



63 Zillicoa Street
Asheville, NC 28801
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Patient:	Order Number:
DOB:	Completed:
Sex:	Received:
MRN:	Collected: July 15, 2014

NutrEval 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	Riboflavin - B2	Riboflavin - B2- Dose = 50 mg
Niacin - B3			
Pyridoxine - B6			
Biotin - B7			
	Folic Acid - B9		
	Cobalamin - B12		
Minerals			
	Magnesium		
Manganese			
Molybdenum			
Zinc			
Vitamin D			
	Vitamin D		

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	800 mcg	
Cobalamin - B12	2.4 mcg	500 mcg	
Minerals			
Magnesium	320 mg	600 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	500 mg	
Digestive Support			
Probiotics		25 billion CFU	
Pancreatic Enzymes		5,000 IU	
Other Vitamins			
Vitamin D	600 IU	2,500 IU	
Amino Acid		Amino Acid	
	mg/day		mg/day
Arginine	0	Methionine	0
Asparagine	0	Phenylalanine	0
Cysteine	0	Serine	0
Glutamine	0	Taurine	0
Glycine	0	Threonine	0
Histidine	0	Tryptophan	0
Isoleucine	0	Tyrosine	0
Leucine	0	Valine	0
Lysine	656		

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.

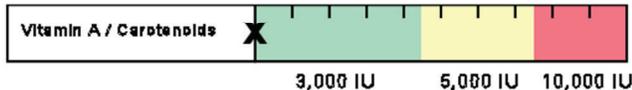
Key

Normal	Borderline	High Need

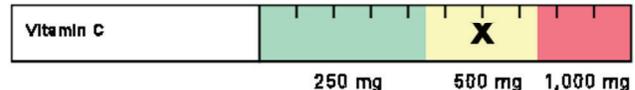
NutrEval *Interpretation At-A-Glance*
FMV antioxidants

Nutritional Needs

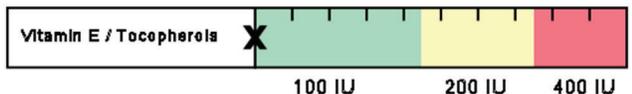
Antioxidants



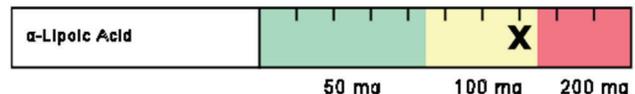
- ▶ Beta-carotene & other carotenoids are converted to vitamin A (retinol), involved in vision, antioxidant & immune function, gene expression & cell growth.
- ▶ Vitamin A deficiency may occur with chronic alcoholism, zinc deficiency, hypothyroidism, or oral contraceptives containing estrogen & progestin.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



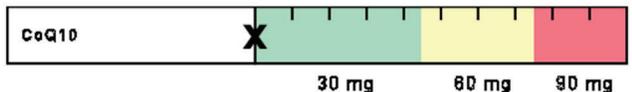
- ▶ Vitamin C is an antioxidant (also used in the regeneration of other antioxidants). It is involved in cholesterol metabolism, the production & function of WBCs and antibodies, and the synthesis of collagen, norepinephrine and carnitine.
- ▶ Deficiency may occur with oral contraceptives, aspirin, diuretics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

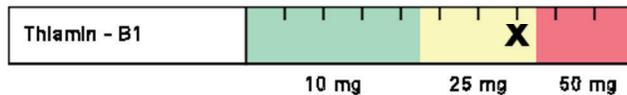
- ▶ Function
- ▶ Causes of Deficiency
- ▶ Complications of Deficiency
- ▶ Food Sources



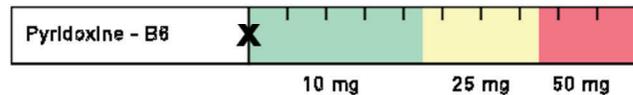
Interpretation At-A-Glance

Nutritional Needs

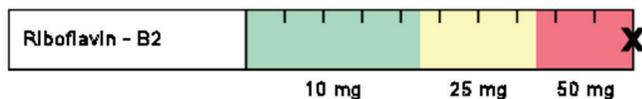
B-Vitamins



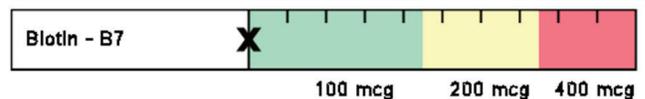
- ▶ B1 is a required cofactor for enzymes involved in energy production from food, and for the synthesis of ATP, GTP, DNA, RNA and NADPH.
- ▶ Low B1 can result from chronic alcoholism, diuretics, digoxin, oral contraceptives and HRT, or large amounts of tea & coffee (contain anti-B1 factors).
- ▶ B1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



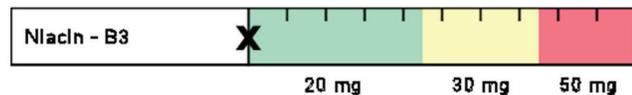
- ▶ B6 (as P5P) is a cofactor for enzymes involved in glycogenolysis & gluconeogenesis, and synthesis of neurotransmitters, heme, B3, RBCs and nucleic acids.
- ▶ Low B6 may result from chronic alcoholism, long-term diuretics, estrogens (oral contraceptives and HRT), anti-TB meds, penicillamine, L-DOPA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



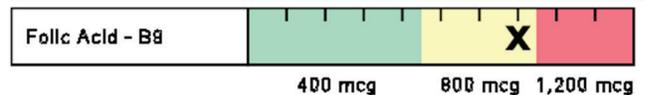
- ▶ B2 is a key component of enzymes involved in antioxidant function, energy production, detoxification, methionine metabolism and vitamin activation.
- ▶ Low B2 may result from chronic alcoholism, some anti-psychotic medications, oral contraceptives, tricyclic antidepressants, quinacrine or adriamycin.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



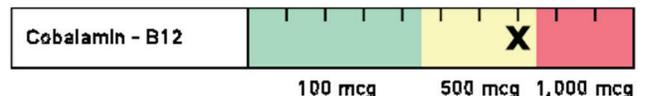
- ▶ Biotin is a cofactor for enzymes involved in functions such as fatty acid synthesis, mitochondrial FA oxidation, gluconeogenesis and DNA replication & transcription.
- ▶ Deficiency may result from certain inborn errors, chronic intake of raw egg whites, long-term TPN, anticonvulsants, high-dose B5, 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.



- ▶ 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 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.