



# Functional Health Report

Client Copy

# Table of Contents



<b>Blood Test Results Report</b> This report lists the blood test results and shows whether or not an individual element is outside of the optimal range and/or outside of the clinical lab range.	3
<b>Out Of Optimal Range Report</b> This report will give you background details about the elements on this blood test that are outside the optimal range high and low.	5
<b>Functional Index Report</b> This report presents the 20 Indices of Functional Health.	9
<b>Nutrient Index Report</b> This report presents the 6 Indices of Nutrient Health and areas of nutrient need.	12
<b>Blood Test History Report</b> This report gives an historical view of the last 7 blood tests side by side highlighting elements that are outside the optimal range.	15
<b>Disclaimer Page</b>	18

# 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

3 Current 0 Previous



## Above Standard Range

7 Current 0 Previous



## Alarm High

2 Current 0 Previous



## Below Optimal Range

10 Current 0 Previous



## Below Standard Range

0 Current 0 Previous



## Alarm Low

2 Current 0 Previous



Element	Current	Previous		Optimal Range	Standard Range	Units
	Nov 06 2018	Not Available	Impr			
Glucose	78.00			72.00 - 90.00	65.00 - 99.00	mg/dL
Hemoglobin A1C	4.90			5.00 - 5.50	0.00 - 5.60	%
Insulin - Fasting	7.00			2.00 - 5.00	2.00 - 19.00	µIU/ml
BUN	10.00			10.00 - 16.00	7.00 - 25.00	mg/dL
Creatinine	0.65			0.80 - 1.10	0.40 - 1.35	mg/dL
BUN/Creatinine Ratio	15.00			10.00 - 16.00	6.00 - 22.00	Ratio
eGFR Non-Afr. American	107.00			90.00 - 120.00	60.00 - 90.00	mL/min/1.73m2
eGFR African American	124.00			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	4.20			4.00 - 4.50	3.50 - 5.30	mEq/L
Sodium/Potassium Ratio	33.80			30.00 - 35.00	30.00 - 35.00	ratio
Chloride	102.00			100.00 - 106.00	98.00 - 110.00	mEq/L
CO2	26.00			25.00 - 30.00	19.00 - 30.00	mEq/L
Anion gap	18.20			7.00 - 12.00	6.00 - 16.00	mEq/L
Uric Acid, male	5.80			3.50 - 5.90	4.00 - 8.00	mg/dL
Protein, total	7.10			6.90 - 7.40	6.10 - 8.10	g/dL
Albumin	4.30			4.00 - 5.00	3.60 - 5.10	g/dL
Globulin, total	2.80			2.40 - 2.80	2.00 - 3.50	g/dL
Albumin/Globulin Ratio	1.50			1.40 - 2.10	1.00 - 2.50	ratio
Calcium	8.80			9.40 - 10.10	8.60 - 10.40	mg/dL
Calcium/Albumin Ratio	2.04			0.00 - 2.60	0.00 - 2.70	ratio
Alk Phos	58.00			70.00 - 100.00	35.00 - 115.00	IU/L
AST (SGOT)	21.00			10.00 - 26.00	10.00 - 35.00	IU/L
ALT (SGPT)	12.00			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	7.00			10.00 - 30.00	3.00 - 70.00	IU/L
Iron - Serum	106.00			85.00 - 130.00	40.00 - 160.00	µg/dL
Ferritin	152.00			40.00 - 150.00	10.00 - 232.00	ng/mL
Cholesterol - Total	171.00			155.00 - 190.00	125.00 - 200.00	mg/dL

Triglycerides	81.00			50.00 - 100.00	0.00 - 150.00	mg/dL
LDL Cholesterol	104.00			0.00 - 120.00	0.00 - 130.00	mg/dL
HDL Cholesterol	51.00	↓		55.00 - 70.00	46.00 - 100.00	mg/dL
Cholesterol/HDL Ratio	3.35	↑		0.00 - 3.00	0.00 - 5.00	Ratio
Triglyceride/HDL Ratio	1.58			0.00 - 2.00	0.00 - 3.30	ratio
TSH	1.29			1.00 - 3.00	0.40 - 4.50	μU/mL
Free T3	2.60	↓		2.80 - 3.50	2.30 - 4.20	pg/ml
Total T3	109.00			90.00 - 168.00	76.00 - 181.00	ng/dL
Free T4	1.36			1.00 - 1.50	0.80 - 1.80	ng/dL
Total T4	8.90			6.00 - 11.90	4.50 - 12.00	μg/dL
Reverse T3	36.60	⚠		10.00 - 25.00	8.00 - 25.00	ng/dl
Hs CRP, Male	11.60	⚠		0.00 - 0.99	0.00 - 2.90	mg/L
ESR, Male	23.00	↑		0.00 - 5.00	0.00 - 15.00	mm/hr
Homocysteine	12.00	↑		0.00 - 6.00	0.00 - 10.30	μmol/L
Vitamin B12	324.00	↓		400.00 - 1100.00	200.00 - 1100.00	pg/ml
DHEA-S, Male	174.00	↓		350.00 - 490.00	65.00 - 510.00	μg/dl
Testosterone, Total Male	46.00	⚠		700.00 - 900.00	241.00 - 827.00	ng/dl
Testosterone, Free Male	8.80	⚠		150.00 - 224.00	46.00 - 224.00	pg/ml
Estradiol, Male	39.40	↑		10.00 - 30.00	0.00 - 39.00	pg/ml
Progesterone, Male	0.37	↓		1.00 - 1.20	0.00 - 1.30	ng/ml
Total WBCs	6.20			5.30 - 7.50	3.80 - 10.80	k/cumm
RBC, Male	4.79			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	42.20			40.00 - 48.00	38.50 - 50.00	%
MCV	88.10			85.00 - 92.00	80.00 - 100.00	fL
MCH	30.10			27.00 - 31.90	27.00 - 33.00	pg
MCHC	34.10			32.00 - 35.00	32.00 - 36.00	g/dL
Platelets	289.00			150.00 - 400.00	140.00 - 415.00	k/cumm
RDW	12.90			11.70 - 13.00	11.00 - 15.00	%
Neutrophils	64.30	↑		40.00 - 60.00	40.00 - 60.00	%
Lymphocytes	25.80			25.00 - 40.00	25.00 - 40.00	%
Monocytes	7.10	↑		0.00 - 7.00	0.00 - 7.00	%
Eosinophils	2.30			0.00 - 3.00	0.00 - 3.00	%
Basophils	0.50			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

12 Total



## Below Optimal Range

12 Total



## Above Optimal

### Hs CRP, Male ↑ 11.60 mg/L (+ 1122 %)

High Sensitivity C-Reactive Protein (Hs-CRP) is a blood marker that can help indicate the level of chronic inflammation in the body. Increased levels are associated with an increased risk of inflammation, cardiovascular disease, stroke, and diabetes.

### ESR, Male ↑ 23.00 mm/hr (+ 410 %)

The ESR test is based on the fact that certain blood proteins will become altered in inflammatory conditions, causing aggregation of the red blood cells and as such it is a non-specific measure for inflammation in the body. The ESR is useful for determining the level of tissue destruction, inflammation, and is an indication that a disease process is ongoing and must be investigated.

### Anion gap ↑ 18.20 mEq/L (+ 174 %)

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<sub>2</sub>/bicarbonate and chloride levels. Increased levels are associated with thiamine deficiency and metabolic acidosis.

### Homocysteine ↑ 12.00 μmol/L (+ 150 %)

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

### Reverse T3 ↑ 36.60 ng/dl (+ 127 %)

Reverse T-3 is formed from the thyroid hormone T-4 (thyroxine). It is thought to be an inactive form of thyroid hormone that acts as a sort of metabolic break on the body. High stress and cortisol levels, fasting, poor nutrition, calorie restriction, lack of exercise and increased alcohol intake can all raise reverse T-3 levels.

**Insulin - Fasting ↑ 7.00 µIU/ml (+ 117 %)**

Insulin is the hormone released in response to rising blood glucose levels and decreases blood glucose by transporting glucose into the cells. Often people lose their ability to utilize insulin to effectively drive blood glucose into energy-producing cells. This is commonly known as “insulin resistance” and is associated with increasing levels of insulin in the blood. Excess insulin is associated with greater risks of heart attack, stroke, metabolic syndrome and diabetes.

**Estradiol, Male ↑ 39.40 pg/ml (+ 97 %)**

Estradiol is a minor hormone in men. Estradiol is synthesized from testosterone and androstenedione in men and plays a role in male sex hormone physiology. Low levels of estradiol in men affect bone density and risk of fractures if too low.

**Neutrophils ↑ 64.30 % (+ 72 %)**

Neutrophils are the white blood cells used by the body to combat bacterial infections. They are the most numerous and important white cell in the body’s reaction to inflammation. Levels will be raised in bacterial infections. Decreased levels are often seen in chronic viral infections.

**eGFR African American ↑ 124.00 mL/min/1.73m<sup>2</sup> (+ 63 %)**

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.

**Cholesterol/HDL Ratio ↑ 3.35 Ratio (+ 62 %)**

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%.

**Ferritin ↑ 152.00 ng/mL (+ 52 %)**

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

**Monocytes ↑ 7.10 % (+ 51 %)**

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

**Below Optimal****Testosterone, Total Male ↓ 46.00 ng/dl (- 377 %)**

Testosterone is the primary sex hormone for men. The total testosterone test measures both the testosterone that is bound to serum proteins and the unbound form (free testosterone). In men, total testosterone is useful for assessing gonadal, adrenal, and pituitary function.

**Progesterone, Male ↓ 0.37 ng/ml (- 365 %)**

Progesterone is often considered to be a female hormone but men produce progesterone too. In the body, it's converted into testosterone and serves to oppose and balance estrogen. As men age, their progesterone levels drop, which may cause the testosterone levels to fall.

**Testosterone, Free Male ↓ 8.80 pg/ml (- 241 %)**

Testosterone is the primary sex hormone for men. The free testosterone test measures the testosterone that is unbound to serum proteins such as Sex Hormone Binding Globulin. Levels of testosterone diminish with age and obesity, especially abdominal obesity.

**DHEA-S, Male ↓ 174.00 µg/dl (- 176 %)**

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

**Calcium ↓ 8.80 mg/dL (- 136 %)**

Serum calcium levels, which are tightly regulated within a narrow range, are principally regulated by parathyroid hormone (PTH) and vitamin D. A low calcium level indicates that calcium regulation is out of balance and not necessarily that the body is deficient of calcium and needs supplementation. Check vitamin D levels, rule out hypochlorhydria, the need for magnesium, phosphorous, vitamin A, B and C, unsaturated fatty acids, and iodine as some of the reasons for a calcium "need" before supplementing with calcium. An elevated calcium is associated with parathyroid hyperfunction. If significantly elevated (>10.6 mg/dl or 2.65 mmol/L) check serum PTH levels and refer to an endocrinologist.

**Creatinine ↓ 0.65 mg/dL (- 100 %)**

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

**Alk Phos ↓ 58.00 IU/L (- 90 %)**

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

**Free T3 ↓ 2.60 pg/ml (- 79 %)**

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.

**HDL Cholesterol ↓ 51.00 mg/dL (- 77 %)**

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.

**Hemoglobin A1C ↓ 4.90 % (- 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.

**GGT ↓ 7.00 IU/L (- 65 %)**

Gamma Glutamyl Transferase (GGTP) is an enzyme that is present in highest amounts in the liver cells and to a lesser extent the kidney, prostate, and pancreas. It is also found in the epithelial cells of the biliary tract. GGTP will be liberated into the bloodstream following cell damage or destruction and/or biliary obstruction. GGTP is induced by alcohol and can be elevated following chronic alcohol consumption and in alcoholism. Decreased levels are associated with vitamin B6 and magnesium deficiency.

**Vitamin B12 ↓ 324.00 pg/ml (- 61 %)**

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

# Functional Index Report



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

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

Functional Index	0%	100%
Inflammation Index		100%
Sex Hormone Index - Male		100%
Cardiovascular Risk Index		81%
Acid-Base Index		80%
Immune Function Index		53%
Blood Sugar Index		43%
Electrolyte Index		40%
Thyroid Function Index		27%
Adrenal Function Index		21%
Toxicity Index		19%
GI Function Index		19%
Prostate Function Index		17%
Bone Health Index		13%
Liver Function Index		10%
Lipid Panel Index		9%
Oxidative Stress Index		8%
Allergy Index	0%	
Heavy Metal Index	0%	
Red Blood Cell Index	0%	
Gallbladder Function Index	0%	
Kidney Function Index	0%	

### Inflammation Index

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

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

#### Rationale:

Hs CRP, Male ↑, Homocysteine ↑, Ferritin ↑, ESR, Male ↑

### Sex Hormone Index - Male

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

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

#### Rationale:

DHEA-S, Male ↓, Estradiol, Male ↑, Testosterone, Free Male ↓, Testosterone, Total Male ↓, Progesterone, Male ↓

### 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:

**[ 81% ] - Dysfunction Likely. Improvement required.**

#### Rationale:

HDL Cholesterol ↓, Ferritin ↑, Hs CRP, Male ↑, Homocysteine ↑, Estradiol, Male ↑, Testosterone, Total Male ↓, Insulin - Fasting ↑, Testosterone, Free Male ↓

### 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:

**[ 80% ] - Dysfunction Likely. Improvement required.**

#### Rationale:

Anion gap ↑, Calcium ↓

### Immune Function Index

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

**[ 53% ] - Dysfunction Possible. There may be improvement needed in certain areas.**

#### Rationale:

Neutrophils ↑, Monocytes ↑, Alk Phos ↓, Ferritin ↑

# Nutrient Index Report



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

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

Nutrient Index	0%	100%
Vitamin Index		100%
Mineral Index		64%
Carbohydrate Index	12%	
Protein Index	12%	
Hydration Index	0%	
Fat 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:

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

### Rationale:

Anion gap ↑, GGT ↓, Homocysteine ↑

## Mineral Index

The Mineral Index gives us a general indication of the balance of certain minerals in your body based on the results of this blood test. Mineral levels in the body are closely regulated and deficiency in one or more minerals may be due to a number of factors such as the amount in your diet, the ability to digest and breakdown individual minerals from the food or supplements you consume, and the ability of those minerals to be absorbed, transported and ultimately taken up by the cells themselves. For your blood test, the Mineral Index is:

**[ 64% ] - Moderate Nutrient Status. There may be improvement needed in certain areas.**

### Rationale:

Calcium ↓, Alk Phos ↓, GGT ↓, Free T3 ↓

## 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%
DHEA Need		100%
Zinc Need		90%
Thiamine Need		56%
Vitamin B6 Need		50%
Selenium Need		50%
Calcium Need		43%
Vitamin B12/Folate Need		38%
Magnesium Need		25%
Iron Deficiency	0%	
Iodine Need	0%	
Vitamin C Need	0%	
Vitamin D Need	0%	
Molybdenum Need	0%	
Glutathione Need	0%	

#### DHEA Need

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

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

#### Rationale:

DHEA-S, Male ↓

#### Zinc Need

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

**[ 90% ] - Dysfunction Highly Likely. Much improvement required.**

#### Rationale:

Alk Phos ↓

#### 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 ↑

**Vitamin B6 Need**

The results of your blood test indicate that your Vitamin B6 levels might be lower than optimal.

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

**Rationale:**

GGT ↓, Ferritin ↑

**Selenium Need**

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

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

**Rationale:**

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
	Nov 06 2018
Glucose	78.00
Hemoglobin A1C	4.90 ↓
Insulin - Fasting	7.00 ↑
Fructosamine	
C-Peptide	
BUN	10.00
Creatinine	0.65 ↓
BUN/Creatinine Ratio	15.00
Creatinine, 24-hour urine	
Creatinine Clearance	
eGFR Non-Afr. American	107.00
eGFR African American	124.00 ↑
Sodium	142.00
Potassium	4.20
Sodium/Potassium Ratio	33.80
Chloride	102.00
CO2	26.00
Anion gap	18.20 ↑
Uric Acid, male	5.80
Protein, total	7.10
Albumin	4.30
Globulin, total	2.80
Albumin/Globulin Ratio	1.50
Calcium	8.80 ↓
Calcium/Albumin Ratio	2.04
Collagen Cross-Linked NTx	
Phosphorus	
Calcium/Phosphorous Ratio	
Magnesium	

Element	Latest Test Result
	Nov 06 2018
Alk Phos	58.00 ↓
LDH	
AST (SGOT)	21.00
ALT (SGPT)	12.00
GGT	7.00 ↓
Bilirubin - Total	0.40
Bilirubin - Direct	
Bilirubin - Indirect	
Iron - Serum	106.00
Ferritin	152.00 ↑
TIBC	
% Transferrin saturation	
Cholesterol - Total	171.00
Triglycerides	81.00
HDL Cholesterol	51.00 ↓
LDL Cholesterol	104.00
VLDL Cholesterol	
Cholesterol/HDL Ratio	3.35 ↑
Triglyceride/HDL Ratio	1.58
Leptin, Male	
TSH	1.29
Total T4	8.90
Total T3	109.00
Free T4	1.36
Free T3	2.60 ↓
T3 Uptake	
Free Thyroxine Index (T7)	
Thyroid Peroxidase (TPO) Abs	
Thyroglobulin Abs	
Reverse T3	36.60 ⚠
Hs CRP, Male	11.60 ⚠
C-Reactive Protein	
ESR, Male	23.00 ↑
Homocysteine	12.00 ↑
Fibrinogen	

Element	Latest Test Result	
	Nov 06 2018	
Creatine Kinase		
Vitamin D (25-OH)		
Vitamin B12	324.00	↓
Folate		
DHEA-S, Male	174.00	↓
Cortisol - AM		
Cortisol - PM		
Testosterone, Free Male	8.80	⚠
Testosterone, Total Male	46.00	⚠
Testosterone - Bioavailable Female		
Sex Hormone Binding Globulin, male		
Estradiol, Male	39.40	↑
Progesterone, Male	0.37	↓
PSA		
Total WBCs	6.20	
RBC, Male	4.79	
Reticulocyte count		
Hemoglobin, Male	14.40	
Hematocrit, Male	42.20	
MCV	88.10	
MCH	30.10	
MCHC	34.10	
Platelets	289.00	
RDW	12.90	
Neutrophils	64.30	↑
Bands		
Lymphocytes	25.80	
Monocytes	7.10	↑
Basophils	0.50	
Eosinophils	2.30	

## Disclaimer



This Report contains information for the exclusive use of the above named recipient only, and contains confidential, and privileged information. If you are not the above named recipient or have not been given permission by the person, you are prohibited from reading or utilizing this report in any way, and you are further notified that any distribution, dissemination, or copying of this Report is strictly prohibited.

All information provided in this Report is provided for educational purposes only, including without limitation the 'optimal ranges' set forth in this Report. Neither this Report, nor any of the information contained in this Report, is intended for, or should be used for the purpose of, medical diagnosis, prevention, or treatment, including self-diagnosis, prevention, or treatment. This Report should not be used as a substitute for professional medical care, and should not be relied upon in diagnosing or treating a medical condition, ailment, or disease.

The 'optimal ranges' set forth in this Report are general reference recommendations only, and are not intended to be guidelines for any specific individual. The 'optimal ranges' set forth in this Report are for educational purposes only, and are not intended to be, nor should they be construed as, a claim or representation of medical diagnosis or treatment.

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.