (- 90 %)

Potassium is one of the main electrolytes in the body. Due to the critical functions of potassium for human metabolism and physiology it is essential for the body to maintain optimum serum levels even though a small concentration is found outside of the cell. Potassium levels should always be viewed in relation to the other electrolytes. Potassium concentration is greatly influenced by adrenal hormones. As such, potassium levels can be a marker for adrenal dysfunction.

Total T4 ↓ 48.00 nmol/L (- 88 %)

T-4 is the major hormone secreted by the thyroid gland . T-4 production and secretion from the thyroid gland is stimulated by the pituitary hormone TSH. Deficiencies of zinc, copper, and vitamins A, B2, B3, B6 and C will cause a decrease in production of T4 by the follicles of the thyroid gland. The majority of T4 in the blood is in the bound form, i.e. bound to proteins in the blood such as thyroid binding globulin. A very small amount is available in the free unbound form. Total T4 reflects the total amount of T4 present in the blood i.e. amount bound to thyroid binding globulin and free levels.

Magnesium ↓ 0.91 mmol/L (- 86 %)

The majority of magnesium is found inside the cell so measuring magnesium levels in the serum may not be the best way to assess for magnesium deficiency. That being said, an increased serum magnesium is associated with kidney dysfunction and thyroid hypofunction. A decreased magnesium is a common finding with muscle cramps.

Free T4 ↓ 11.00 pmol/L (- 79 %)

T-4 is the major hormone secreted by the thyroid gland . T-4 production and secretion from the thyroid gland is stimulated by the pituitary hormone TSH. Deficiencies of zinc, copper, and vitamins A, B2, B3, B6 and C will cause a decrease in production of T4 by the follicles of the thyroid gland. Free T-4 is the unbound form of T4 in the body. Only about 0.03 – 0.05% of circulating T4 is in the free form. Free T-4 will be elevated in hyperthyroidism and decreased in hypothyroidism.

Total T3 ↓ 1.07 nmol/L (- 76 %)

T-3 is the most active thyroid hormone and is primarily produced from the conversion of thyroxine (T-4) in the peripheral tissue. T-3 is 4 -5 times more metabolically active than T-4. Total T3 reflects the total amount of T3 present in the blood i.e. amount bound to protein and free levels. Elevated total T-3 levels can be very useful in the diagnosis of Hyperthyroidism especially if the Total or Free T4 level is normal. Decreased total T-3 levels should be used in conjunction with other abnormal thyroid tests before coming to a diagnosis of Hypothyroidism.

Folate ↓ 28.10 nmol/L (- 76 %)

Folate functions as a coenzyme in the process of methylation. Along with vitamin B12, folate is essential for DNA synthesis. Low folate intake can result in folate deficiency, which can impair methylation, DNA synthesis and red blood cell production.

Vitamin B12 ↓ 211.01 pmol/L (- 66 %)

Vitamin B12 is an essential nutrient for DNA synthesis and red blood cell maturation, and is also necessary for myelin sheath formation and maintenance in our nerves.

Creatinine ↓ 67.00 µmol/L (- 64 %)

Creatinine is produced primarily from the contraction of muscle and is removed by the kidneys. A disorder of the kidney and/or urinary tract will reduce the excretion of creatinine and thus raise blood serum levels. Creatinine is traditionally used with BUN to assess for impaired kidney function. Elevated levels can also indicate dysfunction in the prostate.

Functional Index Report



The indices shown below represent an analysis of your blood test results. These results have been converted into your individual Functional Indices Report based on our latest research. This report gives me an indication of the level of dysfunction that exists in the various physiological systems in your body from the digestion of the food you eat to the health of your liver and the strength of your immune system – which are all key factors in maintaining optimal health. We can use this information to put together a unique treatment plan designed to bring your body back into a state of functional health, wellness and energy.

Score Guide: 90% - 100% - Dysfunction Highly Likely, 70% - 90% - Dysfunction Likely, 50% - 70% - Dysfunction Possible, < 50% - Dysfunction Less Likely.

Functional Index	0%	100%
Thyroid Function Index		100%
Adrenal Function Index		89%
Immune Function Index		71%
Inflammation Index		70%
GI Function Index		70%
Sex Hormone Index - Female		60%
Kidney Function Index		59%
Gallbladder Function Index		58%
Red Blood Cell Index		51%
Cardiovascular Risk Index		50%
Electrolyte Index		50%
Blood Sugar Index		44%
Allergy Index		40%
Acid-Base Index		40%
Bone Health Index		38%
Lipid Panel Index		36%
Liver Function Index		29%
Toxicity Index		24%
Oxidative Stress Index		19%
Heavy Metal Index		15%

Thyroid Function Index

The Thyroid Function Index allows us to assess the functional health of your thyroid. The thyroid produces hormones that control how the body uses energy. They are responsible for controlling metabolism in the body, for maintaining body temperature, regulating cholesterol and controlling mood. By examining specific elements on the blood test we can see if your thyroid is in a state of increased function (a condition called hyperthyroidism), in a state of decreased function (hypothyroidism) or hopefully optimal function! For your blood test, your Thyroid Function Index is:

[100%] - Dysfunction Highly Likely. Much improvement required.

Rationale:

TSH ↑, Total T4 ↓, Free T4 ↓, Total T3 ↓, Free T3 ↓

Adrenal Function Index

The Adrenal Function Index reflects the degree of function in your adrenal glands. The adrenal glands produce certain hormones in response to stress. They are responsible for what is commonly called “the fight or flight response”. Unfortunately when your body is under constant stress, which is very common, your adrenal glands become less functional. Adrenal dysfunction can be caused by an increase output of stress hormones (adrenal stress) or more commonly a decrease output of adrenal hormones (adrenal insufficiency). We can look at elements in the blood to assess the functional state of your adrenals. For your blood test, your Adrenal Function Index is:

[89%] - Dysfunction Likely. Improvement required.

Rationale:

Potassium ↓, Sodium/Potassium Ratio ↑, BUN ↑, Cholesterol - Total ↑, Triglycerides ↓, DHEA-S, Female ↓

Immune Function Index

The Immune Function Index allows us to assess the state of function in your immune system. When the immune system is in a state of balance we are able to cope and deal with infections with little or no lasting negative side-effects. Elements on a blood test allow us to check and see if the immune system is in a state of balance or not. Some of the factors to consider include a low functioning immune system (a condition called immune insufficiency), bacterial or viral infections or GI dysfunction associated with decreased immune function: abnormal immunity in the gut lining, a decrease in immune cell function in the gut or an increase in abnormal bacteria, etc. in the gut (a condition called dysbiosis). For your blood test, your Immune Function Index is:

[71%] - Dysfunction Likely. Improvement required.

Rationale:

Total WBCs ↓, Monocytes ↑, Alk Phos ↓

Inflammation Index

The Inflammation Index can help us identify whether or not you are suffering from inflammation. This is important because inflammation can be silent, i.e. not have any symptoms. A number of elements on a blood test can indicate the presence of inflammation. These are markers for inflammation and are not specific to any particular inflammatory condition or disease but they can help us look at the underlying dysfunctions that are the true cause of inflammation in the body. For your blood test, your Inflammation Index is:

[70%] - Dysfunction Likely. Improvement required.

Rationale:

LDH ↑, Homocysteine ↑, Sodium/Potassium Ratio ↑, Globulin, total ↑, Triglycerides ↓, HDL Cholesterol ↑, Iron - Serum ↑, Creatine Kinase ↑, RDW ↑, Vitamin D (25-OH) ↓

GI Function Index

The GI Function Index reflects the degree of function in your gastrointestinal (GI) system. The gastrointestinal system is responsible for the digestion and breakdown of macro nutrients (proteins, fats and carbohydrates) into small particles so they can be easily absorbed and utilized. The GI systems is also responsible for the excretion and elimination of waste from the body. Your body's nutritional status is directly affected by your ability to digest macronutrients and also to absorb key vitamins, minerals, amino acids, essential fatty acids and accessory nutrients such as bioflavonoids, CoQ10, etc. Factors affecting the GI function include inadequate chewing, eating when stressed or in a hurry, lack of appropriate stomach acid (a condition called hypochlorhydria), inflammation in the stomach lining (a condition called gastritis), a decrease in digestive enzymes (a condition called pancreatic insufficiency), an overgrowth of non-beneficial bacteria in your digestive system (a condition called dysbiosis) and/or a condition called Leaky Gut Syndrome. For your blood test, your Functional GI Index is:

[70%] - Dysfunction Likely. Improvement required.

Rationale:

BUN ↑, Globulin, total ↑, Alk Phos ↓, MCV ↑, Eosinophils ↑, Creatinine ↓, Anion gap ↑, Total WBCs ↓, Hemoglobin, Female ↓

Sex Hormone Index - Female

The Female Sex Hormone Index helps us assess levels of important hormones in your body: testosterone, DHEA and estradiol. Blood levels of these crucial hormones diminish with age, contributing to age-related dysfunctions such as low libido, blood sugar problems, excess weight, heart disease, etc. We can measure sex hormone levels in your blood and determine from the Sex Hormone Index whether the levels are optimal for your continued health and wellness. For your blood test, your Female Sex Hormone Index is:

[60%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

DHEA-S, Female ↓, Estradiol, Female ↓, Progesterone, Female ↓

Kidney Function Index

The Kidney Function Index reflects the degree of function in your kidneys. The kidneys help to filter waste and toxins from the body and also help regulate fluid and mineral balance, help regulate blood pressure and regulate acid-alkaline balance in the body. Factors affecting kidney function include heavy metal toxicity, dehydration, caffeine and alcohol, liver dysfunction and may over the counter and prescription drugs. Kidney dysfunction can be a slow decrease in function (a condition called renal insufficiency) or impaired function associated with kidney infections and disease. For your blood test, your Kidney Function Index is:

[59%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

BUN ↑, BUN/Creatinine Ratio ↑, Phosphorus ↑, LDH ↑

Gallbladder Function Index

The Gallbladder Function Index reflects the degree of function in your gallbladder. The gallbladder plays an essential role in helping your body digest the fat in the diet. It does this through the release of a substance called bile. Bile is not only essential for fat digestion but it also helps the body get rid of certain toxins and also excess cholesterol from the body. Factors affecting gallbladder function include the inability of the liver to produce bile (a condition called biliary insufficiency), the progressive thickening of the bile in the gallbladder (a condition called biliary stasis) or the presence of obstructions in the gallbladder itself (a condition called biliary obstruction). For your blood test, your Gallbladder Function Index is:

[58%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

Cholesterol - Total ↑, LDH ↑, Bilirubin - Direct ↑, Triglycerides ↓

Red Blood Cell Index

The Red Blood Cell Index assesses the body's ability to produce red blood cells and reflects whether or not an anemia may be present in the body. Red blood cells function to carry oxygen to all the tissues and cells of the body. Nutrient deficiencies and other dysfunctions can disrupt this process causing an anemia. Some of the nutrient deficiency causes of anemia include deficiencies in iron, B12/folate, vitamin B6, copper and vitamin C. For your blood test, your Red Blood Cell Index is:

[51%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

Hemoglobin, Female ↓, MCV ↑, RDW ↑

Cardiovascular Risk Index

The Cardiovascular Risk Index looks at 15 elements on a blood test to assess for your risk of cardiovascular dysfunction. A high Cardiovascular Risk Index indicates that you may be at an increased risk of developing cardiovascular disease. The Cardiovascular Risk index will be used along with information from an examination of your diet, lifestyle, exercise, body mass index and family history to give us a more complete picture of what is going on. For your blood test, your Cardiovascular Risk Index is:

[50%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

LDH ↑, Cholesterol - Total ↑, Homocysteine ↑, Hemoglobin A1C ↑, Vitamin D (25-OH) ↓

Electrolyte Index

The Electrolyte Index gives us a sense of the balance of electrolytes in your body. Electrolytes such as calcium, potassium, sodium and magnesium are essential for optimal health and wellness. An electrolyte imbalance can show up as low blood pressure, cold hands or feet, poor circulation, swelling in the ankles and immune insufficiency. For your blood test, your Electrolyte Index is:

[50%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

Potassium ↓, Magnesium ↓



Nutrient Index Report



The indices shown below represent an analysis of your blood test results. These results have been converted into your individual Nutrient Assessment Report based on our latest research. This report gives me an indication of your nutritional status. Nutritional status is influenced by actual dietary intake, digestion, absorption, assimilation and cellular uptake of the nutrients themselves. We can use this information to put together a unique treatment plan designed to bring your body back into a state of functional health, wellness and energy.

Score Guide: 90% - 100% - Nutrient Status is Poor, 75% - 90% - Nutrient Status is Low, 50% - 75% - Moderate Nutrient Status, < 50% - Optimum Nutrient Status

Nutrient Index	0%	100%
Vitamin Index		100%
Mineral Index		46%
Fat Index		38%
Carbohydrate Index		38%
Hydration Index		30%
Protein Index		12%

Vitamin Index

The Vitamin Index gives us a general indication of the balance of certain vitamins in your body. Vitamin levels are constantly fluctuating based on a number of factors, such as the amount in your diet, your ability to digest and breakdown individual vitamins from the food or supplements you consume, the ability of those vitamins to be absorbed, transported and ultimately taken up into the cells themselves. For your blood test, your Vitamin Index is:

[100%] - Nutrient Status is Poor. Much improvement required.

Rationale:

Anion gap ↑, Homocysteine ↑, Vitamin D (25-OH) ↓, MCV ↑

Individual Nutrient Values

The values below represent the degree of deficiency for individual nutrients based on your blood results. The status of an individual nutrient is based on a number of factors such as actual dietary intake, digestion, absorption, assimilation and cellular uptake of the nutrients themselves. All of these factors must be taken into consideration before determining whether or not you actually need an individual nutrient. I will use the information in this section of your Nutrient Assessment Report to put together an individualized treatment plan to bring your body back into a state of optimal nutritional function.

Score Guide: 90% - 100% - Deficiency Highly Likely, 70% - 90% - Deficiency Likely, 50% - 70% - Deficiency Possible, < 50% - Deficiency Less Likely.

Individual Nutrients	0%	100%
Zinc Need		100%
Vitamin B12/Folate Need		100%
DHEA Need		100%
Vitamin D Need		100%
Selenium Need		100%
Magnesium Need		75%
Iodine Need		64%
Calcium Need		57%
Thiamine Need		50%
Vitamin B6 Need		30%
Vitamin C Need		20%
Iron Deficiency		14%
Molybdenum Need	0%	
Glutathione Need	0%	

Zinc Need

The results of your blood test indicate that your Zinc levels might be lower than optimal.

[100%] - Dysfunction Highly Likely. Much improvement required.

Rationale:

Alk Phos ↓

Vitamin B12/Folate Need

The results of your blood test indicate that your Vitamin B12 and Folate levels might be lower than optimal.

[100%] - Dysfunction Highly Likely. Much improvement required.

Rationale:

MCV ↑, LDH ↑, Homocysteine ↑, Total WBCs ↓, Hemoglobin, Female ↓, RDW ↑, Folate ↓, Vitamin B12 ↓

DHEA Need

The results of your blood test indicate that your DHEA levels might be lower than optimal.

[100%] - Dysfunction Highly Likely. Much improvement required.

Rationale:

DHEA-S, Female ↓

Vitamin D Need

The results of your blood test indicate that your Vitamin D levels might be lower than optimal.

[100%] - Dysfunction Highly Likely. Much improvement required.

Rationale:

Vitamin D (25-OH) ↓

Selenium Need

The results of your blood test indicate that your selenium levels might be lower than optimal.

[100%] - Dysfunction Highly Likely. Much improvement required.

Rationale:

Total T3 ↓, Free T3 ↓

Magnesium Need

The results of your blood test indicate that your magnesium levels might be lower than optimal.

[75%] - Dysfunction Likely. Improvement required.

Rationale:

Magnesium ↓, Potassium ↓

Iodine Need

The results of your blood test indicate that your iodine levels might be lower than optimal.

[64%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

Total T4 ↓, Free T4 ↓, TSH ↑

Calcium Need

The results of your blood test indicate that your calcium levels might be lower than optimal.

[57%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

Phosphorus ↑, Vitamin D (25-OH) ↓

Thiamine Need

The results of your blood test indicate that your thiamine levels might be lower than optimal.

[50%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

Anion gap ↑, Hemoglobin, Female ↓

Blood Test History Report



The Blood Test History Report lists the results of your Blood Chemistry Screen and CBC tests side by side with the latest test listed on the left hand side. This report allows you to compare results over time and see where improvement has been made and allows you to track your progress.

Biomarker	Latest Test Result	
	Feb 29 2016	
Glucose		4.60
Hemoglobin A1C		5.60 ↑
Insulin - Fasting		24.79
Fructosamine		
C-Peptide		0.43
BUN		6.30 ↑
Creatinine		67.00 ↓
eGFR Non-Afr. American		81.00
eGFR African American		
BUN/Creatinine Ratio		0.09 ↑↑
Sodium		139.00
Potassium		3.80 ↓
Sodium/Potassium Ratio		36.57 ↑↑
Chloride		104.00
CO2		25.50
Anion gap		13.30 ↑
Uric Acid, female		253.00
Protein, total		73.00
Albumin		43.00

Biomarker	Latest Test Result Feb 29 2016
Globulin, total	30.00 ↑
Albumin/Globulin Ratio	1.43
Calcium	2.48
Calcium/Albumin Ratio	0.05
Phosphorus	1.35 ↑
Calcium/Phosphorous Ratio	1.83
Magnesium	0.91 ↓
Alk Phos	18.00 ▼
LDH	213.00 ↑
AST (SGOT)	19.00
ALT (SGPT)	16.00
GGT	14.00
Bilirubin - Total	10.10
Bilirubin - Direct	4.30 ↑↑
Bilirubin - Indirect	5.80
Iron - Serum	31.90 ↑↑
Ferritin	97.00 ↑
TIBC	61.90
% Transferrin saturation	0.52 ⚠
Cholesterol - Total	5.70 ↑↑
Triglycerides	0.54 ↓
LDL Cholesterol	2.90

Biomarker	Latest Test Result	
	Feb 29 2016	
HDL Cholesterol		2.32 ↑
VLDL Cholesterol		0.48
Cholesterol/HDL Ratio		2.45
Triglyceride/HDL Ratio		0.23
Leptin, Female		
TSH		2.22 ↑
Total T4		48.00 ↓↓
Total T3		1.07 ↓↓
Free T4		11.00 ↓
Free T3		3.27 ↓↓
T3 Uptake		
Free Thyroxine Index (T7)		
Thyroid Peroxidase (TPO) Abs		0.15
Thyroglobulin Abs LABCORP		0.99 ↑↑
Thyroglobulin Abs QUEST		
Reverse T3		
Hs CRP, Female		2.86
C-Reactive Protein		
ESR, Female		10.00
Homocysteine		9.40 ↑
Fibrinogen		6.88
Creatine Kinase		2.73 ↑

Biomarker	Latest Test Result	
	Feb 29 2016	
Vitamin D (25-OH)		64.00 ↓↓
Vitamin B12		211.01 ↓
Folate		28.10 ↓
DHEA-S, Female		0.12 ▼
Testosterone, Free Female		
Testosterone, Total Female		
Sex Hormone Binding Globulin, female		100.30
Estradiol, Female		58.00 ↓↓
Progesterone, Female		0.29 ↓↓
Total WBCs		4.28 ↓
RBC, Female		3.95
Reticulocyte count		
Hemoglobin, Female		123.00 ↓
Hematocrit, Female		0.37
MCV		93.90 ↑
MCH		31.10
MCHC		332.00
Platelets		252.00
RDW		13.20 ↑
Neutrophils		53.27
Bands		
Lymphocytes		31.78

Biomarker		Latest Test Result Feb 29 2016
Monocytes		10.05 ↑
Eosinophils		3.97 ↑↑
Basophils		0.93

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The absence of a warning for a given drug or supplement or any combination thereof in no way should be construed to indicate that the drug or supplement or any combination thereof is safe, effective, or appropriate for you. Statements made about a supplement, product or treatment have not been evaluated by the Food and Drug Administration (FDA) and any mentioned supplement, product or treatment is not intended to diagnose, treat, cure or prevent any disease. The information contained in this Report has not been evaluated by the FDA.

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Consult your physician or a qualified healthcare practitioner regarding the applicability of any of the information or materials provided in this Report in regards to your symptoms or medical condition. Always consult your physician before beginning a new treatment, diet, exercise, fitness plan, or health plan or program, and before taking any drug, supplement, or any combination thereof; or if you have questions or concerns about your health, a medical condition, or any plan or course of treatment. If you think you have a medical emergency, call 911 or your doctor immediately.