Aurora Life Sciences

Independent
Testing Laboratory
Specializing in Autoimmune
Marker Detection

Functional Health Report

Patient Copy

Patient: John Doe

Lab Test on Mar 23, 2017
Conventional US Units

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Product Summary Report

Your Product Summary Report takes all the information on this report and provides a summary of the nutritional supplements recommended to help bring the systems of your body back into balance. This plan focuses on the top areas of need as presented in this report.

Protocols	Primary Product	Dosage	✔
Hyperlipidemia	Foresterol™ 	Take 3 tablets per day, 1 with each meal.	
Hypothyroidism	Thyroid Synergy™ 	Take 2 capsules per day with meals.	
Increased Cardiovascular Disease Risk	CoQnol™ 100mg 	Take 1 softgel per day with a meal.	
Metabolic Syndrome	GlucoSupreme™ Herbal 	Take 4 capsules daily, 2 capsules twice a day with meals.	
Vitamin D Need	Vitamin D Supreme 	Take 1 capsule per day with a meal.	
B Vitamin Need	B-Supreme 	Take 1 capsule per day with a meal.	
Iodine Need	Iodine Synergy™ 	Take 1 capsule per day.	

Other Potential Product Recommendations

Protocols	Primary Product	Dosage	✔
Hyperlipidemia	Lipotrienols RYR™ 	Take 2 capsules per day in the evening with food, or as directed by your health care practitioner. For best results, do not take within six hours of taking a vitamin E supplement containing d-alpha tocopherol.	
Hypothyroidism	Iodine Synergy™ 	Take 1 capsule per day. This product has already been recommended earlier in this report. Please do not increase the dosage because the product has been listed more than once.	

Blood Test Results Report

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

Above Optimal Range ↑
8 Current 0 Previous

Above Standard Range ↑
3 Current 0 Previous

Alarm High
4 Current 0 Previous

Below Optimal Range ↓
3 Current 0 Previous

Below Standard Range ↓
2 Current 0 Previous

Alarm Low
0 Current 0 Previous

Element	Current Mar 23 2017	Previous Not Available	Impr	Optimal Range	Standard Range	Units
Glucose	90.00			72.00 - 90.00	65.00 - 99.00	mg/dL
Hemoglobin A1C	5.60			5.00 - 5.50	0.00 - 5.60	%
BUN	17.00			10.00 - 16.00	7.00 - 25.00	mg/dL
Creatinine	1.04			0.80 - 1.10	0.40 - 1.35	mg/dL
BUN/Creatinine Ratio	16.34			10.00 - 16.00	6.00 - 22.00	Ratio
eGFR Non-Afr. American	83.00			90.00 - 120.00	60.00 - 90.00	mL/min/1.73m2
eGFR African American	96.00			90.00 - 120.00	60.00 - 90.00	mL/min/1.73m2
Sodium	142.00			135.00 - 142.00	135.00 - 146.00	mEq/L
Potassium	4.50			4.00 - 4.50	3.50 - 5.30	mEq/L
Sodium/Potassium Ratio	31.55			30.00 - 35.00	30.00 - 35.00	ratio
Chloride	102.00			100.00 - 106.00	98.00 - 110.00	mEq/L
CO2	27.00			25.00 - 30.00	19.00 - 30.00	mEq/L
Anion gap	17.50			7.00 - 12.00	6.00 - 16.00	mEq/L
Protein, total	7.30			6.90 - 7.40	6.10 - 8.10	g/dL
Albumin	4.70			4.00 - 5.00	3.60 - 5.10	g/dL
Globulin, total	2.60			2.40 - 2.80	2.00 - 3.50	g/dL
Albumin/Globulin Ratio	1.80			1.40 - 2.10	1.00 - 2.50	ratio
Calcium	10.10			9.40 - 10.10	8.60 - 10.40	mg/dL
Calcium/Albumin Ratio	2.14			0.00 - 2.60	0.00 - 2.70	ratio
Alk Phos	73.00			70.00 - 100.00	35.00 - 115.00	IU/L
AST (SGOT)	18.00			10.00 - 26.00	10.00 - 35.00	IU/L
ALT (SGPT)	14.00			10.00 - 26.00	6.00 - 29.00	IU/L
Bilirubin - Total	0.40			0.10 - 0.90	0.20 - 1.20	mg/dL
GGT	12.00			10.00 - 30.00	3.00 - 70.00	IU/L
Iron - Serum	80.00			85.00 - 130.00	40.00 - 160.00	µg/dL
Ferritin	146.00			40.00 - 150.00	10.00 - 232.00	ng/mL
TIBC	340.00			250.00 - 350.00	250.00 - 425.00	µg/dL
% Transferrin saturation	24.00			24.00 - 50.00	15.00 - 50.00	%
Cholesterol - Total	223.00			155.00 - 190.00	125.00 - 200.00	mg/dL

Triglycerides	109.00			50.00 - 100.00	0.00 - 150.00	mg/dL
LDL Cholesterol	161.00 ⚠			0.00 - 120.00	0.00 - 130.00	mg/dL
HDL Cholesterol	40.00			55.00 - 70.00	46.00 - 100.00	mg/dL
Cholesterol/HDL Ratio	5.60 ⚠			0.00 - 3.00	0.00 - 5.00	Ratio
Triglyceride/HDL Ratio	2.72			0.00 - 2.00	0.00 - 3.30	ratio
TSH	6.54			1.00 - 3.00	0.40 - 4.50	µU/mL
Free T3	3.90			2.80 - 3.50	2.30 - 4.20	pg/ml
Total T4	5.00			6.00 - 11.90	4.50 - 12.00	µg/dL
T3 Uptake	33.00			27.00 - 37.00	22.00 - 37.00	%
Free Thyroxine Index (T7)	1.70			1.70 - 4.60	1.40 - 3.80	Index
Thyroid Peroxidase (TPO) Abs	437.00 ⚠			0.00 - 6.80	0.00 - 9.00	IU/ml
Thyroglobulin Abs	13.00 ⚠			0.00 - 1.00	0.00 - 1.00	IU/ml
Hs CRP, Male	0.60			0.00 - 0.99	0.00 - 2.90	mg/L
Vitamin D (25-OH)	25.00			50.00 - 90.00	30.00 - 100.00	ng/ml
Total WBCs	6.70			5.30 - 7.50	3.80 - 10.80	k/cumm
RBC, Male	4.98			4.20 - 4.90	4.20 - 5.80	m/cumm
Hemoglobin, Male	14.40			14.00 - 15.00	13.20 - 17.10	g/dl
Hematocrit, Male	43.60			40.00 - 48.00	38.50 - 50.00	%
MCV	87.60			85.00 - 92.00	80.00 - 100.00	fL
MCH	28.90			27.00 - 31.90	27.00 - 33.00	pg
MCHC	33.00			32.00 - 35.00	32.00 - 36.00	g/dL
Platelets	367.00			150.00 - 400.00	140.00 - 415.00	k/cumm
RDW	13.30			11.70 - 13.00	11.00 - 15.00	%
Neutrophils	58.20			40.00 - 60.00	40.00 - 60.00	%
Lymphocytes	32.00			25.00 - 40.00	25.00 - 40.00	%
Monocytes	6.50			0.00 - 7.00	0.00 - 7.00	%
Eosinophils	2.90			0.00 - 3.00	0.00 - 3.00	%
Basophils	0.40			0.00 - 1.00	0.00 - 1.00	%

Out of Optimal Range Report

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

Above Optimal Range
15 Total

Below Optimal Range
5 Total

Above Optimal

Thyroid Peroxidase (TPO) Abs ↑437.00 IU/ml (+ 6376 %)

Thyroid peroxidase (TPO) is an enzyme inside the cells of the thyroid that attaches iodine molecules to a tyrosine molecule to form the thyroid hormone Thyroxine or T4. The Thyroid Peroxidase (TPO) antibody test measures the level of antibodies in the blood that attacks the TPO enzyme inside the thyroid cells. Elevated levels of Thyroid Peroxidase (TPO) Antibodies are found in Autoimmune Thyroiditis, such as Hashimoto's Thyroiditis.

Thyroglobulin Abs ↑13.00 IU/ml (+ 1250 %)

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

TSH ↑6.54 µU/mL (+ 227 %)

TSH is a hormone produced from the anterior pituitary to control thyroid function. TSH stimulates the thyroid cells to increase the production of thyroid hormone (T-4), to store thyroid hormone and to release thyroid hormone into the bloodstream. TSH synthesis and secretion is regulated by the release of TRH (Thyroid Releasing Hormone) from the hypothalamus. TSH levels describe the body's desire for more thyroid hormone (T4 or T3), which is done in relation to the body's ability to use energy. A high TSH is the body's way of saying "we need more thyroid hormone". A low TSH reflects the body's low need for thyroid hormone. Optimal TSH levels tell us that the thyroid hormone levels match the body's current need and/or ability to utilize the energy.

Anion gap ↑17.50 mEq/L (+ 160 %)

The anion gap is the measurement of the difference between the sum of the sodium and potassium levels and the sum of the serum CO_2/bicarbonate and chloride levels. Increased levels are associated with thiamine deficiency and metabolic acidosis.

Cholesterol - Total ↑ 223.00 mg/dL (+ 144 %)

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

Cholesterol/HDL Ratio ↑ 5.60 Ratio (+ 137 %)

The ratio of total cholesterol to HDL is a far better predictor of cardiovascular disease than cholesterol by itself. A lower ratio is ideal because you want to lower cholesterol (but not too low) and raise HDL. A level below 3.0 would be ideal. Every increase of 1.0, i.e. 3.0 to 4.0 increases the risk of heart attack by 60%.

Free T3 ↑ 3.90 pg/ml (+ 107 %)

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

Triglyceride/HDL Ratio ↑ 2.72 ratio (+ 86 %)

The Triglyceride:HDL ratio is determined from serum triglyceride and HDL levels. Increased ratios are associated with an increased risk of developing insulin resistance and Type II Diabetes. A decreased ratio is associated with a decreased risk of developing insulin resistance and Type II Diabetes.

LDL Cholesterol ↑ 161.00 mg/dL (+ 84 %)

LDL functions to transport cholesterol and other fatty acids from the liver to the peripheral tissues for uptake and metabolism by the cells. It is known as "bad cholesterol" because it is thought that this process of bringing cholesterol from the liver to the peripheral tissue increases the risk for atherosclerosis. An increased LDL cholesterol is just one of many independent risk factors for cardiovascular disease. It is also associated with metabolic syndrome, oxidative stress and fatty liver.

RDW ↑ 13.30 % (+ 73 %)

The Red Cell Distribution Width (RDW) is essentially an indication of the degree of abnormal variation in the size of red blood cells (called anisocytosis). Although the RDW will increase with vitamin BI2 deficiency, folic acid, and iron anemia, it is increased most frequently with vitamin B12 deficiency anemia.

Hemoglobin A1C ↑ 5.60 % (+ 70 %)

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

Triglycerides ↑ 109.00 mg/dL (+ 68 %)

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

BUN ↑ 17.00 mg/dL (+ 67 %)

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

RBC, Male ↑ 4.98 m/cumm (+ 61 %)

The red blood cell functions to carry oxygen from the lungs to the body tissues and to transfer carbon dioxide from the tissues to the lungs where it is expelled. The RBC Count determines the total number of cells or erythrocytes found in a cubic millimeter of blood. Increased levels are associated with dehydration, stress, a need for vitamin C and respiratory distress such as asthma. Decreased levels are primarily associated with anemia.

BUN/Creatinine Ratio ↑ 16.34 Ratio (+ 56 %)

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

Below Optimal

HDL Cholesterol ↓ 40.00 mg/dL (- 150 %)

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

Vitamin D (25-OH) ↓ 25.00 ng/ml (- 112 %)

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

eGFR Non-Afr. American ↓ 83.00 mL/min/1.73m2 (- 73 %)

The eGFR is a calculated estimate of the kidney's Glomerular Filtration Rate. It uses 4 variables: age, race, creatinine levels and gender to estimate kidney function. Levels below 90 are an indication of a mild loss of kidney function. Levels below 60 indicate a moderate loss of kidney function and may require a visit to a renal specialist for further evaluation.

Total T4 ↓ 5.00 µg/dL (- 67 %)

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

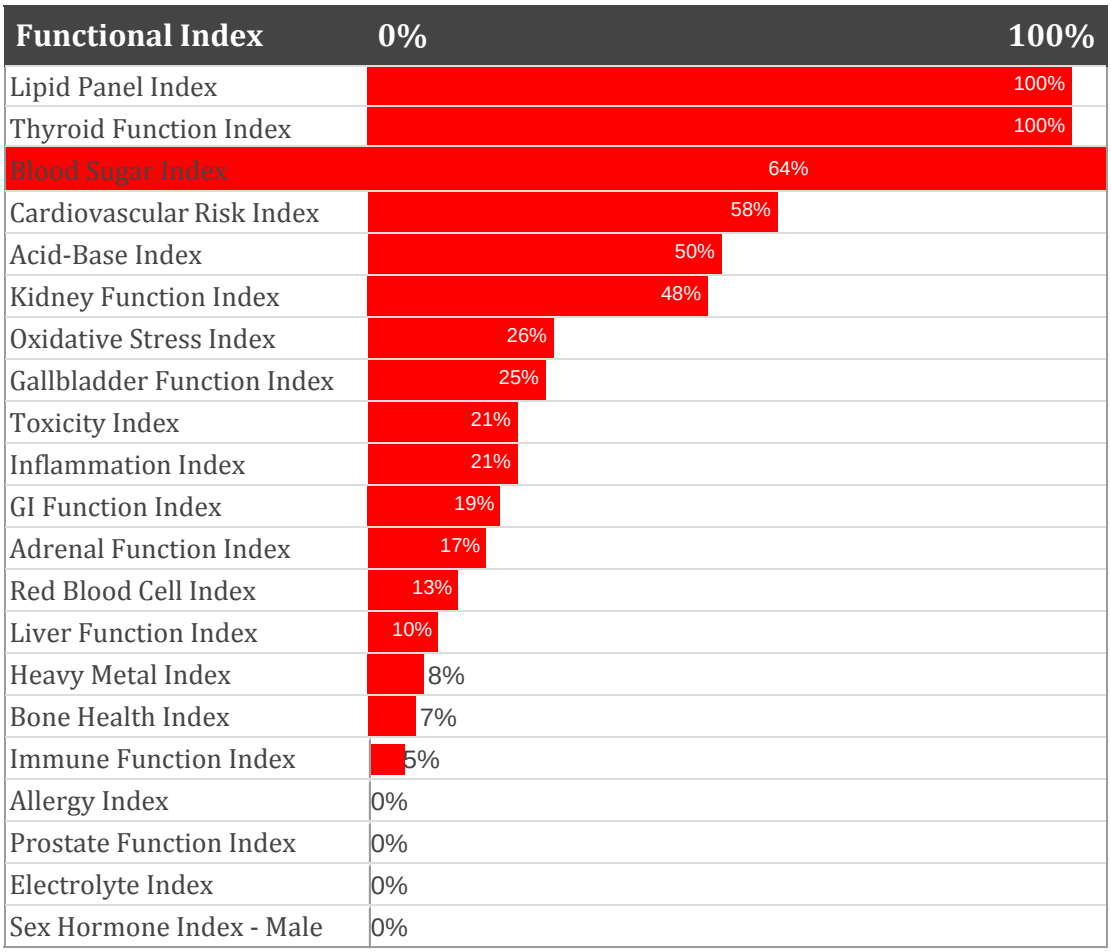
Iron - Serum ↓ 80.00 µg/dL (- 61 %)

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

Functional Index Report

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

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



Lipid Panel Index

The Lipid Panel index gives us an indication of the levels of cholesterol and fat in your blood. An increased Lipid Panel Index indicates that you have higher than optimal levels of cholesterol and fat in your blood (a condition called hyperlipidemia). Hyperlipidemia is associated with an increased risk of cardiovascular disease and may be genetic or be due to dietary factors, hormonal imbalances, blood sugar dysregulation and/or other metabolic imbalances. For your blood test, your Lipid Panel Index is:

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

Rationale:
Cholesterol - Total ↑, Triglycerides ↑, LDL Cholesterol ↑, Cholesterol/HDL Ratio ↑, HDL Cholesterol ↓

Thyroid Function Index

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

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

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

Blood Sugar Index

The Blood Sugar index tells us how well your body is regulating blood glucose. Blood sugar dysregulation is very common. It doesn't suddenly emerge but rather develops slowly, so we can look for clues in your blood test that can help us determine if there's dysregulation and if so what it is. Some conditions associated with blood sugar dysregulation include hypoglycemia (periods of low blood sugar), metabolic syndrome, hyperinsulinemia and diabetes. For your blood test, your Blood Sugar Index is:

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

Rationale:
Cholesterol - Total ↑, Triglycerides ↑, LDL Cholesterol ↑, HDL Cholesterol ↓

Cardiovascular Risk Index

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

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

Rationale:
Cholesterol - Total ↑, Triglycerides ↑, LDL Cholesterol ↑, HDL Cholesterol ↓Vitamin D (25-OH) ↓

Acid-Base Index

The Acid-Base Index can help us pinpoint imbalances in the body's pH (acid-alkaline) regulation system. There are a number of elements in the blood that will go out of balance when the body gets too acidic (a condition called metabolic acidosis) or too alkaline (a condition called metabolic alkalosis). For your blood test, your Acid-Alkaline Index is:

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

Rationale:
Anion gap↑

Nutrient Index Report

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

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

Nutrient Index	0%	100%
Vitamin Index	86%	
Carbohydrate Index	62%	
Hydration Index	40%	
Mineral Index	18%	
Fat Index	0%	
Protein Index	0%	

Vitamin Index

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

[86%] - Nutrient Status is Low. Improvement required.

Rationale:
Anion gap ↑, Vitamin D (25-OH) ↓

Carbohydrate Index

The Carbohydrate Index gives us an assessment of your dietary intake of carbohydrates, especially refined carbohydrates (white flour, white rice, white pasta, etc.) and sugars. A diet high in refined carbohydrates and sugars will deplete important nutrients that are used by the body to handle carbohydrates and may also increase blood glucose and blood fat levels, all of which can be measured in your blood. For your blood test, your Carbohydrate Index is:

[62%] - Moderate Nutrient Status. There may be improvement needed in certain areas.

Rationale:
Cholesterol - Total ↑, Triglycerides ↑, LDL Cholesterol ↑, HDL Cholesterol ↓

Individual Nutrient Values

The values below represent the degree of deficiency for individual nutrients based on your blood results. The status of an individual nutrient is based on a number of factors such as actual dietary intake, digestion, absorption, assimilation

and cellular uptake of the nutrients themselves. All of these factors must be taken into consideration before determining whether or not you actually need an individual nutrient. I will use the information in this section of your Nutrient Assessment Report to put together an individualized treatment plan to bring your body back into a state of optimal nutritional function.

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

Individual Nutrients	0% 100%
Vitamin D Need	100%
Thiamine Need	56%
Iodine Need	55%
Calcium Need	43%
Vitamin B12/Folate Need	17%
Iron Deficiency	14%
Vitamin B6 Need	0%
Magnesium Need	0%
DHEA Need	0%
Vitamin C Need	0%
Molybdenum Need	0%
Selenium Need	0%
Glutathione Need	0%

Vitamin D Need

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

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

Rationale:
Vitamin D (25-OH) ↓

Thiamine Need

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

[56%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:
Anion gap ↑

Iodine Need

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

[55%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

Total T4 ↓, Free T3 ↑

Blood Test History Report

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

Element	Latest Test Result Mar 23 2017
Glucose	90.00
Hemoglobin A1C	5.60 ↑
Insulin - Fasting	
Fructosamine	
C-Peptide	
BUN	17.00 ↑
Creatinine	1.04
BUN/Creatinine Ratio	16.34 ↑
Creatinine, 24-hour urine	
Creatinine Clearance	
eGFR Non-Afr. American	83.00 ↓
eGFR African American	96.00
Sodium	142.00
Potassium	4.50
Sodium/Potassium Ratio	31.55
Chloride	102.00
CO2	27.00
Anion gap	17.50 ↑
Uric Acid, male	
Protein, total	7.30
Albumin	4.70
Globulin, total	2.60
Albumin/Globulin Ratio	1.80
Calcium	10.10
Calcium/Albumin Ratio	2.14
Collagen Cross-Linked NTx	
Phosphorus	
Calcium/Phosphorous Ratio	
Magnesium	

Element	Latest Test Result Mar 23 2017
Alk Phos	73.00
LDH	
AST (SGOT)	18.00
ALT (SGPT)	14.00
GGT	12.00
Bilirubin - Total	0.40
Bilirubin - Direct	
Bilirubin - Indirect	
Iron - Serum	80.00 ↓
Ferritin	146.00
TIBC	340.00
% Transferrin saturation	24.00
Cholesterol - Total	223.00 ↑
Triglycerides	109.00 ↑
HDL Cholesterol	40.00 ↓
LDL Cholesterol	161.00 ⚠
VLDL Cholesterol	
Cholesterol/HDL Ratio	5.60 ⚠
Triglyceride/HDL Ratio	2.72 ↑
Leptin, Male	
TSH	6.54 ↑
Total T4	5.00 ↓
Total T3	
Free T4	
Free T3	3.90 ↑
T3 Uptake	33.00
Free Thyroxine Index (T7)	1.70
Thyroid Peroxidase (TPO) Abs	437.00 ⚠
Thyroglobulin Abs	13.00 ⚠
Reverse T3	
Hs CRP, Male	0.60
C-Reactive Protein	
ESR, Male	
Homocysteine	
Fibrinogen	

Element	Latest Test Result Mar 23 2017
Creatine Kinase	
Vitamin D (25-OH)	25.00 ↓
Vitamin B12	
Folate	
DHEA-S, Male	
Cortisol - AM	
Cortisol - PM	
Testosterone, Free Male	
Testosterone, Total Male	
Testosterone - Bioavailable Female	
Sex Hormone Binding Globulin, male	
Estradiol, Male	
Progesterone, Male	
PSA	
Total WBCs	6.70
RBC, Male	4.98 ↑
Reticulocyte count	
Hemoglobin, Male	14.40
Hematocrit, Male	43.60
MCV	87.60
MCH	28.90
MCHC	33.00
Platelets	367.00
RDW	13.30 ↑
Neutrophils	58.20
Bands	
Lymphocytes	32.00
Monocytes	6.50
Basophils	0.40
Eosinophils	2.90

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Neither this Report, nor any information contained in this Report, should be considered complete, or exhaustive. This report does not contain information on all diseases, ailments, physical conditions or their treatment. This report is based on the lab data provided, which may or may not include all relevant and appropriate measures of your biochemistry.

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

You are encouraged to confirm any information obtained from this Report with other sources, and review all information regarding any medical condition or the treatment of such condition with your physician.

NEVER DISREGARD PROFESSIONAL MEDICAL ADVICE, DELAY SEEKING MEDICAL ADVICE OR TREATMENT, OR STOP CURRENT MEDICAL TREATMENT, BECAUSE OF SOMETHING YOU HAVE READ IN THIS REPORT.

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