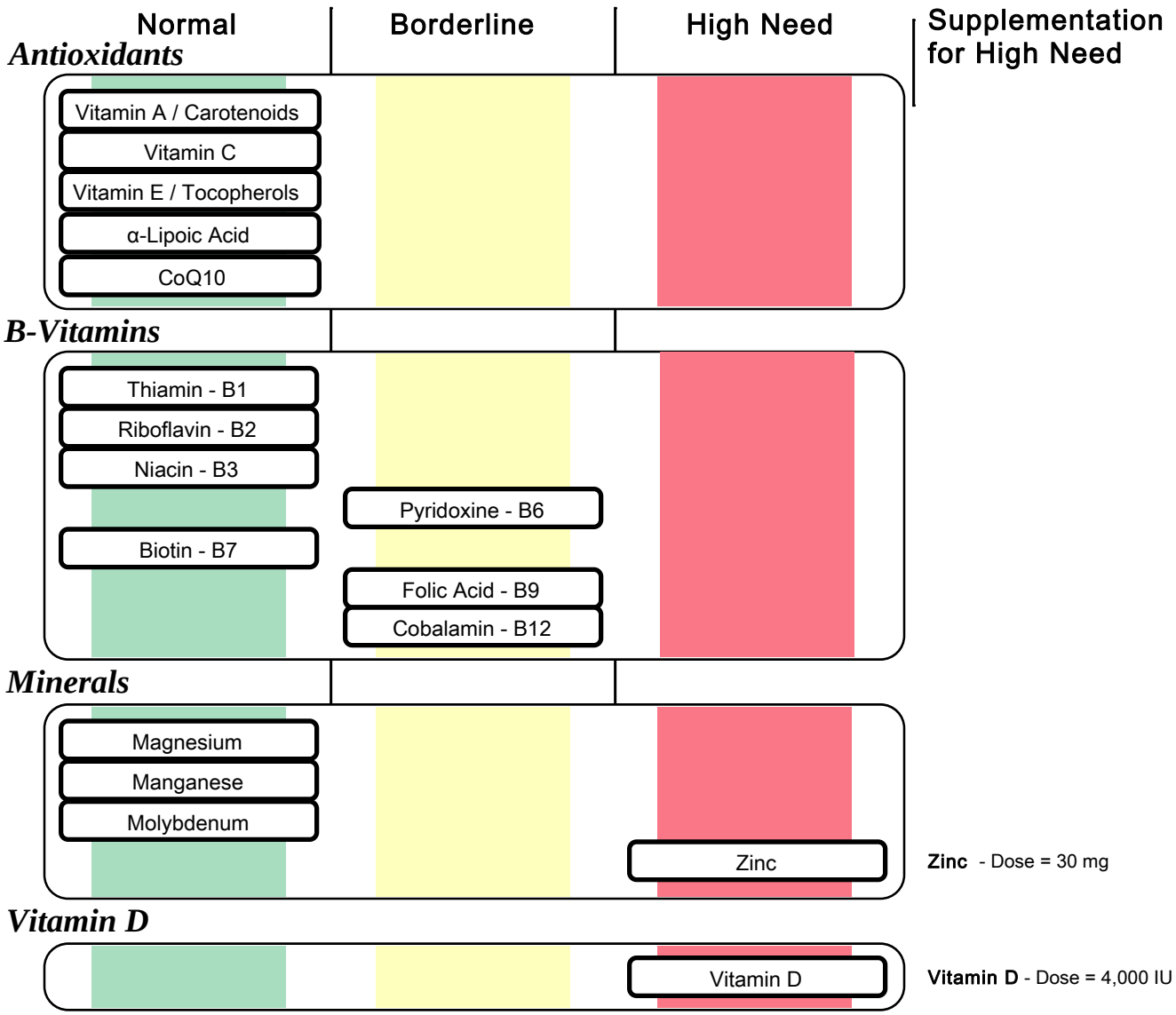
GENOVA DIAGNOSTICS EUROPE

Parkgate House
356 West Barnes Lane
New Malden, Surrey KT3 6NB

63 Zillicoa Street
Asheville, NC 28801 USA

,

NutrEval Results Overview



SUGGESTED SUPPLEMENT SCHEDULE

Supplements	Daily Recommended Intake (DRI)	Patient's Daily Recommendations	Provider Daily Recommendations
Antioxidants			
Vitamin A / Carotenoids	3,000 IU	3,000 IU	
Vitamin C	90 mg	250 mg	
Vitamin E / Tocopherols	22 IU	100 IU	
α-Lipoic Acid		50 mg	
CoQ10		30 mg	
B-Vitamins			
Thiamin - B1	1.2 mg	10 mg	
Riboflavin - B2	1.3 mg	10 mg	
Niacin - B3	16 mg	20 mg	
Pyridoxine - B6	1.3 mg	25 mg	
Biotin - B7	30 mcg	100 mcg	
Folic Acid - B9	400 mcg	800 mcg	
Cobalamin - B12	2.4 mcg	500 mcg	
Minerals			
Magnesium	420 mg	400 mg	
Manganese	2.3 mg	3.0 mg	
Molybdenum	45 mcg	75 mcg	
Zinc	11 mg	30 mg	
Essential Fatty Acids			
Omega-3 Oils	500 mg	1,000 mg	
Digestive Support			
Probiotics		10 billion CFU	
Pancreatic Enzymes		0 IU	
Other Vitamins			
Vitamin D	600 IU	4,000 IU	

Amino Acid	mg/day	Amino Acid	mg/day
Arginine	312	Methionine	0
Asparagine	0	Phenylalanine	10
Cysteine	0	Serine	0
Glutamine	0	Taurine	0
Glycine	0	Threonine	0
Histidine	0	Tryptophan	33
Isoleucine	147	Tyrosine	292
Leucine	0	Valine	814
Lysine	1,417		

Recommendations for age and gender-specific supplementation are set by comparing levels of nutrient functional need to optimal levels as described in the peer-reviewed literature. They are provided as guidance for short-term support of nutritional deficiencies only.

The Suggested Supplemental Schedule is provided at the request of the ordering practitioner. Any application of it as a therapeutic intervention is to be determined by the ordering practitioner.

Key

Normal | Borderline | High Need

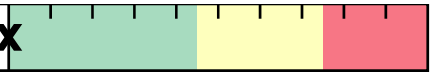
NutrEval FMV amino acids

Interpretation At-A-Glance

Nutritional Needs

Antioxidants

Vitamin A / Carotenoids

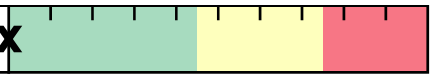


- Beta-carotene & other carotenoids are converted to vitamin A (retinol), involved in vision, antioxidant & immune function, gene expression & cell growth.
- Vitamin A deficiency may occur with chronic alcoholism, zinc deficiency, hypothyroidism, or oral contraceptives containing estrogen & progestin.
- Deficiency may result in night blindness, impaired immunity, healing & tissue regeneration, increased risk of infection, leukoplakia or keratosis.
- Food sources include cod liver oil, fortified cereals & milk, eggs, sweet potato, pumpkin, carrot, cantaloupe, mango, spinach, broccoli, kale & butternut squash.

Vitamin C

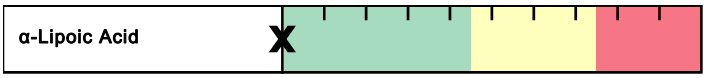
- Vitamin C is an antioxidant (also used in the regeneration of other antioxidants). It is involved in cholesterol metabolism, the production & function of WBCs and antibodies, and the synthesis of collagen, norepinephrine and carnitine.
- Deficiency may occur with oral contraceptives, aspirin, diuretics or NSAIDs.
- Deficiency can result in scurvy, swollen gingiva, periodontal destruction, loose teeth, sore mouth, soft tissue ulcerations, or increased risk of infection.
- Food sources include oranges, grapefruit, strawberries, tomato, sweet red pepper, broccoli and potato.

Vitamin E / Tocopherols



- Alpha-tocopherol (body's main form of vitamin E) functions as an antioxidant, regulates cell signaling, influences immune function and inhibits coagulation.
- Deficiency may occur with malabsorption, cholestyramine, colestipol, isoniazid, orlistat, olestra and certain anti-convulsants (e.g., phenobarbital, phenytoin).
- Deficiency may result in peripheral neuropathy, ataxia, muscle weakness, retinopathy, and increased risk of CVD, prostate cancer and cataracts.
- Food sources include oils (olive, soy, corn, canola, safflower, sunflower), eggs, nuts, seeds, spinach, carrots, avocado, dark leafy greens and wheat germ.

α-Lipoic Acid



- α-Lipoic acid plays an important role in energy production, antioxidant activity (including the regeneration of vitamin C and glutathione), insulin signaling, cell signaling and the catabolism of α-keto acids and amino acids.
- High biotin intake can compete with lipoic acid for cell membrane entry.
- Optimal levels of α-lipoic acid may improve glucose utilization and protect against diabetic neuropathy, vascular disease and age-related cognitive decline.
- Main food sources include organ meats, spinach and broccoli. Lesser sources include tomato, peas, Brussels sprouts and brewer's yeast.

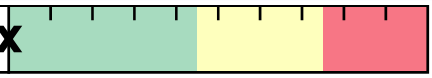
CoQ10

- CoQ10 is a powerful antioxidant that is synthesized in the body and contained in cell membranes. CoQ10 is also essential for energy production & pH regulation.
- CoQ10 deficiency may occur with HMG-CoA reductase inhibitors (statins), several anti-diabetic medication classes (biguanides, sulfonylureas) or beta-blockers.
- Low levels may aggravate oxidative stress, diabetes, cancer, congestive heart failure, cardiac arrhythmias, gingivitis and neurologic diseases.
- Main food sources include meat, poultry, fish, soybean, canola oil, nuts and whole grains. Moderate sources include fruits, vegetables, eggs and dairy.

Glutathione

- Glutathione (GSH) is composed of cysteine, glutamine & glycine. GSH is a source of sulfate and plays a key role in antioxidant activity and detoxification of toxins.
- GSH requirement is increased with high-fat diets, cigarette smoke, cystinuria, chronic alcoholism, chronic acetaminophen use, infection, inflammation and toxic exposure.
- Deficiency may result in oxidative stress & damage, impaired detoxification, altered immunity, macular degeneration and increased risk of chronic illness.
- Food sources of GSH precursors include meats, poultry, fish, soy, corn, nuts, seeds, wheat germ, milk and cheese.

Plant-based Antioxidants



- Oxidative stress is the imbalance between the production of free radicals and the body's ability to readily detoxify these reactive species and/or repair the resulting damage with anti-oxidants.
- Oxidative stress can be endogenous (energy production and inflammation) or exogenous (exercise, exposure to environmental toxins).
- Oxidative stress has been implicated clinically in the development of neurodegenerative diseases, cardiovascular diseases and chronic fatigue syndrome.
- Antioxidants may be found in whole food sources (e.g., brightly colored fruits & vegetables, green tea, turmeric) as well as nutraceuticals (e.g., resveratrol, EGCG, lutein, lycopene, ginkgo, milk thistle, etc.).

Key

- Function
- Causes of Deficiency
- Complications of Deficiency
- Food Sources

NutrEval FMV amino acids

Interpretation At-A-Glance

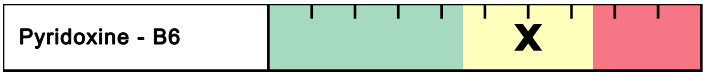
Nutritional Needs

B-Vitamins

Thiamin - B1

- B1 is a required cofactor for enzymes involved in energy production from food, and for the synthesis of ATP, GTP, DNA, RNA and NADPH.
- Low B1 can result from chronic alcoholism, diuretics, digoxin, oral contraceptives and HRT, or large amounts of tea & coffee (contain anti-B1 factors).
- B1 deficiency may lead to dry beriberi (e.g., neuropathy, muscle weakness), wet beriberi (e.g., cardiac problems, edema), encephalopathy or dementia.
- Food sources include lentils, whole grains, wheat germ, Brazil nuts, peas, organ meats, brewer's yeast, blackstrap molasses, spinach, milk & eggs.

Pyridoxine - B6



- B6 (as P5P) is a cofactor for enzymes involved in glycogenolysis & gluconeogenesis, and synthesis of neurotransmitters, heme, B3, RBCs and nucleic acids.
- Low B6 may result from chronic alcoholism, long-term diuretics, estrogens (oral contraceptives and HRT), anti-TB meds, penicillamine, L-DOPA or digoxin.
- B6 deficiency may result in neurologic symptoms (e.g., irritability, depression, seizures), oral inflammation, impaired immunity or increased homocysteine.
- Food sources include poultry, beef, beef liver, fish, whole grains, wheat germ, soybean, lentils, nuts & seeds, potato, spinach and carrots.

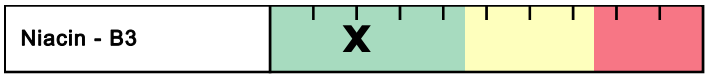
Riboflavin - B2

- B2 is a key component of enzymes involved in antioxidant function, energy production, detoxification, methionine metabolism and vitamin activation.
- Low B2 may result from chronic alcoholism, some anti-psychotic medications, oral contraceptives, tricyclic antidepressants, quinacrine or adriamycin.
- B2 deficiency may result in oxidative stress, mitochondrial dysfunction, low uric acid, low B3 or B6, high homocysteine, anemia or oral & throat inflammation.
- Food sources include milk, cheese, eggs, whole grains, beef, chicken, wheat germ, fish, broccoli, asparagus, spinach, mushrooms and almonds.

Biotin - B7

- Biotin is a cofactor for enzymes involved in functions such as fatty acid synthesis, mitochondrial FA oxidation, gluconeogenesis and DNA replication & transcription.
- Deficiency may result from certain inborn errors, chronic intake of raw egg whites, long-term TPN, anticonvulsants, high-dose B5, sulfa drugs & other antibiotics.
- Low levels may result in neurologic symptoms (e.g., paresthesias, depression), hair loss, scaly rash on face or genitals or impaired immunity.
- Food sources include yeast, whole grains, wheat germ, eggs, cheese, liver, meats, fish, wheat, nuts & seeds, avocado, raspberries, sweet potato and cauliflower.

Niacin - B3

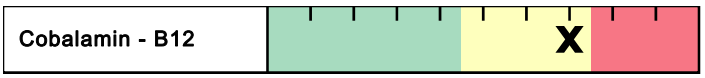


- B3 is used to form NAD and NADP, involved in energy production from food, fatty acid & cholesterol synthesis, cell signaling, DNA repair & cell differentiation.
- Low B3 may result from deficiencies of tryptophan (B3 precursor), B6, B2 or Fe (cofactors in B3 production), or from long-term isoniazid or oral contraceptive use.
- B3 deficiency may result in pellagra (dermatitis, diarrhea, dementia), neurologic symptoms (e.g., depression, memory loss), bright red tongue or fatigue.
- Food sources include poultry, beef, organ meats, fish, whole grains, peanuts, seeds, lentils, brewer's yeast and lima beans.

Folic Acid - B9

- Folic acid plays a key role in coenzymes involved in DNA and SAMe synthesis, methylation, nucleic acids & amino acid metabolism and RBC production.
- Low folate may result from alcoholism, high-dose NSAIDs, diabetic meds, H2 blockers, some diuretics and anti-convulsants, SSRIs, methotrexate, trimethoprim, pyrimethamine, triamterene, sulfasalazine or cholestyramine.
- Folate deficiency can result in anemia, fatigue, low methionine, increased homocysteine, impaired immunity, heart disease, birth defects and CA risk.
- Food sources include fortified grains, green vegetables, beans & legumes.

Cobalamin - B12

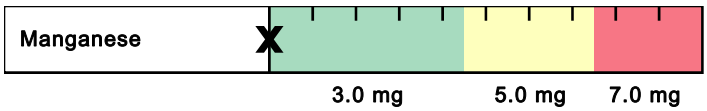


- B12 plays important roles in energy production from fats & proteins, methylation, synthesis of hemoglobin & RBCs, and maintenance of nerve cells, DNA & RNA.
- Low B12 may result from alcoholism, malabsorption, hypochlorhydria (e.g., from atrophic gastritis, H. pylori infection, pernicious anemia, H2 blockers, PPIs), vegan diets, diabetic meds, cholestyramine, chloramphenicol, neomycin or colchicine.
- B12 deficiency can lead to anemia, fatigue, neurologic symptoms (e.g., paresthesias, memory loss, depression, dementia), methylation defects or chromosome breaks.
- Food sources include shellfish, red meat poultry, fish, eggs, milk and cheese.

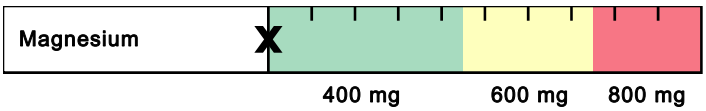
NutrEval FMV amino acids — Interpretation At-A-Glance

Nutritional Needs

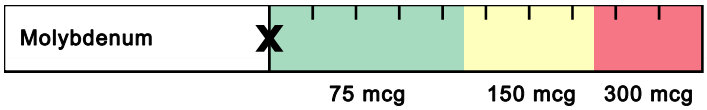
Minerals



- Manganese plays an important role in antioxidant function, gluconeogenesis, the urea cycle, cartilage & bone formation, energy production and digestion.
- Impaired absorption of Mn may occur with excess intake of Fe, Ca, Cu, folic acid, or phosphorous compounds, or use of long-term TPN, Mg-containing antacids or laxatives.
- Deficiency may result in impaired bone/connective tissue growth, glucose & lipid dysregulation, infertility, oxidative stress, inflammation or hyperammonemia.
- Food sources include whole grains, legumes, dried fruits, nuts, dark green leafy vegetables, liver, kidney and tea.



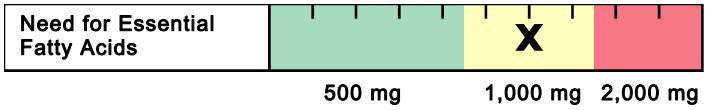
- Magnesium is involved in >300 metabolic reactions. Key areas include energy production, bone & ATP formation, muscle & nerve conduction and cell signaling.
- Deficiency may occur with malabsorption, alcoholism, hyperparathyroidism, renal disorders (wasting), diabetes, diuretics, digoxin or high doses of zinc.
- Low Mg may result in muscle weakness/spasm, constipation, depression, hypertension, arrhythmias, hypocalcemia, hypokalemia or personality changes.
- Food sources include dark leafy greens, oatmeal, buckwheat, unpolished grains, chocolate, milk, nuts & seeds, lima beans and molasses.



- Molybdenum is a cofactor for enzymes that convert sulfites to sulfate, and nucleotides to uric acid, and that help metabolize aldehydes & other toxins.
- Low Mo levels may result from long-term TPN that does not include Mo.
- Mo deficiency may result in increased sulfite, decreased plasma uric acid (and antioxidant function), deficient sulfate, impaired sulfation (detoxification), neurologic disorders or brain damage (if severe deficiency).
- Food sources include buckwheat, beans, grains, nuts, beans, lentils, meats and vegetables (although Mo content of plants depends on soil content).

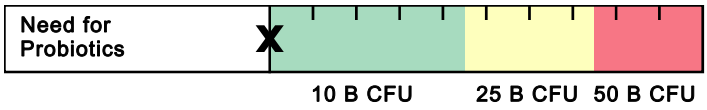
- Zinc plays a vital role in immunity, protein metabolism, heme synthesis, growth & development, reproduction, digestion and antioxidant function.
- Low levels may occur with malabsorption, alcoholism, chronic diarrhea, diabetes, excess Cu or Fe, diuretics, ACE inhibitors, H2 blockers or digoxin.
- Deficiency can result in hair loss and skin rashes, also impairments in growth & healing, immunity, sexual function, taste & smell and digestion.
- Food sources include oysters, organ meats, soybean, wheat germ, seeds, nuts, red meat, chicken, herring, milk, yeast, leafy and root vegetables.

Essential Fatty Acids

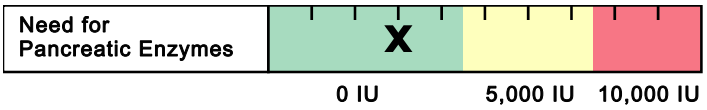


- Omega-3 (O3) and Omega-6 (O6) fatty acids are polyunsaturated fatty acids that cannot be synthesized by the human body. They are classified as essential nutrients and must be obtained from dietary sources.
- The standard American diet is much higher in O6 than O3 fatty acids. Deficiency of EFAs may result from poor dietary intake and/or poor conversion from food sources.
- EFA deficiency is associated with decreased growth & development of infants and children, dry skin/rash, poor wound healing, and increased risk of infection, cardiovascular and inflammatory diseases.
- Dietary sources of the O6 Linoleic Acid (LA) include vegetable oils, nuts, seeds and some vegetables. Dietary sources of the O3 a-Linolenic Acid (ALA) include flaxseeds, walnuts, and their oils. Fish (mackerel, salmon, sardines) are the major dietary sources of the O3 fatty acids EPA and DHA.

Digestive Support

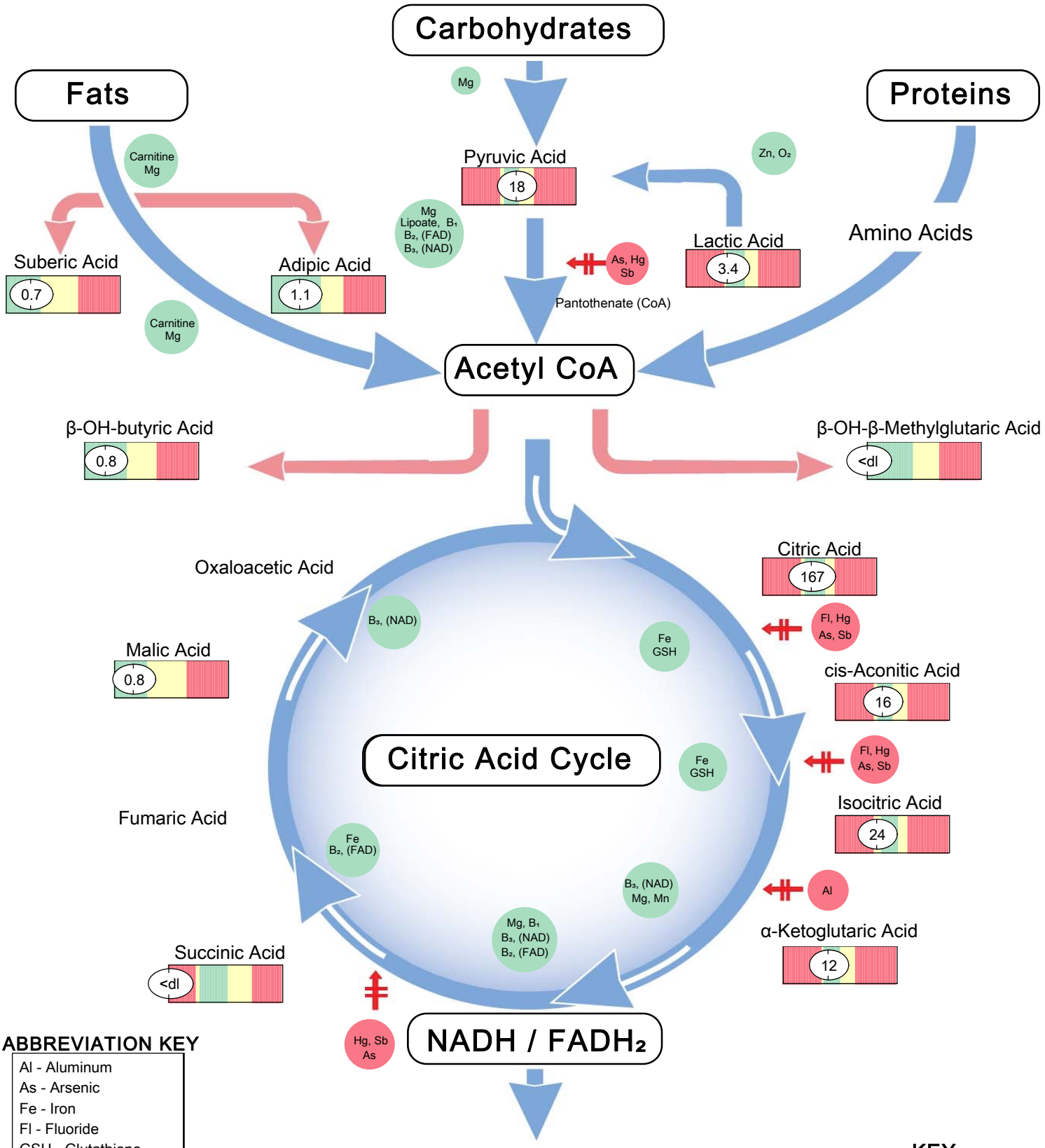


- Probiotics have many functions. These include: production of some B vitamins and vitamin K; enhance digestion & absorption; decrease severity of diarrheal illness; modulate of immune function & intestinal permeability.
- Alterations of gastrointestinal microflora may result from C-section delivery, antibiotic use, improved sanitation, decreased consumption of fermented foods and use of certain drugs.
- Some of the diseases associated with microflora imbalances include: IBS, IBD, fibromyalgia, chronic fatigue syndrome, obesity, atopic illness, colic and cancer.
- Food sources rich in probiotics are yogurt, kefir and fermented foods.



- Pancreatic enzymes are secreted by the exocrine glands of the pancreas and include protease/peptidase, lipase and amylase.
- Pancreatic exocrine insufficiency may be primary or secondary in nature. Any indication of insufficiency warrants further evaluation for underlying cause (i.e., celiac disease, small intestine villous atrophy, small bowel bacterial overgrowth).
- A high functional need for digestive enzymes suggests that there is an impairment related to digestive capacity.
- Determining the strength of the pancreatic enzyme support depends on the degree of functional impairment. Supplement potency is based on the lipase units present in both prescriptive and non-prescriptive agents.

Krebs Cycle At-A-Glance



ABBREVIATION KEY

Al	Aluminum
As	Arsenic
Fe	Iron
Fl	Fluoride
GSH	Glutathione
Hg	Mercury
Mg	Magnesium
Mn	Manganese
Sb	Antimony
Zn	Zinc

KEY

Green = cofactor

Red = inhibitor

Metabolic Analysis Markers

All biomarkers reported in mmol/mol creatinine unless otherwise noted.

Malabsorption and Dysbiosis Markers

Malabsorption Markers

		Reference Range
Indoleacetic Acid (IAA)	<dl	<= 4.2
Phenylacetic Acid (PAA)	0.05	<= 0.12

Bacterial Dysbiosis Markers

		Reference Range
Dihydroxyphenylpropionic Acid (DHPPA)	1.7	<= 5.3
3-Hydroxyphenylacetic Acid	4.8	<= 8.1
4-Hydroxyphenylacetic Acid	11	<= 29
Benzoic Acid	0.04	<= 0.05
Hippuric Acid	139	<= 603

Yeast / Fungal Dysbiosis Markers

		Reference Range
Arabinose	18	<= 96
Citramalic Acid	2.1	<= 5.8
Tartaric Acid	30	<= 15

Cellular Energy & Mitochondrial Metabolites

Carbohydrate Metabolism

		Reference Range
Lactic Acid	3.4	1.9-19.8
Pyruvic Acid	18	7-32
β-OH-Butyric Acid (BHBA)	0.8	<= 2.8

Energy Metabolism

		Reference Range
Citric Acid	167	40-520
Cis-Aconitic Acid	16	10-36
Isocitric Acid	24	22-65
α-Ketoglutaric Acid (AKG)	12	4-52
Succinic Acid	<dl	0.4-4.6
Malic Acid	0.8	<= 3.0
β-OH-β-Methylglutaric Acid (HMG)	<dl	<= 15

Fatty Acid Metabolism

		Reference Range
Adipic Acid	1.1	<= 2.8
Suberic Acid	0.7	<= 2.1

Creatinine Concentration

		Reference Range
Creatinine ◆	21.9	3.1-19.5 mmol/L

Neurotransmitter Metabolites

		Reference Range
Vanilmandelic Acid	2.2	0.4-3.6
Homovanillic Acid	1.8	1.2-5.3
5-OH-indoleacetic Acid	8.0	3.8-12.1
3-Methyl-4-OH-phenylglycol	0.11	0.02-0.22
Kynurenic Acid	2.9	<= 7.1
Quinolinic Acid	2.2	<= 9.1
Kynurenic / Quinolinic Ratio	1.32	>= 0.44

Vitamin Markers

		Reference Range
α-Ketoadipic Acid	0.4	<= 1.7
α-Ketoisovaleric Acid	0.34	<= 0.97
α-Ketoisocaproic Acid	0.37	<= 0.89
α-Keto-β-Methylvaleric Acid	0.7	<= 2.1
Formiminoglutamic Acid (FIGlu)	0.8	<= 1.5
Glutaric Acid	0.19	<= 0.51
Isovalerylglycine	0.9	<= 3.7
Methylmalonic Acid	0.9	<= 1.9
Xanthurenic Acid	0.34	<= 0.96
3-Hydroxypropionic Acid	6	5-22
3-Hydroxyisovaleric Acid	4	<= 29

Toxin & Detoxification Markers

		Reference Range
α-Ketophenylacetic Acid (from Styrene)	0.17	<= 0.46
α-Hydroxyisobutyric Acid (from MTBE)	3.2	<= 6.7
Orotic Acid	0.40	0.33-1.01
Pyroglutamic Acid	16	16-34

Tyrosine Metabolism

		Reference Range
Homogentisic Acid	8	<= 19
2-Hydroxyphenylacetic Acid	0.56	<= 0.76

Metabolic Analysis Reference Ranges are Age Specific

The performance characteristics of all assays have been verified by Genova Diagnostics, Inc. Unless otherwise noted with ◆, the assay has not been cleared by the U.S. Food and Drug Administration.

Amino Acids (Urine FMV)

Nutritionally Essential Amino Acids

Amino Acid	Reference Range
Arginine	10-64
Histidine	271-993
Isoleucine	17-52
Leucine	25-77
Lysine	34-226
Methionine	26-69
Phenylalanine	22-61
Taurine	80-545
Threonine	52-192
Tryptophan	23-88
Valine	19-53

Nonessential Protein Amino Acids

Amino Acid	Reference Range
Alanine	103-392
Asparagine	37-134
Aspartic Acid	27-74
Cysteine	19-70
Cystine	23-68
γ-Aminobutyric Acid	<= 23
Glutamic Acid	3-15
Glutamine	153-483
Proline	2-14
Tyrosine	28-113

Creatinine Concentration

	Reference Range
Creatinine ◆	3.1-19.5 mmol/L

Amino Acid Reference Ranges are Age Specific

The performance characteristics of all assays have been verified by Genova Diagnostics, Inc. Unless otherwise noted with ◆, the assay has not been cleared by the U.S. Food and Drug Administration.

Intermediary Metabolites

B Vitamin Markers	Reference Range
α-Aminoadipic Acid	11-73
α-Amino-N-butyric Acid	9-49
β-Aminoisobutyric Acid	19-163
Cystathionine	6-29
3-Methylhistidine	134-302

Urea Cycle Markers	Reference Range
Ammonia	12.0-41.0 mmol/g creatinine
Citrulline	9-40
Ornithine	3-16
Urea ◆	150-380 mmol/g creatinine

Glycine/Serine Metabolites	Reference Range
Glycine	434-1,688
Serine	135-426
Ethanolamine	156-422
Phosphoethanolamine	14-50
Phosphoserine	26-64
Sarcosine	<= 41

Dietary Peptide Related Markers

	Reference Range
Anserine (dipeptide)	8-118
Carnosine (dipeptide)	12-120
1-Methylhistidine	83-1,008
β-Alanine	<= 17

Markers for Urine Representativeness

	Reference Range
Glutamine/Glutamate	>= 12
Ammonia	12.0-41.0 mmol/g creatinine
Arginine/Ornithine	>= 1.0

Urine Representativeness Index	Ref Range 5 – 10

Essential and Metabolic Fatty Acids Markers (RBCs)

Omega 3 Fatty Acids

Analyte (cold water fish, flax, walnut)		Reference Range
α-Linolenic (ALA) 18:3 n3	0.15	>= 0.09 wt %
Eicosapentaenoic (EPA) 20:5 n3	0.35	>= 0.16 wt %
Docosapentaenoic (DPA) 22:5 n3	1.41	>= 1.14 wt %
Docosahexaenoic (DHA) 22:6 n3	3.5	>= 2.1 wt %
% Omega 3s	5.4	>= 3.8

Omega 9 Fatty Acids

Analyte (olive oil)		Reference Range
Oleic 18:1 n9	15	10-13 wt %
Nervonic 24:1 n9	4.2	2.1-3.5 wt %
% Omega 9s	19.3	13.3-16.6

Saturated Fatty Acids

Analyte (meat, dairy, coconuts, palm oils)		Reference Range
Palmitic C16:0	19	18-23 wt %
Stearic C18:0	18	14-17 wt %
Arachidic C20:0	0.22	0.22-0.35 wt %
Behenic C22:0	0.62	0.92-1.68 wt %
Tricosanoic C23:0	0.13	0.12-0.18 wt %
Lignoceric C24:0	1.9	2.1-3.8 wt %
Pentadecanoic C15:0	0.06	0.07-0.15 wt %
Margaric C17:0	0.23	0.22-0.37 wt %
% Saturated Fats	39.8	39.8-43.6

Omega 6 Fatty Acids

Analyte (vegetable oil, grains, most meats, dairy)		Reference Range
Linoleic (LA) 18:2 n6	14.4	10.5-16.9 wt %
γ-Linolenic (GLA) 18:3 n6	0.05	0.03-0.13 wt %
Dihomo-γ-linolenic (DGLA) 20:3 n6	1.62	>= 1.19 wt %
Arachidonic (AA) 20:4 n6	16	15-21 wt %
Docosatetraenoic (DTA) 22:4 n6	1.84	1.50-4.20 wt %
Eicosadienoic 20:2 n6	0.33	<= 0.26 wt %
% Omega 6s	34.0	30.5-39.7

Monounsaturated Fats

Omega 7 Fats		Reference Range
Palmitoleic 16:1 n7	0.21	<= 0.64 wt %
Vaccenic 18:1 n7	1.03	<= 1.13 wt %
Trans Fat		
Elaidic 18:1 n9t	0.24	<= 0.59 wt %

Delta - 6 Desaturase Activity

	Upregulated Functional Impaired	
Linoleic / DGLA 18:2 n6 / 20:3 n6	8.9	6.0-12.3

Cardiovascular Risk

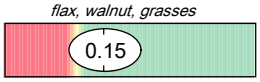
Analyte		Reference Range
Omega 6s / Omega 3s	6.3	3.4-10.7
AA / EPA 20:4 n6 / 20:5 n3	45	12-125
Omega 3 Index	3.8	>= 4.0

The Essential Fatty Acid reference ranges are based on an adult population.

Essential Fatty Acid Metabolism

Omega 3 Family

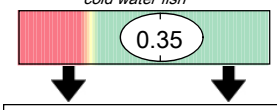
α-Linolenic Acid
flax, walnut, grasses



Stearidonic acid

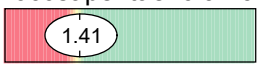
Eicosatetraenoic acid, ETA

Eicosapentaenoic Acid
cold water fish



Anti-inflammatory Eicosanoids

Docosapentaenoic Acid



Docosahexaenoic Acid
cold water fish

Delta-6 Desaturase
Vitamin and Mineral Cofactors:

FAD (B2), Niacin (B3)
Pyridoxal-5-phosphate (B6)
Vitamin C, Insulin, Zn, Mg

Elongase
Vitamin and Mineral Cofactors:

Niacin (B3)
Pyridoxal-5-phosphate (B6)
Pantothenic Acid (B5)
Biotin, Vitamin C

Delta-5 Desaturase
Vitamin and Mineral Cofactors:

FAD (B2), Niacin (B3)
Pyridoxal-5-phosphate (B6)
Vitamin C, Insulin, Zn, Mg

Elongase
Vitamin and Mineral Cofactors:

Niacin (B3)
Pyridoxal-5-phosphate (B6), Biotin
Pantothenic Acid (B5), Vitamin C

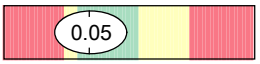
Elongase
Delta-6 Desaturase
Vitamin and Mineral Cofactors:

FAD (B2), Niacin (B3)
Pyridoxal-5-phosphate (B6), Biotin
Vitamin C, Zn, Mg, Carnitine
Pantothenic Acid (B5)

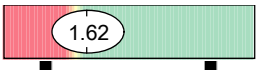
Omega 6 Family

Linoleic Acid
grains, vegetable oils

γ-Linolenic Acid
evening primrose, borage, black currant

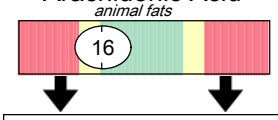


Dihomo-γ-Linolenic Acid



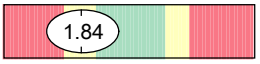
Series 1 Prostaglandins Anti-inflammatory

Arachidonic Acid
animal fats



Pro-inflammatory Eicosanoids

Docosatetraenoic Acid



This test was developed and its performance characteristics determined by Genova Diagnostics, Inc. It has not been cleared by the U.S. Food and Drug Administration.

Oxidative Stress Markers

Oxidative Stress Markers

	Reference Range
Glutathione (whole blood)	1,735 >=669 micromol/L
Lipid Peroxides (urine)	5.2 <=10.0 micromol/g Creat.
8-OHdG (urine)	6 <=16 mcg/g Creat.
Coenzyme Q10, Ubiquinone (plasma)	0.72 0.46-1.72 mcg/mL

The Oxidative Stress reference ranges are based on an adult population.

Vitamin D

	Inside Range	Outside Range	Reference Range
25 - OH Vitamin D ◆		21	50-100 ng/mL

Deficiency = < 20 ng/mL (< 50 nmol/L)
Insufficiency = 20-49 ng/mL (50-124 nmol/L)
Optimal = 50-100 ng/mL (125-250 nmol/L)
Excessive = > 100 ng/mL (> 250 nmol/L)

Elemental Markers (RBCs)

Nutrient Elements

Element	Reference Range	Reference Range
Copper	0.535	0.466-0.721 mcg/g
Magnesium	39.2	30.1-56.5 mcg/g
Manganese	0.012	0.007-0.038 mcg/g
Potassium	3,076	2,220-3,626 mcg/g
Selenium	0.25	0.25-0.76 mcg/g
Zinc	8.2	7.8-13.1 mcg/g

Toxic Elements

Element	Reference Range	Reference Range
Lead	0.020	<= 0.048 mcg/g
Mercury	0.0039	<= 0.0039 mcg/g
Antimony	0.001	<= 0.002 mcg/g
Arsenic	0.012	<= 0.071 mcg/g
Cadmium	0.000	<= 0.001 mcg/g
Tin	<dl	<= 0.0009 mcg/g

The Elemental reference ranges are based on an adult population.

Lab Comments

Lab Comments
Packed RBCs and whole bloods not received; holding until panel is complete. 10/10/2014 EA2

The performance characteristics of all assays have been verified by Genova Diagnostics, Inc. Unless otherwise noted with ◆, the assay has not been cleared by the U.S. Food and Drug Administration.

Commentary

Tartaric Acid is measured to be above the normal range. Widely distributed in fruits, tartaric acid is particularly high in grapes, raisins, and in wine. It may also be found in some soft drinks and baked goods (as "cream of tartar"). Therefore, the elevation of tartaric acid may be due to recent ingestion of higher than usual amounts of some of these foods. In chemical structure, tartaric acid is very similar to malic acid; thus, elevated blood or tissue levels may interfere with malic acid's role in the "malate shuttle", which carries reducing equivalents (protons) into the mitochondria. Aside from dietary sources, elevated urine tartrate can be the result of (intestinal) yeast overgrowth. A stool analysis with microbiology is suggested if dietary sources are ruled out.

Succinic acid participates in the citric acid cycle, acting to donate electrons to the mitochondrial electron transport and leading to formation of fumaric acid. Common in foods such as cantaloupe, it is also a food additive, providing flow-altering effects and a tart flavor. It appears that lacto-ovo vegetarians may show decreased levels in the urine and chronic fatigue patients may also show low levels, although studies on this topic are mixed. Low levels may also be an indicator of B12 or folate deficiency.

Urine **creatinine** concentration is measured to be higher than the reference range. This may signal abnormally increased renal clearance, including increased clearance for some, but not necessarily all reported analytes. Because analyte results are reported as a ratio to creatinine, the representativeness of the urine result is uncertain and relative levels in blood may be different. Creatinine can also be elevated with dehydration, increased body muscle mass and unusually increased physical activity. Measurement of blood serum creatinine or a creatinine clearance test is suggested. If clearance is abnormally high, then the organic acid results may not be representative. If creatinine clearance is normal, then the reported organic acid results are representative.

Commentary

Commentary is provided to the practitioner for educational purposes, and should not be interpreted as diagnostic or treatment recommendations. Diagnosis and treatment decisions are the responsibility of the practitioner.

REPRESENTATIVENESS INDEX

Urine amino acid levels usually are representative of blood levels and reflect dietary uptake and metabolism as well as excretion. However, abnormal renal clearance, loss of urine during the collection period, decay or spoilage, and presence of blood in the urine could cause the urine specimen to be unrepresentative. The possibility of such problems can be judged from analytical measurements which are portrayed in the first section of the report: Markers for Urine Representativeness.

The **glutamine/glutamate ratio** can indicate specimen decay. When aged or improperly preserved, urine glutamine decays to glutamic acid and ammonia. However, in metabolic acidosis some glutamine is transformed into glutamic acid and ammonium ion as a pH-balancing mechanism. Also, high glutamic acid occurs in gout. Hence, low glutamine/glutamate ratio may reflect decay or it may be of metabolic origin. High glutamine/glutamate ratio is metabolic and does not reflect on specimen representativeness.

The **ammonia concentration** , if elevated, usually indicates overall decay of amino acids. An exception would be elevated ammonia concentration with hyperammonemia of metabolic or bacterial origin. Very low ammonia concentration suggests low urine nitrogen levels and may occur in protein-deficient diets. Blood amino acid levels may then be normal or low-normal.

The **arginine/ornithine ratio** generally reflects whether the sample is purely urine or whether hematuria is present. A low ratio is consistent with blood in the urine. This is not foolproof, because high ornithine relative to arginine also may occur with a specific urea cycle weakness (OCT enzyme dysfunction, rare), and with pyridoxal phosphate or transamination weakness affecting ornithine. Urine should not be collected for acid analysis by women during menses. Blood in urine can notably distort the results.

The computer scores the above four Markers for Representativeness and computes a Representativeness Index. An index of 10 means all markers are within expected limits. **An index below 5 suggests a repeat amino acid analysis with a new urine specimen.**

Creatinine is significantly elevated, which is why an Amino Acid Supplementation Schedule is not provided (see supplementation schedule page). Elevated urine creatinine may be caused by nephritis or nephrosis and metabolic disorders, Fanconi syndrome, fructose intolerance and galactosemia. More common causes include: unusually high muscle mass or body weight, very extended periods of muscle use or endurance activities, seizure conditions, sever hyperactivity, or a diet that is overly high in meat, fish or poultry.

A high urine creatinine is typically accompanied by high levels of urine amino acids - multiple hyperaminoaciduria. Usually, this is not from metabolic causes but may be due to high renal clearance (urinary wasting) or dietary protein overload. Therefore, the text that follows does not transcend high renal clearance or dietary protein excess. If renal function is found to be impaired, a plasma amino acid analysis will provide a more accurate reflection of amino acid levels.

Lysine is low in the urine. This nutritionally essential amino acid is needed for formation of body proteins and enzymes. Transaminase enzymes, those that catalyze transfer of amino groups from amino acids to organic or ketoacids, include lysine (as a lysyl residue) which is the anchor point for coenzyme pyridoxal phosphate. Much of the coenzyme activity of vitamin B6 is linked to lysine by this structure. Lysine is abundant in protein foods - meat, fish, fowl, and legumes - but may be insufficient in some vegetarian diets, particularly those based on corn, rice or cereal grains. Symptoms consistent with lysine insufficiency include weight loss, poor appetite, muscle weakness, poor muscle tone, growth failure (infants, children), and anemia.

Valine , a branched-chain structured amino acid, is measured to be low. This nutritionally essential amino acid is required for formation of body proteins and enzymes and it is normally in physiological balance with the other two similarly structured amino acids, leucine and isoleucine. The branched-chain structure of valine makes it very

Commentary

important to the formation of flexible collagen tissues, such as elastin in ligaments. Valine is relatively abundant in all protein foods. Low valine may result from a poor quality diet or from gastrointestinal dysfunction, particularly from digestive peptidase dysfunction. Zinc deficiency, pancreatic insufficiency, acidic small intestine, food reactivities and malabsorption may be involved.

Alpha-amino-N-butyric acid (A-ANB), an intermediary product of threonine and methionine metabolism, is measured to be low. This is not a protein-forming amino acid, and a low level usually reflects low levels of either threonine or methionine. An immediate precursor of A-ANB is alpha-keto-N-butyric acid which is formed together with cysteine from cystathionine. Low cysteine or cystine and low A-ANB with normal or high cystathionine suggests pyridoxal 5-phosphate coenzyme dysfunction or increased need for vitamin B6, regardless of methionine or threonine level.

Ethanolamine , an intermediate of the serine-to-choline metabolism sequence, is measured to be low. Ethanolamine is formed metabolically from serine and phosphatidylethanolamine; this endogenous formation is pyridoxal phosphate dependent and requires adequate serine. Consequences of ethanolamine insufficiency may be limited or insufficient levels of phosphoethanolamine, phosphatidylcholine and choline. Acetylcholine, the neurotransmitter, is formed from choline. Dietary lecithin provides an independent source of the neurotransmitter precursors. Ethanolamine insufficiency is significant if cholinergic functions are limited.

Beta-aminoisobutyric acid (B-AIB) is a product of catabolism of pyrimidine nucleotides and it is an intermediate of valine-to-succinic acid metabolism. In valine-to-succinic acid metabolism, B-AIB is directly formed from methylmalonic acid semialdehyde. B-AIB is elevated for this individual which implies one of four possible conditions.

1. Vitamin B12 coenzyme function (as adenosylcobalamin) is weak. Elevated methylmalonic acid in urine (methylmalonic aciduria) would confirm this. Vitamin B12 deficiency or adenosylcobalamin coenzyme defect would be causative.
2. Vitamin B6 coenzyme function (as pyridoxal phosphate) is weak. B-AIB also transaminates to its keto analog.
3. The specific B-AIB-to-pyruvic acid transaminase is weak or absent. This is considered a benign variant of metabolism and is present in about 25% of Chinese and Japanese individuals and in about 8% of Scandinavian and Northwestern Europeans.
4. Accelerated catabolism of DNA and RNA is occurring. Catabolism of damaged or diseased tissue, tumors and malignancy feature increased formation and excretion of B-AIB.

In addition to the above conditions, Downs syndrome individuals usually are B-AIB excretors. It is not known whether one of the above four mechanisms is responsible.

Cystathionine , an intermediary metabolite of the essential amino acid methionine, is elevated per the urine analysis. Cystathionine is preceded by homocysteine, and it leads to cysteine and alpha-ketobutyric acid (A-KBA, which may become alpha-amino-N-butyric acid). To become cysteine and A-KBA, cystathionine is acted on by the enzyme cystathionine gamma-lyase which requires vitamin B6 as coenzyme pyridoxal 5-phosphate (P 5-P).

Clinical manifestations of cystathioninuria are variable, and some authorities do not attribute any pathology strictly to weakness of the gamma-lyase enzyme itself. Consequences may depend upon need for and levels of the ultimate metabolites of cystathionine: cysteine, glutathione, taurine, etc. Conditions variously reported to coincide with cystathioninuria include for children: hyperactivity, repeated infections, learning disorders, mental retardation and juvenile diabetes mellitus. For adults, mental aberrations, mental retardation, urinary calculi, and acromegaly are reported. For many individuals administration of vitamin B6 during infancy or childhood has resulted in normalcy when tested some years later. Most cases of cystathioninuria resolve with administration of vitamin B6 and/or pyridoxal phosphate (Ref. Mudd and Levy, "Disorders of Transsulfuration", Stanbury et al., eds. The Metabolic Basis of Inherited Disease, pp 550-551).

Essential & Metabolic Fatty Acids Markers (RBCs)

Commentary

Fatty Acids and Your Health

Doctors and nutritionists used to think that all fat was merely a way for the body to store calories for later use as energy, since, as we all know too well, if we eat excess food, our body converts those calories to fat. Only in the last century have we discovered that some fats are absolutely essential to health. Our bodies cannot make these fats, and so we must get them from our food, or our health will suffer. These Essential Fatty Acids (EFAs) have many functions in the body: they are the precursors for local "hormones"; they regulate all inflammation as well as all smooth muscle contraction and relaxation. These local hormones are given names like prostaglandins, leukotrienes and thromboxanes. EFAs are also essential components for all cell membranes. Their importance for health cannot be overemphasized since the brain, nerves, eyes, connective tissue, skin, blood vessels, and every cell in the body depend on a proper balance of essential fatty acids for optimal function. It is the fats found in red blood cell membranes, known as phospholipids, that this test measures.

Essential fatty acids are classified into fat "families": omega 3 fats and omega 6 fats. Non-essential fat "families" include omega-9 fats, saturated fats, omega-7 fats, and trans-fats. Optimal health depends on the proper balance of all fats - both essential and non-essential fats - in the diet. Proper balance means adequate amounts of each individual fat, without having too much, and maintaining proper balance between the various "families" of fats. Fat health also means avoiding potentially harmful fats such as trans fats found in shortening, margarine, fried foods and dairy. A proper balance of fatty acids will lead to mental health and proper nerve function, a healthy heart and circulatory system, reduced inflammation in general, proper gastrointestinal and lung function, a more balanced immune system, and even healthy skin, hair and nails. Fatty acid balance is also critical for the health of all pregnant women and their babies since the developing brain and nervous system of the baby requires large amounts of EFAs that must come from the mother. Fatty acid imbalances have been seen in many disease processes including heart disease, hypertension, insulin resistance and diabetes, asthma, painful menstruation, pre-menstrual syndrome (PMS), depression, attention deficit hyperactivity disorder (ADHD), senility, obsessive-compulsive disorder, and post-partum depression.

This Essential and Metabolic Fatty Acid Analysis allows your health care practitioner to examine the fats found in your red blood cell membranes. These fats represent the types of fats your body has available to make cell membranes and the local "hormones" that control inflammation and smooth muscle contraction throughout the body. Following your health care practitioner's advice on diet and fatty acid supplementation is likely to restore your fatty acids to a state of healthy balance.

Results of Your Individual Essential and Metabolic Fatty Acid Analysis

Oleic acid is above the reference range. Oleic acid is important in maintaining cell membrane fluidity. High oleic acid may result from the consumption of olive oil, high-oleic safflower, or high-oleic sunflower oil. Moderately high levels may be indicative of increased olive oil consumption and are likely to be of no clinical concern.

Palmitoleic acid and/or Vaccenic acid (omega-7 fats) are within the reference range, but above the functional physiologic range. Increased endogenous production of omega-7 fats is associated with a functional deficiency of omega-3 fats in the diet.

Commentary

Commentary is provided to the practitioner for educational purposes, and should not be interpreted as diagnostic or treatment recommendations. Diagnosis and treatment decisions are the responsibility of the practitioner.

The performance characteristics of this assay have been verified by Genova Diagnostics, Inc. This assay for Vitamin D has been cleared by the U.S. Food and Drug Administration.

Deficient or Insufficient levels:

Vitamin D is a hormone produced in the skin during exposure to sunlight or consumed in the diet, and converted to its active form, calcitriol, in the liver and kidneys. Vitamin D helps regulate serum calcium and phosphorus levels by increasing intestinal absorption of calcium and stimulating tubular reabsorption of calcium. Vitamin D also affects numerous other functions in the body.

Calcitriol deficiency can result in rickets or osteomalacia due to under-mineralization of the growing skeleton or demineralization of the adult skeleton, respectively. Hypovitaminosis D also increases the risk of infection, cancer, autoimmune disease, hypertension, arteriosclerosis, diabetes and/or insulin resistance, musculoskeletal pain, epilepsy, and migraine.

Elemental Markers (RBCs)

Commentary

All of the measured erythrocyte elements are within the laboratory reference range.

Homocysteine

GENOVA DIAGNOSTICS EUROPE

Parkgate House
356 West Barnes Lane
New Malden, Surrey KT3 6NB

63 Zillicoa Street
Asheville, NC 28801 USA

Homocysteine

	Inside Range	Outside Range	Reference Range
Homocysteine		14.60	5.20-11.40 umol/L

Commentary

Lab Comments
Packed RBCs and whole bloods not received; holding until panel is complete. 10/10/2014 EA2

Resubmittal: H8100377, Packed RBCs and Whole Blood samples received to complete testing. 10/11/2014 cs7

The reference range for homocysteine is based on the sex-specific 5th to 95th percentile values for men and women (20 to 39 years of age) in the NHANES nutritionally replete cohort. Annals of Internal Medicince 1999; 131 (331-338).

Commentary is provided to the practitioner for educational purposes, and should not be interpreted as diagnostic or treatment recommendations. Diagnosis and treatment decisions are the responsibility of the practitioner.

The **homocysteine** level is ABOVE the REFERENCE range. Homocysteinemia has received abundant regard as a key independent risk factor for cardiovascular disease which is responsive to nutritional intervention. Elevated homocysteine levels result in micro-abrasive effects on the vascular endothelium, thus providing loci for other plaque-generating events to occur. Smoking and hypertension increase cardiovascular risks associated with high homocysteine.