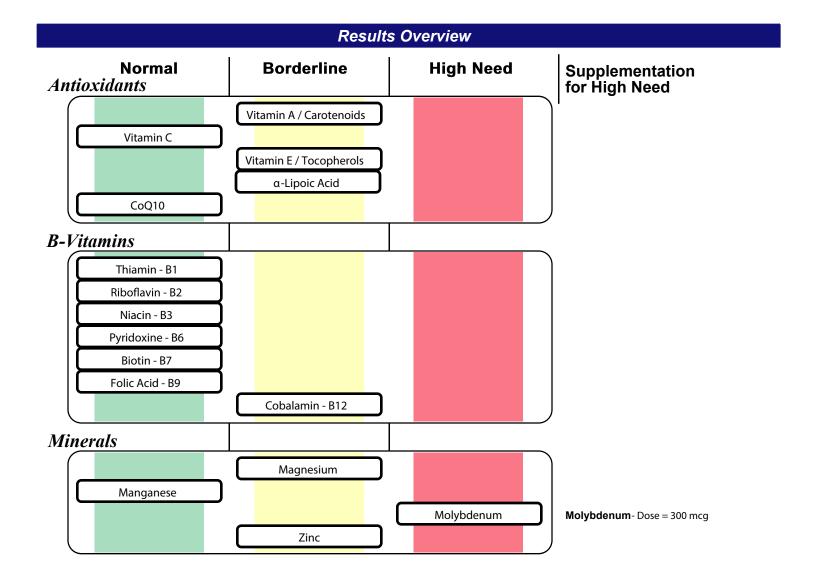
PATIENT FIRST NAME : PATIENT SURNAME: DATE OF BIRTH:	GENDER:
ADDRESS:	

LAB TESTS DIRECT-PATIENT REPORT

Result Range

Units



SUGGESTED SUPPLEMENT SCHEDULE

Supplements	Daily Recommended Intake (DRI)	Patient's Daily Recommendations	Provider Daily Recommendations
Antioxidants			
Vitamin A / Carotenoids	3,000 IU	5,000 IU	
Vitamin C	90 mg	250 mg	
Vitamin E / Tocopherols	22 IU	200 IU	
α-Lipoic Acid		100 mg	
CoQ10		30 mg	
B-Vitamins			
Thiamin - B1	1.2 mg	10 mg	
Riboflavin - B2	1.3 mg	10 mg	
Niacin - B3	16 mg	30 mg	
Pyridoxine - B6	1.3 mg	10 mg	
Biotin - B7	30 mcg	100 mcg	
Folic Acid - B9	400 mcg	400 mcg	
Cobalamin - B12	2.4 mcg	500 mcg	
Minerals			
Magnesium	420 mg	600 mg	
Manganese	2.3 mg	3 mg	
Molybdenum	45 mcg	300 mcg	
Zinc	11 mg	20 mg	
Digestive Support			·
Probiotics		25 B CFU	

Pancreatic Enzymes

10,000 IU

Amino Acid	mg/day	Amino Acid	mg/day
Arginine	226	Methionine	
Asparagine	0	Phenylalanine	56
Cysteine	0	Serine	0
Glutamine	369	Taurine	
Glycine	3,318	Threonine	0
Histidine	748	Tryptophan	
Isoleucine	0	Tyrosine	407
Leucine	0	Valine	
Lysine	1,291		

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.



Interpretation At-A-Glance

Nutritional Needs

Antioxidants

Vitamin A / Carotenoids		X						
	3,000 IU	5,000 IU	10,000 IU					
Beta-carotene & other carotenoids are converted to vitamin A (retinol), involved								

- 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 E / Tocopherols		I	I	I	I	X	I	I	
	1	00 IU			2	00 IU		40	00 IU

- 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.

	30 mg	60 mg	90 ma
CoQ10	X		1 1

- 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.

Plant-based Antioxidants	I			V	1	I		I
			·	^				

- 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 nutriceuticals (e.g., resveratrol, EGCG, lutein, lycopene, ginkgo, milk thistle, etc.).

Vitamin C			<	I	I	I	
			-				



- 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.

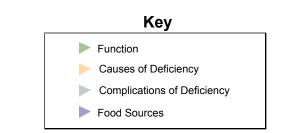
α -Lipoic Acid			X		

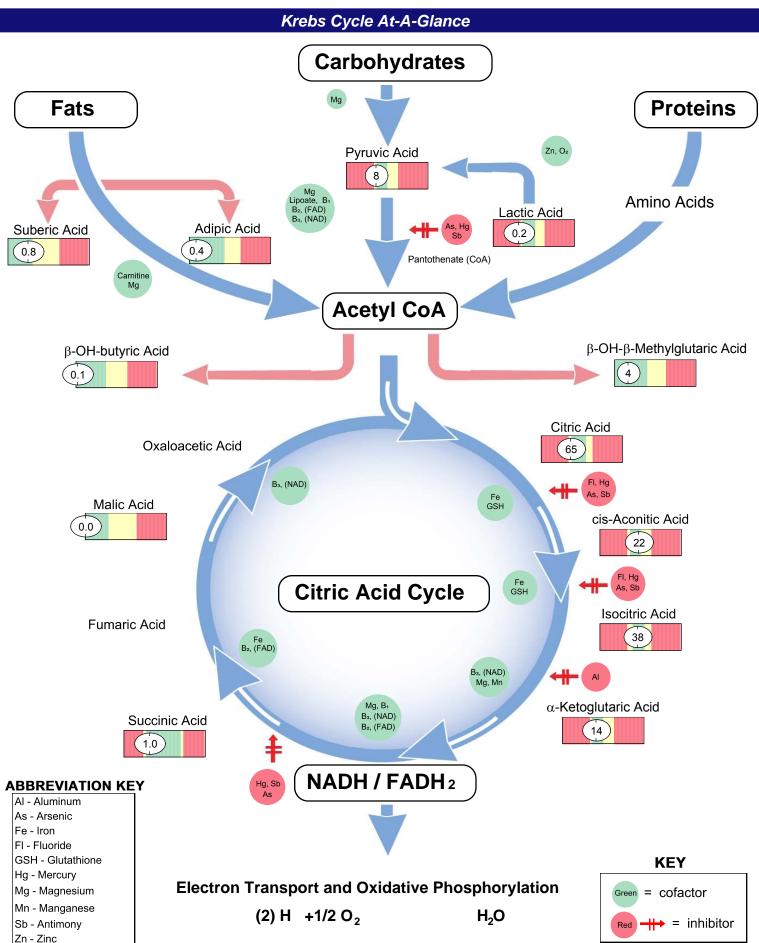
- 50 mg
 100 mg
 200 mg

 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 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)	K		

- 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.





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

Malabsorption and Dysbiosis Markers									
Malabsorption Mark	rence Range								
Indoleacetic Acid (IAA)	1.0		<= 4.2						
Phenylacetic Acid (PAA)	0.1	<= 0.12							
Bacterial Dysbiosis Markers									
Dihydroxyphenylpropionic Acid (DHPPA)	(15.0	<= 12.8						
3-Hydroxyphenylacetic Acid	4.4		<= 8.1						
4-Hydroxyphenylacetic Acid	18		<= 29						
Benzoic Acid	0.02		<= 0.05						
Hippuric Acid	324		<= 603						

Yeast / Fungal Dysbiosis Markers

Arabinose	42	<= 96
Citramalic Acid	2.0	<= 5.8
Tartaric Acid	7	<= 15

Cellular Energy & Mitochondrial Metabolites

Carbohydrate Meta	bolism	Refe	rence Range
Lactic Acid	0.2		1.9-19.8
Pyruvic Acid	8		7-32
β-OH-Butyric Acid (BHBA)	0.1		<= 2.8

Energy Metabolism

Citric Acid	65	40-520
Cis-Aconitic Acid	22	10-36
Isocitric Acid	38	22-65
α-Ketoglutaric Acid (AKG)	14	4-52
Succinic Acid	1.0	0.4-4.6
Malic Acid	0.0	<= 3.0
β -OH- β -Methylglutaric Acid (HMG)	4	<= 15

Fatty Acid Metabolism

Adipic Acid	0.4	<= 2.8
Suberic Acid	0.8	<= 2.1

Creatinine Concentration		
Reference Range		
Creatinine ◆	12.5	3.1-19.5 mmol.L

Metabolic Analysis Markers

Neurotransmitter Metabolites

	Refe	erence Range
Vanilmandelic Acid	0.2	0.4-3.6
Homovanillic Acid	2.9	1.2-5.3
5-OH-indoleacetic Acid	7.9	3.8-12.1
3-Methyl-4-OH-phenylglycol	0.08	0.02-0.22
Kynurenic Acid	1.0	<= 7.1
Quinolinic Acid	1.0	<= 9.1
Kynurenic / Quinolinic Ratio	1.00	>= 0.44

Vitamin Markers

	F	Refe	rence Range
α -Ketoadipic Acid	0.0		<= 1.7
α -Ketoisovaleric Acid	0.08		<= 0.97
α -Ketoisocaproic Acid	0.06		<= 0.89
α-Keto- $β$ -Methylvaleric Acid	0.1		<= 2.1
Formiminoglutamic Acid (FIGlu)	0.2		<= 0.9
Glutaric Acid	0.10		<= 0.51
Isovalerylglycine	1.8		<= 3.7
Methylmalonic Acid	0.5		<= 1.9
Xanthurenic Acid	0.54		<= 0.96
3-Hydroxypropionic Acid	8		5-22
3-Hydroxyisovaleric Acid	18		<= 29

Toxin & Detoxification Markers

Refe	erence Range
0.30	<= 0.46
3.8	<= 6.7
0.42	0.33-1.01
17	16-34
	0.30

Tyrosine Metabolism

Reference Range

Homogentisic Acid	5	<= 19
2-Hydroxyphenylacetic Acid	0.24	<= 0.76

Metabolic Analysis Reference Ranges are Age Specific

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

Nutritionally Essential Amino Acids

Amino Acid	Refe	erence Range
Arginine	16	10-64
Histidine	266	271-993
Isoleucine	37	17-52
Leucine	54	25-77
Lysine	34	34-226
Methionine	44	26-69
Phenylalanine	27	22-61
Taurine	175	80-545
Threonine	78	52-192
Tryptophan	40	23-88
Valine	28	19-53

Nonessential Protein Amino Acids

Amino Acid	Refe	rence Range
Alanine	101	103-392
Asparagine	60	37-134
Aspartic Acid	36	27-74
Cysteine	71	19-70
Cystine	25	23-68
γ-Aminobutyric Acid	7	<= 23
Glutamic Acid	10	3-15
Glutamine	186	153-483
Proline	2	2-14
Tyrosine	31	28-113

Creatinine Concentration

		Reference Range
Creatinine ◆	12.5	3.1-19.5 mmol/L

Amino Acids (FMV)

Intermediary Metabolites				
B Vitamin Markers			Reference Range	
α -Aminoadipic Acid	43		11-73	
α-Amino-N-butyric Acid	15		9-49	
β-Aminoisobutyric Acid	92		19-163	
Cystathionine	9		6-29	
3-Methylhistidine	203		134-302	
Urea Cycle Markers				
Ammonia	28.4		12.0-41.0 mmol/g creatinine	
Citrulline	31	•	9-40	
Ornithine	9		3-16	

Glycine/Serine Metabolites

Urea 🕈

Glycine	269	434-1,688
Serine	199	135-426
Ethanolamine	195	156-422
Phosphoethanolamine	22	14-50
Phosphoserine	29	26-64
Sarcosine	30	<= 41

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Dietary Peptide Related Markers

		Reference Range
Anserine (dipeptide)		174 8-118
Carnosine (dipeptide)	46	12-120
1-Methylhistidine		2,296 83-1,008
β-Alanine	13	<= 17

Markers for Urine Representativeness

	Refe	rence Range
Glutamine/Glutamate	19	>= 12
Ammonia	28.4	12.0-41.0 mmol/g creatinine
Arginine/Ornithine	1.8	>= 1.0

Urine Representativeness Index	10

Ref Range 5

10

150-380 mmol/g creatinine