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Patient: **KELLY
CARTER**
DOB: January 20, 1971
Sex: F
MRN: 1232395905

Order Number: H9190146
Completed: December 01, 2014
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Collected: November 18, 2014

Atlanta Functional Medicine
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NutraEval Results Overview

Normal	Borderline	High Need	Supplementation for High Need
Antioxidants			
Vitamin A / Carotenoids			
Vitamin E / Tocopherols	Vitamin C		
CoQ10	α-Lipoic Acid		
B-Vitamins			
	Thiamin - B1		
Niacin - B3		Riboflavin - B2	Riboflavin - B2- Dose = 50 mg
Pyridoxine - B6			
Biotin - B7		Folic Acid - B9	Folic Acid - B9 - Dose = 1,200 mcg
	Cobalamin - B12		
Minerals			
Magnesium			
Manganese			
Molybdenum			
Zinc			

SUGGESTED SUPPLEMENT SCHEDULE

Supplements	Daily Recommended Intake (DRI)	Patient's Daily Recommendations	Provider Daily Recommendations
Antioxidants			
Vitamin A / Carotenoids	2,333 IU	3,000 IU	
Vitamin C	75 mg	500 mg	
Vitamin E / Tocopherols	22 IU	100 IU	
α-Lipoic Acid		100 mg	
CoQ10		30 mg	
B-Vitamins			
Thiamin - B1	1.1 mg	25 mg	
Riboflavin - B2	1.1 mg	50 mg	
Niacin - B3	14 mg	20 mg	
Pyridoxine - B6	1.3 mg	10 mg	
Biotin - B7	30 mcg	100 mcg	
Folic Acid - B9	400 mcg	1,200 mcg	
Cobalamin - B12	2.4 mcg	500 mcg	
Minerals			
Magnesium	320 mg	400 mg	
Manganese	1.8 mg	3.0 mg	
Molybdenum	45 mcg	75 mcg	
Zinc	8 mg	10 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		
Amino Acid		mg/day	
Arginine	0	Methionine	
Asparagine	0	Phenylalanine	
Cysteine	0	Serine	
Glutamine	0	Taurine	
Glycine	1,419	Threonine	
Histidine	0	Tryptophan	
Isoleucine	0	Tyrosine	
Leucine	0	Valine	
Lysine	121		

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

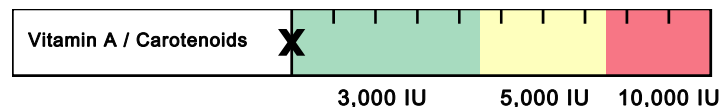
High Need



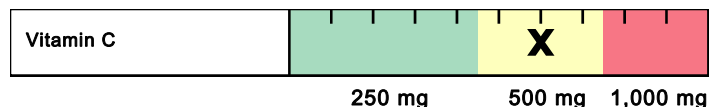
Interpretation At-A-Glance

Nutritional Needs

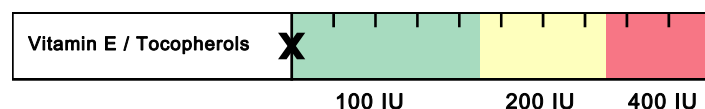
Antioxidants



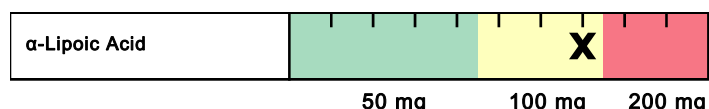
- ▶ Beta-carotene & other carotenoids are converted to vitamin A (retinol), involved in vision, antioxidant & immune function, gene expression & cell growth.
- ▶ Vitamin A deficiency may occur with chronic alcoholism, zinc deficiency, hypothyroidism, or oral contraceptives containing estrogen & progestin.
- ▶ 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.



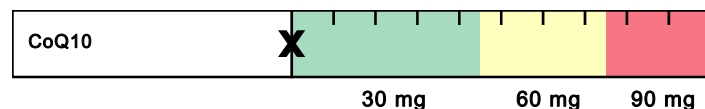
- ▶ Vitamin C is an antioxidant (also used in the regeneration of other antioxidants). It is involved in cholesterol metabolism, the production & function of WBCs and antibodies, and the synthesis of collagen, norepinephrine and carnitine.
- ▶ Deficiency may occur with oral contraceptives, aspirin, diuretics 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.



- ▶ 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 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 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 (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.



- ▶ 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

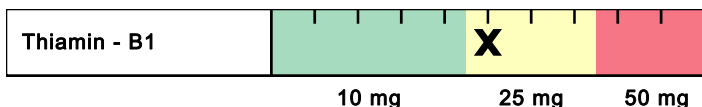
- ▶ Function
- ▶ Causes of Deficiency
- ▶ Complications of Deficiency
- ▶ Food Sources



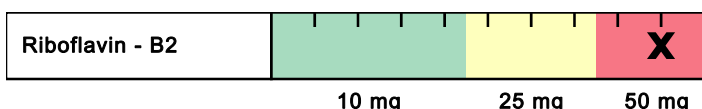
Interpretation At-A-Glance

Nutritional Needs

B-Vitamins



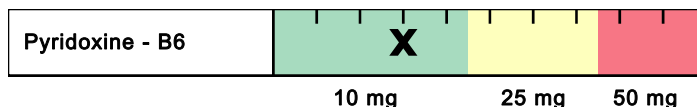
- ▶ B1 is a required cofactor for enzymes involved in energy production from food, and for the synthesis of ATP, GTP, DNA, RNA and NADPH.
- ▶ Low B1 can result from chronic alcoholism, diuretics, digoxin, oral contraceptives and HRT, or large amounts of tea & coffee (contain anti-B1 factors).
- ▶ B1 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.



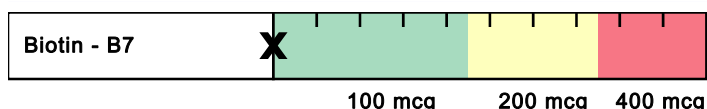
- ▶ B2 is a key component of enzymes involved in antioxidant function, energy production, detoxification, methionine metabolism and vitamin activation.
- ▶ Low B2 may result from chronic alcoholism, some anti-psychotic medications, oral contraceptives, tricyclic antidepressants, quinacrine or adriamycin.
- ▶ 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.



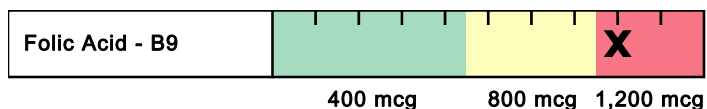
- ▶ B3 is used to form NAD and NADP, involved in energy production from food, fatty acid & cholesterol synthesis, cell signaling, DNA repair & cell differentiation.
- ▶ Low B3 may result from deficiencies of tryptophan (B3 precursor), B6, B2 or Fe (cofactors in B3 production), or from long-term isoniazid 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.



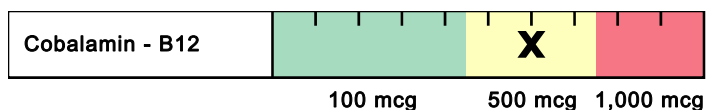
- ▶ B6 (as P5P) is a cofactor for enzymes involved in glycogenolysis & gluconeogenesis, and synthesis of neurotransmitters, heme, B3, RBCs and nucleic acids.
- ▶ Low B6 may result from chronic alcoholism, long-term diuretics, estrogens (oral contraceptives and HRT), anti-TB meds, penicillamine, L-DOPA 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.



- ▶ 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.



- ▶ 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.



- ▶ 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.



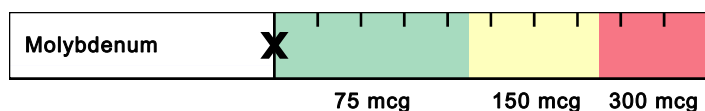
Interpretation At-A-Glance

Nutritional Needs

Minerals



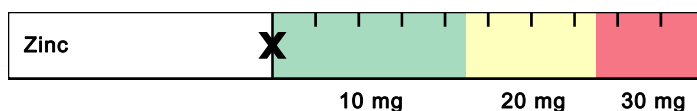
- Manganese plays an important role in antioxidant function, gluconeogenesis, the urea cycle, cartilage & bone formation, energy production and digestion.
- Impaired absorption of Mn may occur with excess intake of Fe, Ca, Cu, folic acid, or phosphorous compounds, or use of long-term TPN, Mg-containing 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.



- 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).

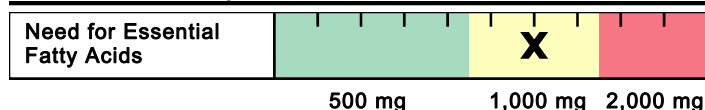


- Magnesium is involved in >300 metabolic reactions. Key areas include energy production, bone & ATP formation, muscle & nerve conduction and cell signaling.
- Deficiency may occur with malabsorption, alcoholism, hyperparathyroidism, renal disorders (wasting), diabetes, diuretics, digoxin or high doses 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.



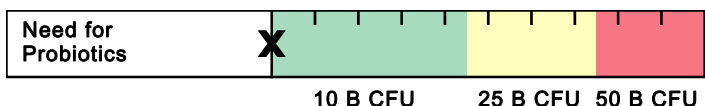
- Zinc plays a vital role in immunity, protein metabolism, heme synthesis, growth & development, reproduction, digestion and antioxidant function.
- Low levels may occur with malabsorption, alcoholism, chronic diarrhea, diabetes, excess Cu or Fe, diuretics, ACE inhibitors, H2 blockers or digoxin.
- Deficiency 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

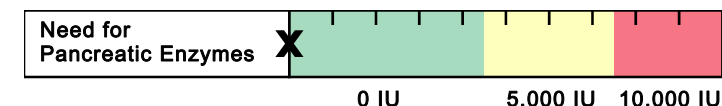


- Omega-3 (O3) and Omega-6 (O6) fatty acids are polyunsaturated fatty acids that cannot be synthesized by the human body. They are classified as essential nutrients and must be obtained from dietary sources.
- The standard American diet is much higher in O6 than O3 fatty acids.
- Deficiency of EFAs may 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 α -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

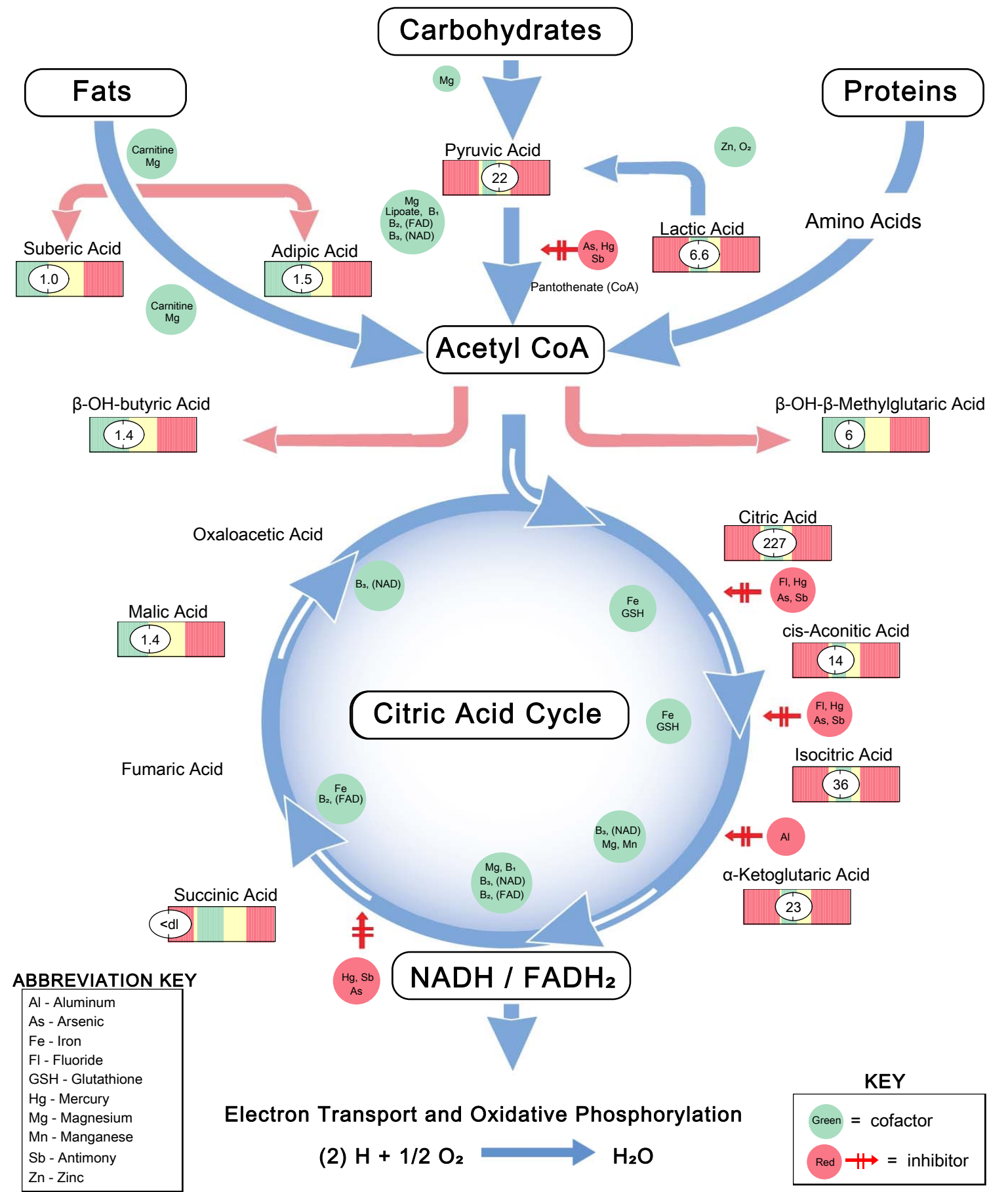


- Probiotics have many functions. These include: production of some B vitamins and vitamin K; enhance digestion & absorption; decrease severity of diarrheal illness; modulate of immune function & intestinal permeability.
- Alterations of gastrointestinal microflora may result from C-section delivery, 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



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

Malabsorption and Dysbiosis Markers

Malabsorption Markers Reference Range

Indoleacetic Acid (IAA)	1.1	<= 4.2
Phenylacetic Acid (PAA)	0.05	<= 0.12

Bacterial Dysbiosis Markers

Dihydroxyphenylpropionic Acid (DHPPA)	0.6	<= 5.3
3-Hydroxyphenylacetic Acid	3.3	<= 8.1
4-Hydroxyphenylacetic Acid	13	<= 29
Benzoic Acid	0.05	<= 0.05
Hippuric Acid	<dl	<= 603

Yeast / Fungal Dysbiosis Markers

Arabinose	34	<= 96
Citramalic Acid	3.3	<= 5.8
Tartaric Acid	<dl	<= 15

Cellular Energy & Mitochondrial Metabolites

Carbohydrate Metabolism Reference Range

Lactic Acid	6.6	1.9-19.8
Pyruvic Acid	22	7-32
β -OH-Butyric Acid (BHBA)	1.4	<= 2.8

Energy Metabolism

Citric Acid	227	40-520
Cis-Aconitic Acid	14	10-36
Isocitric Acid	36	22-65
α -Ketoglutaric Acid (AKG)	23	4-52
Succinic Acid	<dl	0.4-4.6
Malic Acid	1.4	<= 3.0
β -OH- β -Methylglutaric Acid (HMG)	6	<= 15

Fatty Acid Metabolism

Adipic Acid	1.5	<= 2.8
Suberic Acid	1.0	<= 2.1

Creatinine Concentration

	Reference Range
Creatinine ♦	6.8 3.1-19.5 mmol/L

Metabolic Analysis Markers

Neurotransmitter Metabolites

Reference Range

Vanilmandelic Acid	1.3	0.4-3.6
Homovanillic Acid	2.7	1.2-5.3
5-OH-indoleacetic Acid	7.3	3.8-12.1
3-Methyl-4-OH-phenylglycol	0.09	0.02-0.22
Kynurenic Acid	3.6	<= 7.1
Quinolinic Acid	7.0	<= 9.1
Kynurenic / Quinolinic Ratio	0.51	>= 0.44

Vitamin Markers

Reference Range

α -Ketoadipic Acid	1.5	<= 1.7
α -Ketoisovaleric Acid	0.36	<= 0.97
α -Ketoisocaproic Acid	0.43	<= 0.89
α -Keto- β -Methylvaleric Acid	1.3	<= 2.1
Formiminoglutamic Acid (FIGlu)	1.6	<= 1.5
Glutaric Acid	0.61	<= 0.51
Isovalerylglycine	2.2	<= 3.7
Methylmalonic Acid	1.2	<= 1.9
Xanthurenic Acid	0.56	<= 0.96
3-Hydroxypropionic Acid	13	5-22
3-Hydroxyisovaleric Acid	8	<= 29

Toxin & Detoxification Markers

Reference Range

α -Ketophenylacetic Acid (from Styrene)	0.17	<= 0.46
α -Hydroxyisobutyric Acid (from MTBE)	5.0	<= 6.7
Orotic Acid	0.57	0.33-1.01
Pyroglutamic Acid	25	16-34

Tyrosine Metabolism

Reference Range

Homogentisic Acid	4	<= 19
2-Hydroxyphenylacetic Acid	0.54	<= 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.

All biomarkers reported in micromol/gm creatinine unless otherwise noted.

Nutritionally Essential Amino Acids			
Amino Acid	Reference Range		
Arginine	20		10-64
Histidine	540		296-1,136
Isoleucine	40		24-58
Leucine	53		30-87
Lysine	79		45-286
Methionine	40		30-82
Phenylalanine	36		26-71
Taurine	408		68-538
Threonine	131		65-252
Tryptophan	59		28-111
Valine	26		23-61

Nonessential Protein Amino Acids			
Amino Acid	Reference Range		
Alanine	181		146-486
Asparagine	100		49-182
Aspartic Acid	13		35-86
Cysteine	45		21-78
Cystine	25		26-78
γ-Aminobutyric Acid	11		<= 31
Glutamic Acid	20		5-21
Glutamine	244		172-570
Proline	8		2-18
Tyrosine	55		33-124

Creatinine Concentration			
Reference Range			
Creatinine ♦	6.9		3.1-19.5 mmol/L

Amino Acid Reference Ranges are Age Specific

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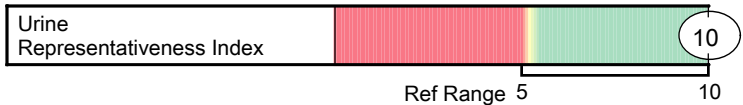
Intermediary Metabolites			
B Vitamin Markers		Reference Range	
α-Aminoadipic Acid	85		11-73
α-Amino-N-butyric Acid	19		9-49
β-Aminoisobutyric Acid	82		22-192
Cystathionine	22		6-33
3-Methylhistidine	279		131-318

Urea Cycle Markers			
Ammonia	24.2		14.0-49.0 mmol/g creatinine
Citrulline	17		12-45
Ornithine	10		4-21
Urea ♦	333		168-465 mmol/g creatinine

Glycine/Serine Metabolites			
Glycine	746		639-3,306
Serine	252		187-568
Ethanolamine	239		208-514
Phosphoethanolamine	44		18-70
Phosphoserine	30		28-63
Sarcosine	22		<= 48

Dietary Peptide Related Markers			
Reference Range			
Anserine (dipeptide)	11		7-126
Carnosine (dipeptide)	31		10-104
1-Methylhistidine	917		92-1,046
β-Alanine	5		<= 21

Markers for Urine Representativeness			
Reference Range			
Glutamine/Glutamate	12		>= 10
Ammonia	24.2		14.0-49.0 mmol/g creatinine
Arginine/Ornithine	2.0		>= 1.1



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	0.12	≥ 0.09 wt %
Eicosapentaenoic (EPA) 20:5 n3	0.41	≥ 0.16 wt %
Docosapentaenoic (DPA) 22:5 n3	1.39	≥ 1.14 wt %
Docosahexaenoic (DHA) 22:6 n3	2.5	≥ 2.1 wt %
% Omega 3s	4.4	≥ 3.8

Omega 9 Fatty Acids

Analyte	(olive oil)	Reference Range
Oleic 18:1 n9	12	10-13 wt %
Nervonic 24:1 n9	2.5	2.1-3.5 wt %
% Omega 9s	15.0	13.3-16.6

Saturated Fatty Acids

Analyte	(meat, dairy, coconuts, palm oils)	Reference Range
Palmitic C16:0	20	18-23 wt %
Stearic C18:0	18	14-17 wt %
Arachidic C20:0	0.25	0.22-0.35 wt %
Behenic C22:0	0.74	0.92-1.68 wt %
Tricosanoic C23:0	0.18	0.12-0.18 wt %
Lignoceric C24:0	2.5	2.1-3.8 wt %
Pentadecanoic C15:0	0.09	0.07-0.15 wt %
Margaric C17:0	0.31	0.22-0.37 wt %
% Saturated Fats	42.0	39.8-43.6

Omega 6 Fatty Acids

Analyte	(vegetable oil, grains, most meats, dairy)	Reference Range
Linoleic (LA) 18:2 n6	13.6	10.5-16.9 wt %
γ -Linolenic (GLA) 18:3 n6	0.11	0.03-0.13 wt %
Dihomo- γ -linolenic (DGLA) 20:3 n6	1.30	≥ 1.19 wt %
Arachidonic (AA) 20:4 n6	19	15-21 wt %
Docosatetraenoic (DTA) 22:4 n6	3.00	1.50-4.20 wt %
Eicosadienoic 20:2 n6	0.31	≤ 0.26 wt %
% Omega 6s	36.9	30.5-39.7

Monounsaturated Fats

Omega 7 Fats	Reference Range
Palmitoleic 16:1 n7	0.26 ≤ 0.64 wt %
Vaccenic 18:1 n7	0.93 ≤ 1.13 wt %

Trans Fat

Elaidic 18:1 n9t	0.40	≤ 0.59 wt %
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Delta - 6 Desaturase Activity

	Upregulated	Functional	Impaired
Linoleic / DGLA 18:2 n6 / 20:3 n6	10.5		6.0-12.3

Cardiovascular Risk

Analyte	Reference Range
Omega 6s / Omega 3s	8.3 3.4-10.7
AA / EPA 20:4 n6 / 20:5 n3	45 12-125
Omega 3 Index	2.9 ≥ 4.0

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



63 Zillico Street
Asheville, NC 28801
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Patient: **KELLY
CARTER**
DOB: January 20, 1971
Sex: F
MRN: 1232395905

Order Number: H9190146
Completed: December 01, 2014
Received: November 19, 2014
Collected: November 18, 2014

Atlanta Functional Medicine
Elizabeth Board MD
5755 N Point Pkwy
Ste 74
Alpharetta, GA 30022-1146

NutraEval Results Overview

Normal	Borderline	High Need	Supplementation for High Need
Antioxidants			
Vitamin A / Carotenoids			
	Vitamin C		
Vitamin E / Tocopherols			
	α-Lipoic Acid		
CoQ10			
B-Vitamins			
	Thiamin - B1		
		Riboflavin - B2	Riboflavin - B2- Dose = 50 mg
Niacin - B3			
Pyridoxine - B6			
Biotin - B7			
		Folic Acid - B9	Folic Acid - B9 - Dose = 1,200 mcg
	Cobalamin - B12		
Minerals			
Magnesium			
Manganese			
Molybdenum			
Zinc			

SUGGESTED SUPPLEMENT SCHEDULE

Supplements	Daily Recommended Intake (DRI)	Patient's Daily Recommendations	Provider Daily Recommendations
Antioxidants			
Vitamin A / Carotenoids	2,333 IU	3,000 IU	
Vitamin C	75 mg	500 mg	
Vitamin E / Tocopherols	22 IU	100 IU	
α-Lipoic Acid		100 mg	
CoQ10		30 mg	
B-Vitamins			
Thiamin - B1	1.1 mg	25 mg	
Riboflavin - B2	1.1 mg	50 mg	
Niacin - B3	14 mg	20 mg	
Pyridoxine - B6	1.3 mg	10 mg	
Biotin - B7	30 mcg	100 mcg	
Folic Acid - B9	400 mcg	1,200 mcg	
Cobalamin - B12	2.4 mcg	500 mcg	
Minerals			
Magnesium	320 mg	400 mg	
Manganese	1.8 mg	3.0 mg	
Molybdenum	45 mcg	75 mcg	
Zinc	8 mg	10 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		
Amino Acid			
mg/day		mg/day	
Arginine	0	Methionine	0
Asparagine	0	Phenylalanine	0
Cysteine	0	Serine	0
Glutamine	0	Taurine	0
Glycine	1,419	Threonine	0
Histidine	0	Tryptophan	0
Isoleucine	0	Tyrosine	0
Leucine	0	Valine	139
Lysine	121		

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

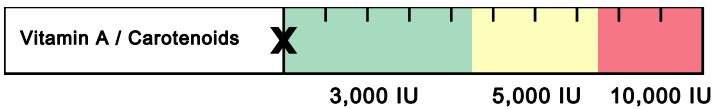
High Need



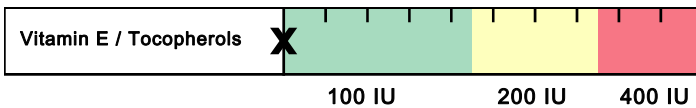
Interpretation At-A-Glance

Nutritional Needs

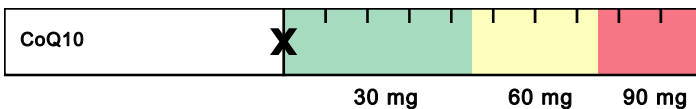
Antioxidants



- ▶ 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.



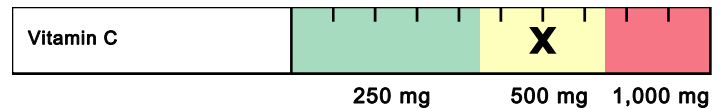
- ▶ Alpha-tocopherol (body's main form of vitamin E) functions as an antioxidant, regulates cell signaling, influences immune function and inhibits coagulation.
- ▶ Deficiency may occur with malabsorption, cholestyramine, colestipol, isoniazid, orlistat, olestra and certain anti-convulsants (e.g., phenobarbital, 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.



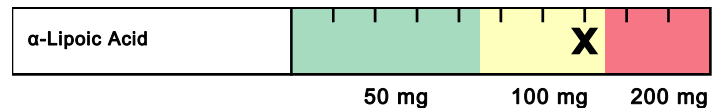
- ▶ CoQ10 is a powerful antioxidant that is synthesized in the body and contained in cell membranes. CoQ10 is also essential for energy production & pH regulation.
- ▶ CoQ10 deficiency may occur with HMG-CoA reductase inhibitors (statins), several anti-diabetic medication classes (biguanides, sulfonylureas) 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.



- ▶ 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.).



- ▶ 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.



- ▶ 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.



- ▶ 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.

Key

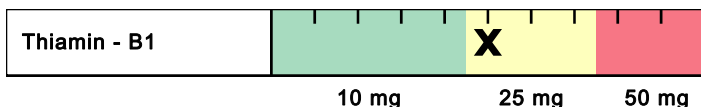
- ▶ Function
- ▶ Causes of Deficiency
- ▶ Complications of Deficiency
- ▶ Food Sources



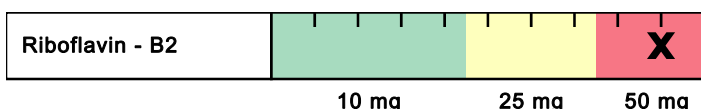
Interpretation At-A-Glance

Nutritional Needs

B-Vitamins



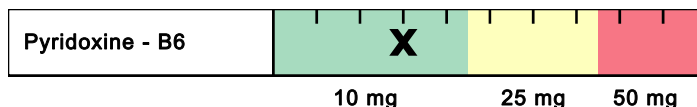
- ▶ B1 is a required cofactor for enzymes involved in energy production from food, and for the synthesis of ATP, GTP, DNA, RNA and NADPH.
- ▶ Low B1 can result from chronic alcoholism, diuretics, digoxin, oral contraceptives and HRT, or large amounts of tea & coffee (contain anti-B1 factors).
- ▶ B1 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.



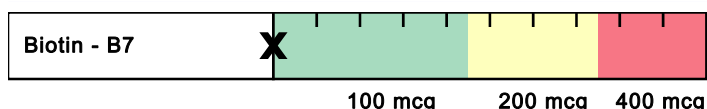
- ▶ B2 is a key component of enzymes involved in antioxidant function, energy production, detoxification, methionine metabolism and vitamin activation.
- ▶ Low B2 may result from chronic alcoholism, some anti-psychotic medications, oral contraceptives, tricyclic antidepressants, quinacrine or adriamycin.
- ▶ 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.



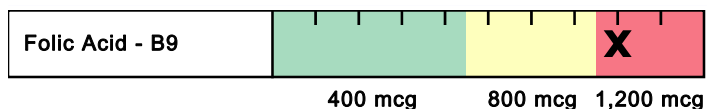
- ▶ B3 is used to form NAD and NADP, involved in energy production from food, fatty acid & cholesterol synthesis, cell signaling, DNA repair & cell differentiation.
- ▶ Low B3 may result from deficiencies of tryptophan (B3 precursor), B6, B2 or Fe (cofactors in B3 production), or from long-term isoniazid 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.



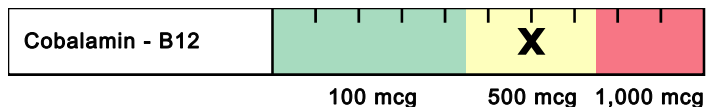
- ▶ B6 (as P5P) is a cofactor for enzymes involved in glycogenolysis & gluconeogenesis, and synthesis of neurotransmitters, heme, B3, RBCs and nucleic acids.
- ▶ Low B6 may result from chronic alcoholism, long-term diuretics, estrogens (oral contraceptives and HRT), anti-TB meds, penicillamine, L-DOPA 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.



- ▶ 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.



- ▶ 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.



- ▶ 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.



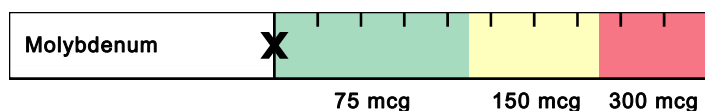
Interpretation At-A-Glance

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.



- 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).

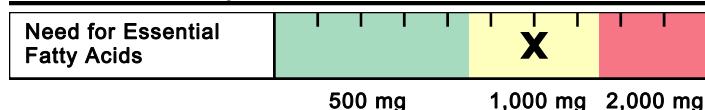


- Magnesium is involved in >300 metabolic reactions. Key areas include energy production, bone & ATP formation, muscle & nerve conduction and cell signaling.
- Deficiency may occur with malabsorption, alcoholism, hyperparathyroidism, renal disorders (wasting), diabetes, diuretics, digoxin or high doses 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.



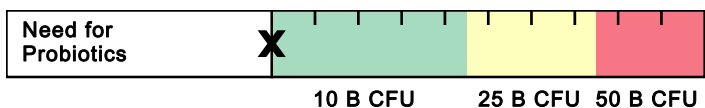
- Zinc plays a vital role in immunity, protein metabolism, heme synthesis, growth & development, reproduction, digestion and antioxidant function.
- Low levels may occur with malabsorption, alcoholism, chronic diarrhea, diabetes, excess Cu or Fe, diuretics, ACE inhibitors, H2 blockers or digoxin.
- Deficiency 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

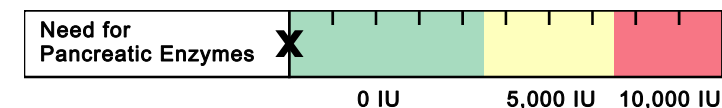


- Omega-3 (O3) and Omega-6 (O6) fatty acids are polyunsaturated fatty acids that cannot be synthesized by the human body. They are classified as essential nutrients and must be obtained from dietary sources.
- The standard American diet is much higher in O6 than O3 fatty acids.
- Deficiency of EFAs may 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 α -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.