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**Functional Health Report**  
**Patient Copy**

**JANE DOE**

Lab Test on Jul 31, 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	<input checked="" type="checkbox"/>
Hypoglycemia	Metabolic Essentials 	Take 3 capsules twice per day with a meal.	<input type="checkbox"/>
Gastric Inflammation	GlucoBalance Plus 	Take 4 capsules per day with meals.	<input type="checkbox"/>
Female Hormonal Support	Pro Balance for Women 	Take 4 capsules per day.	<input type="checkbox"/>
Bacterial Infection	Allium Pro 	Take 1 softgel per day.	<input type="checkbox"/>
Female Testosterone Deficiency	Adrenal Complete 	Take 2 capsules with meals.	<input type="checkbox"/>
Vitamin D Need	Vitamin D 5000 Plus 	Take 1 capsule per day with a meal.	<input type="checkbox"/>
Calcium Need	Calcium Malate Chelate 	Take 2 capsules per day with a meal.	<input type="checkbox"/>
DHEA Need	DHEA 	Take 1 capsule per day with a meal.	<input type="checkbox"/>

## Other Potential Product Recommendations

Protocols	Primary Product	Dosage	<input checked="" type="checkbox"/>
Bacterial Infection	Immune Essentials Plus 	Take 3 capsules per day with meals.	<input type="checkbox"/>
	Silver Max 	Take 5 ml (approx. one teaspoon) orally per day.	<input type="checkbox"/>
Female Testosterone Deficiency	Adrenal Plus 	Take 3 capsules per day with meals.	<input type="checkbox"/>

This Product Summary Report has been prepared for **JANE DOE** by **KEVIN BODLING**. Additional personalized recommendations for nutritional support may be applicable based on this laboratory evaluation, your history and other clinical findings.

\* These statements have not been evaluated by the Food and Drug Administration. This product is not intended to

JANE DOE  
41 year old Female - Born Oct 25, 1976

Lab Test on Jul 31, 2017

diagnose, treat, cure or prevent any disease.

# 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.

<b>Above Optimal Range</b> 2 Current 0 Previous <span style="float: right;">↑</span>	<b>Above Standard Range</b> 2 Current 0 Previous <span style="float: right;">↑</span>	<b>Alarm High</b> 0 Current 0 Previous
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<b>Below Optimal Range</b> 16 Current 0 Previous <span style="float: right;">↓</span>	<b>Below Standard Range</b> 1 Current 0 Previous <span style="float: right;">↓</span>	<b>Alarm Low</b> 0 Current 0 Previous
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Element	Current	Previous	Impr	Optimal Range	Standard Range	Units
	Jul 31 2017	Not Available				
Glucose	88.00			72.00 - 90.00	65.00 - 99.00	mg/dL
Hemoglobin A1C	4.90 ↓			5.00 - 5.50	0.00 - 5.60	%
Insulin - Fasting	4.60			2.00 - 5.00	2.00 - 19.00	µIU/ml
BUN	12.00			10.00 - 16.00	7.00 - 25.00	mg/dL
Creatinine	0.77 ↓			0.80 - 1.10	0.40 - 1.35	mg/dL
BUN/Creatinine Ratio	15.58			10.00 - 16.00	6.00 - 22.00	Ratio
eGFR Non-Afr. American	97.00			90.00 - 120.00	60.00 - 90.00	mL/min/1.73m2
eGFR African American	112.00			90.00 - 120.00	60.00 - 90.00	mL/min/1.73m2
Sodium	139.00			135.00 - 142.00	135.00 - 146.00	mEq/L
Potassium	4.00			4.00 - 4.50	3.50 - 5.30	mEq/L
Sodium/Potassium Ratio	34.75			30.00 - 35.00	30.00 - 35.00	ratio
Chloride	108.00 ↑			100.00 - 106.00	98.00 - 110.00	mEq/L
CO2	25.00			25.00 - 30.00	19.00 - 30.00	mEq/L
Anion gap	10.00			7.00 - 12.00	6.00 - 16.00	mEq/L
Uric Acid, female	3.60			3.00 - 5.50	2.50 - 7.00	mg/dL
Protein, total	6.40 ↓			6.90 - 7.40	6.10 - 8.10	g/dL
Albumin	4.10			4.00 - 5.00	3.60 - 5.10	g/dL
Globulin, total	2.30 ↓			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	8.80 ↓			9.40 - 10.10	8.60 - 10.40	mg/dL
Calcium/Albumin Ratio	2.14			0.00 - 2.60	0.00 - 2.70	ratio
Phosphorus	3.20 ↓			3.50 - 4.00	2.50 - 4.50	mg/dL
Calcium/Phosphorous Ratio	2.75 ↑			2.30 - 2.70	2.30 - 2.70	ratio
Magnesium	2.10 ↓			2.20 - 2.50	1.50 - 2.50	mg/dl
Alk Phos	38.00 ↓			70.00 - 100.00	35.00 - 115.00	IU/L
AST (SGOT)	15.00			10.00 - 26.00	10.00 - 35.00	IU/L
ALT (SGPT)	9.00 ↓			10.00 - 26.00	6.00 - 29.00	IU/L

LDH	122.00 ↓		140.00 - 200.00	120.00 - 250.00	IU/L
Bilirubin - Total	0.60		0.10 - 0.90	0.20 - 1.20	mg/dL
Bilirubin - Direct	0.10		0.00 - 0.20	0.00 - 0.19	mg/dL
Bilirubin - Indirect	0.50		0.10 - 0.70	0.20 - 1.20	mg/dL
GGT	11.00		10.00 - 30.00	3.00 - 70.00	IU/L
Iron - Serum	116.00		85.00 - 130.00	40.00 - 160.00	µg/dL
Ferritin	53.00		40.00 - 150.00	10.00 - 232.00	ng/mL
TIBC	273.00		250.00 - 350.00	250.00 - 425.00	µg/dL
% Transferrin saturation	42.00		24.00 - 50.00	15.00 - 50.00	%
Cholesterol - Total	159.00		155.00 - 190.00	125.00 - 200.00	mg/dL
Triglycerides	49.00 ↓		50.00 - 100.00	0.00 - 150.00	mg/dL
LDL Cholesterol	89.00		0.00 - 120.00	0.00 - 130.00	mg/dL
HDL Cholesterol	60.00		55.00 - 70.00	46.00 - 100.00	mg/dL
Cholesterol/HDL Ratio	2.70		0.00 - 3.00	0.00 - 5.00	Ratio
Triglyceride/HDL Ratio	0.81		0.00 - 2.00	0.00 - 3.30	ratio
TSH	0.98 ↓		1.00 - 3.00	0.40 - 4.50	µU/mL
Free T3	3.10		2.80 - 3.50	2.30 - 4.20	pg/ml
Free T4	1.10		1.00 - 1.50	0.80 - 1.80	ng/dL
Reverse T3	12.00		10.00 - 25.00	8.00 - 25.00	ng/dl
Hs CRP, Female	0.30		0.00 - 0.99	0.00 - 2.90	mg/L
Homocysteine	4.70		0.00 - 6.00	0.00 - 10.30	µmol/L
Vitamin D (25-OH)	40.00 ↓		50.00 - 90.00	30.00 - 100.00	ng/ml
DHEA-S, Female	108.00 ↓		275.00 - 400.00	35.00 - 325.00	µg/dl
Sex Hormone Binding Globulin, female	54.00		25.00 - 122.00	17.00 - 124.00	nmol/L
Estradiol, Female	51.00		19.00 - 357.00	19.00 - 357.00	pg/ml
Testosterone, Total Female	18.00 ↓		35.00 - 45.00	2.00 - 45.00	ng/dl
Testosterone, Free Female	1.40		1.00 - 2.20	0.20 - 5.00	pg/ml
Total WBCs	8.10 ↑		5.30 - 7.50	3.80 - 10.80	k/cumm
RBC, Female	3.91		3.90 - 4.50	3.80 - 5.10	m/cumm
Hemoglobin, Female	11.50 ↓		13.50 - 14.50	11.70 - 15.50	g/dl
Hematocrit, Female	35.00 ↓		37.00 - 44.00	35.00 - 45.00	%
MCV	89.50		85.00 - 92.00	80.00 - 100.00	fL
MCH	29.40		27.00 - 31.90	27.00 - 33.00	pg
MCHC	32.90		32.00 - 35.00	32.00 - 36.00	g/dL
Platelets	237.00		150.00 - 400.00	140.00 - 415.00	k/cumm
RDW	12.40		11.70 - 13.00	11.00 - 15.00	%
Neutrophils	55.60		40.00 - 60.00	40.00 - 60.00	%
Lymphocytes	30.70		25.00 - 40.00	25.00 - 40.00	%
Monocytes	11.40 ↑		0.00 - 7.00	0.00 - 7.00	%
Eosinophils	1.90		0.00 - 3.00	0.00 - 3.00	%

Basophils	0.40			0.00 - 1.00	0.00 - 1.00	%
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## 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

4 Total



### Below Optimal Range

17 Total



## Above Optimal

### Monocytes ↑ 11.40 % (+ 113 %)

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.

### Chloride ↑ 108.00 mEq/L (+ 83 %)

Chloride plays an important role in human physiology. The amount of serum chloride is carefully regulated by the kidneys. Chloride is involved in regulating acid-base balance in the body. Increased levels are associated with metabolic acidosis and decreased levels are associated with metabolic alkalosis. Chloride is an important molecule in the production of hydrochloric acid in the stomach so decreased levels are associated with hypochlorhydria.

### Total WBCs ↑ 8.10 k/cumm (+ 77 %)

The total White Blood Cell (WBC) count measures the sum of all the WBCs in the peripheral blood. White Blood Cells fight infection, defend the body through a process called phagocytosis, and produce, transport and distribute antibodies as part of the immune process. It is important to look at the WBC differential count (neutrophils, lymphocytes, etc.) to locate the source of an increased or decreased WBC count.

### Calcium/Phosphorous Ratio ↑ 2.75 ratio (+ 62 %)

The Calcium:Phosphorus ratio is determined from the serum calcium and serum phosphorus levels. This ratio is maintained by the parathyroid glands and is also affected by various foods. Foods high in phosphorus and low in calcium tend to disrupt the balance and shift the body toward metabolic acidity, depleting calcium and other minerals and increasing inflammation.

## Below Optimal

### Hemoglobin, Female ↓ 11.50 g/dl (- 250 %)

Hemoglobin is the oxygen carrying molecule in red blood cells. Measuring hemoglobin is useful to determine the cause and type of anemia and for evaluating the efficacy of anemia treatment. Hemoglobin levels may be increased in cases of dehydration.

**Testosterone, Total Female ↓ 18.00 ng/dl (- 220 %)**

In women, total testosterone can help in the evaluation of polycystic ovarian syndrome, testosterone-producing tumors of the ovary, tumors of the adrenal cortices, and congenital adrenal hyperplasia.

Imbalances of testosterone in postmenopausal women are associated with various forms of coronary heart disease and cardiovascular events, including myocardial infarction.

**DHEA-S, Female ↓ 108.00 µg/dl (- 184 %)**

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.

**Alk Phos ↓ 38.00 IU/L (- 157 %)**

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.

**Protein, total ↓ 6.40 g/dL (- 150 %)**

Total serum protein is composed of albumin and total globulin. Conditions that affect albumin and total globulin readings will impact the total protein value. A decreased total protein can be an indication of malnutrition, digestive dysfunction due to HCl need, or liver dysfunction. Malnutrition leads to a decreased total protein level in the serum primarily from lack of available essential amino acids. An increased total protein is most often due to dehydration.

**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.

**Phosphorus ↓ 3.20 mg/dL (- 110 %)**

Phosphorous levels, like calcium, are regulated by parathyroid hormone (PTH). Phosphate levels are closely tied with calcium, but they are not as strictly controlled as calcium. Plasma levels may be decreased after a high carbohydrate meal or in people with a diet high in refined carbohydrates. Serum phosphorous is a general marker for digestion. Decreased phosphorous levels are associated with hypochlorhydria. Serum levels of phosphorous may be increased with a high phosphate consumption in the diet, with parathyroid hypofunction and renal insufficiency.

**Magnesium ↓ 2.10 mg/dl (- 83 %)**

Magnesium is important for many different enzymatic reactions, including carbohydrate metabolism, protein synthesis, nucleic acid synthesis, and muscular contraction. Magnesium is also needed for energy production and is used by the body in the blood clotting mechanism. An increased serum magnesium is associated with kidney dysfunction and thyroid hypofunction. A decreased magnesium is a common finding with muscle cramps.

**LDH ↓ 122.00 IU/L (- 80 %)**

LDH represents a group of enzymes that are involved in carbohydrate metabolism. Decreased levels of LDH often correspond to hypoglycemia (especially reactive hypoglycemia), pancreatic function, and glucose metabolism. Increased levels are used to evaluate the presence of tissue damage to the cell causing a rupture in the cellular cytoplasm. LDH is found in many of the tissues of the body, especially the heart, liver, kidney, skeletal muscle, brain, red blood cells, and lungs. Damage to any of these tissues will cause an elevated serum LDH level.

**Hematocrit, Female ↓ 35.00 % (- 79 %)**

The hematocrit (HCT) measures the percentage of the volume of red blood cells in a known volume of centrifuged blood. It is an integral part of the Complete Blood Count (CBC) or Hematology panel. Low levels of hematocrit are associated with an anemia. The hematocrit should be evaluated with the other elements on a CBC/Hematology panel to determine the cause and type of anemia.

**Vitamin D (25-OH) ↓ 40.00 ng/ml (- 75 %)**

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.

**Globulin, total ↓ 2.30 g/dL (- 75 %)**

Total serum globulin is a measurement of all the individual globulin fractions in the blood. Globulins constitute the body's antibody system. A raised globulin level is associated with hypochlorhydria, liver dysfunction, immune activation, oxidative stress and inflammation. Decreased levels are associated with inflammation in the digestive system and immune insufficiency.

**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.

**Creatinine ↓ 0.77 mg/dL (- 60 %)**

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.

**ALT (SGPT) ↓ 9.00 IU/L (- 56 %)**

SGPT/ALT is an enzyme present in high concentrations in the liver and to lesser extent skeletal muscle, the heart, and kidney. ALT levels may be decreased in vitamin B6 deficiency and early stages of fatty liver.

**Triglycerides ↓ 49.00 mg/dL (- 52 %)**

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.

**TSH ↓ 0.98 μU/mL (- 51 %)**

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.

# 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%
Electrolyte Index		83%
Thyroid Function Index		77%
Sex Hormone Index - Female		75%
Immune Function Index		74%
GI Function Index		56%
Red Blood Cell Index		51%
Acid-Base Index		50%
Heavy Metal Index		46%
Blood Sugar Index		41%
Adrenal Function Index		32%
Gallbladder Function Index		25%
Bone Health Index		24%
Inflammation Index		21%
Liver Function Index		15%
Cardiovascular Risk Index		13%
Oxidative Stress Index	0%	
Allergy Index	0%	
Toxicity Index	0%	
Lipid Panel Index	0%	
Kidney Function Index	0%	

## Electrolyte Index

The Electrolyte Index gives us a sense of the balance of electrolytes in your body. Electrolytes such as calcium, potassium, sodium and magnesium are essential for optimal health and wellness. An electrolyte imbalance can show up as low blood pressure, cold hands or feet, poor circulation, swelling in the ankles and immune insufficiency. For your blood test, your Electrolyte Index is:

**[ 83% ] - Dysfunction Likely. Improvement required.**

### Rationale:

Calcium ↓, Phosphorus ↓, Magnesium ↓

### 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:

**[ 77% ] - Dysfunction Likely. Improvement required.**

#### Rationale:

TSH ↓

### Sex Hormone Index - Female

The Female Sex Hormone Index helps us assess levels of important hormones in your body: testosterone, DHEA and estradiol. 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 Female Sex Hormone Index is:

**[ 75% ] - Dysfunction Likely. Improvement required.**

#### Rationale:

DHEA-S, Female ↓, Testosterone, Total Female ↓

### 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:

**[ 74% ] - Dysfunction Likely. Improvement required.**

#### Rationale:

Total WBCs ↑, Globulin, total ↓, Monocytes ↑, Alk Phos ↓

### GI Function Index

The GI Function Index reflects the degree of function in your gastrointestinal (GI) system. The gastrointestinal system is responsible for the digestion and breakdown of macro nutrients (proteins, fats and carbohydrates) into small particles so they can be easily absorbed and utilized. The GI systems is also responsible for the excretion and elimination of waste from the body. Your body's nutritional status is directly affected by your ability to digest macronutrients and also to absorb key vitamins, minerals, amino acids, essential fatty acids and accessory nutrients such as bioflavonoids, CoQ10, etc. Factors affecting the GI function include inadequate chewing, eating when stressed or in a hurry, lack of appropriate stomach acid (a condition called hypochlorhydria), inflammation in the stomach lining (a condition called gastritis), a decrease in digestive enzymes (a condition called pancreatic insufficiency), an overgrowth of non-beneficial bacteria in your digestive system (a condition called dysbiosis) and/or a condition called Leaky Gut Syndrome. For your blood test, your Functional GI Index is:

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

#### Rationale:

Protein, total ↓, Globulin, total ↓, Phosphorus ↓, Alk Phos ↓, Creatinine ↓, Calcium ↓, Hemoglobin, Female ↓

### Red Blood Cell Index

The Red Blood Cell Index assesses the body's ability to produce red blood cells and reflects whether or not an anemia may be present in the body. Red blood cells function to carry oxygen to all the tissues and cells of the body. Nutrient deficiencies and other dysfunctions can disrupt this process causing an anemia. Some of the nutrient deficiency causes of anemia include deficiencies in iron, B12/folate, vitamin B6, copper and vitamin C. For your blood test, your Red Blood Cell Index is:

**[ 51% ] - Dysfunction Possible. There may be improvement needed in certain areas.**

#### Rationale:

Hemoglobin, Female ↓, Hematocrit, Female ↓

### 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:

Chloride ↑, Calcium ↓

# 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%
Mineral Index		54%
Vitamin Index		50%
Carbohydrate Index		38%
Protein Index		29%
Fat Index		25%
Hydration Index	0%	

## 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:

**[ 54% ] - Moderate Nutrient Status. There may be improvement needed in certain areas.**

### Rationale:

Calcium ↓, Alk Phos ↓, Magnesium ↓

## 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:

**[ 50% ] - Moderate Nutrient Status. There may be improvement needed in certain areas.**

### Rationale:

ALT (SGPT) ↓, Vitamin D (25-OH) ↓

## 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%
Zinc Need		100%
Calcium Need		100%
Vitamin D Need		100%
DHEA Need		90%
Vitamin B6 Need		60%
Magnesium Need		50%
Thiamine Need		30%
Iron Deficiency		24%
Vitamin B12/Folate Need		24%
Vitamin C Need		22%
Iodine Need	0%	
Molybdenum Need	0%	
Selenium Need	0%	
Glutathione Need	0%	

### Zinc Need

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

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

#### Rationale:

Alk Phos ↓

### Calcium Need

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

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

#### Rationale:

Calcium ↓, Vitamin D (25-OH) ↓

### 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) ↓

**DHEA Need**

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

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

**Rationale:**

DHEA-S, Female ↓

**Vitamin B6 Need**

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

**[ 60% ] - Dysfunction Possible. There may be improvement needed in certain areas.**

**Rationale:**

ALT (SGPT) ↓, Hemoglobin, Female ↓, Hematocrit, Female ↓

**Magnesium Need**

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

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

**Rationale:**

Magnesium ↓

## 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
	Jul 31 2017
Glucose	88.00
Hemoglobin A1C	4.90 ↓
Insulin - Fasting	4.60
Fructosamine	
C-Peptide	
BUN	12.00
Creatinine	0.77 ↓
Creatinine, 24-hour urine	
Creatinine Clearance	
eGFR Non-Afr. American	97.00
eGFR African American	112.00
BUN/Creatinine Ratio	15.58
Sodium	139.00
Potassium	4.00
Sodium/Potassium Ratio	34.75
Chloride	108.00 ↑
CO2	25.00
Anion gap	10.00
Uric Acid, female	3.60
Protein, total	6.40 ↓
Albumin	4.10
Globulin, total	2.30 ↓
Albumin/Globulin Ratio	1.80
Calcium	8.80 ↓
Calcium/Albumin Ratio	2.14
Phosphorus	3.20 ↓
Calcium/Phosphorous Ratio	2.75 ↑
Collagen Cross-Linked NTx	
Magnesium	2.10 ↓

Element	Latest Test Result
	Jul 31 2017
Alk Phos	38.00 ↓
LDH	122.00 ↓
AST (SGOT)	15.00
ALT (SGPT)	9.00 ↓
GGT	11.00
Bilirubin - Total	0.60
Bilirubin - Direct	0.10
Bilirubin - Indirect	0.50
Iron - Serum	116.00
Ferritin	53.00
TIBC	273.00
% Transferrin saturation	42.00
Cholesterol - Total	159.00
Triglycerides	49.00 ↓
LDL Cholesterol	89.00
HDL Cholesterol	60.00
VLDL Cholesterol	
Cholesterol/HDL Ratio	2.70
Triglyceride/HDL Ratio	0.81
Leptin, Female	
TSH	0.98 ↓
Total T4	
Total T3	
Free T4	1.10
Free T3	3.10
T3 Uptake	
Free Thyroxine Index (T7)	
Thyroid Peroxidase (TPO) Abs	
Thyroglobulin Abs	
Reverse T3	12.00
C-Reactive Protein	
Hs CRP, Female	0.30
ESR, Female	
Homocysteine	4.70
Fibrinogen	

Element	Latest Test Result
	Jul 31 2017
Creatine Kinase	
Vitamin D (25-OH)	40.00 ↓
Vitamin B12	
Folate	
DHEA-S, Female	108.00 ↓
Cortisol - AM	
Cortisol - PM	
Testosterone, Free Female	1.40
Testosterone, Total Female	18.00 ↓
Sex Hormone Binding Globulin, female	54.00
Estradiol, Female	51.00
Progesterone, Female	
Total WBCs	8.10 ↑
RBC, Female	3.91
Reticulocyte count	
Hemoglobin, Female	11.50 ↓
Hematocrit, Female	35.00 ↓
MCV	89.50
MCH	29.40
MCHC	32.90
Platelets	237.00
RDW	12.40
Neutrophils	55.60
Bands	
Lymphocytes	30.70
Monocytes	11.40 ↑
Eosinophils	1.90
Basophils	0.40

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