



EVEXIA DIAGNOSTICS

Functional Health Report

Patient Copy

JANE DOE

Lab Test on Feb 06, 2021
Conventional US Units

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Blood Test Results Report



The Blood Test Results Report lists the results of the patient's Chemistry Screen and CBC and shows you whether or not an individual element is outside of the optimal range and/or outside of the clinical lab range. The elements appear in the order in which they appear on the lab test form.

Above Optimal Range 3 Current 8 Previous ↑	Above Standard Range 5 Current 3 Previous ↑	Alarm High ⚠️ 0 Current 1 Previous
Below Optimal Range 8 Current 12 Previous ↓	Below Standard Range 2 Current 0 Previous ↓	Alarm Low ⚠️ 0 Current 0 Previous

Element	Current	Previous		Impr	Optimal Range	Standard Range	Units
	Feb 06 2020	Nov 11 2019					
Glucose	87.00	97.00	↑	👍	72.00 - 90.00	65.00 - 99.00	mg/dL
Hemoglobin A1C	5.30	5.20			5.00 - 5.50	0.00 - 5.60	%
Insulin - Fasting	6.50	↑ 10.70	↑	👍	2.00 - 5.00	2.00 - 19.00	μIU/ml
BUN	17.00	↑ 21.00	↑	👍	10.00 - 16.00	7.00 - 25.00	mg/dL
Creatinine	0.70	↓ 0.70	↓	👎	0.80 - 1.10	0.40 - 1.35	mg/dL
BUN/Creatinine Ratio	24.30	↑ 30.00	↑	👍	10.00 - 16.00	6.00 - 22.00	Ratio
Sodium	141.00	140.00			135.00 - 142.00	135.00 - 146.00	mEq/L
Potassium	3.80	↓ 3.80	↓	👎	4.00 - 4.50	3.50 - 5.30	mEq/L
Sodium/Potassium Ratio	37.10	↑ 36.84	↑	👎	30.00 - 35.00	30.00 - 35.00	ratio
Chloride	105.00	104.00			100.00 - 106.00	98.00 - 110.00	mEq/L
CO2	30.00	27.00			25.00 - 30.00	19.00 - 30.00	mEq/L
Anion gap	9.80	12.80	↑	👍	7.00 - 12.00	6.00 - 16.00	mEq/L
Uric Acid, female	4.60	4.20			3.00 - 5.50	2.50 - 7.00	mg/dL
Protein, total	7.10	7.20			6.90 - 7.40	6.10 - 8.10	g/dL
Albumin	4.50	4.50			4.00 - 5.00	3.60 - 5.10	g/dL
Globulin, total	2.60	2.70			2.40 - 2.80	2.00 - 3.50	g/dL
Albumin/Globulin Ratio	1.70	1.70			1.40 - 2.10	1.00 - 2.50	ratio
Calcium	9.20	↓ 9.20	↓	👎	9.40 - 10.10	8.60 - 10.40	mg/dL
Calcium/Albumin Ratio	2.04	2.04			0.00 - 2.60	0.00 - 2.70	ratio
Alk Phos	62.00	↓ 59.00	↓	👍	70.00 - 100.00	35.00 - 115.00	IU/L
AST (SGOT)	17.00	15.00			10.00 - 26.00	10.00 - 35.00	IU/L
ALT (SGPT)	14.00	14.00			10.00 - 26.00	6.00 - 29.00	IU/L
LDH	114.00	↓ 123.00	↓	👎	140.00 - 200.00	120.00 - 250.00	IU/L
Bilirubin - Total	0.40	0.60			0.10 - 0.90	0.20 - 1.20	mg/dL
GGT	13.00	13.00			10.00 - 30.00	3.00 - 70.00	IU/L
Iron - Serum	58.00	↓ 64.00	↓	👎	85.00 - 130.00	40.00 - 160.00	μg/dL
Ferritin	45.50	38.10	↓	👍	40.00 - 150.00	10.00 - 232.00	ng/mL

TIBC	347.00	312.00		250.00 - 350.00	250.00 - 425.00	µg/dL
% Transferrin saturation	17.00 ↓	21.00 ↓	👎	24.00 - 50.00	20.00 - 48.00	%
Cholesterol - Total	227.00 ↑	240.00 ↑	👍	155.00 - 190.00	125.00 - 200.00	mg/dL
Triglycerides	44.00 ↓	66.00	👎	50.00 - 100.00	0.00 - 150.00	mg/dL
LDL Cholesterol	148.00 ↑	158.00 ⚠️	👍	0.00 - 120.00	0.00 - 100.00	mg/dL
HDL Cholesterol	70.00	69.00		55.00 - 70.00	46.00 - 100.00	mg/dL
Cholesterol/HDL Ratio	3.20 ↑	3.50 ↑	👍	0.00 - 3.00	0.00 - 5.00	Ratio
Triglyceride/HDL Ratio	0.62	0.95		0.00 - 2.00	0.00 - 3.30	ratio
TSH	1.75	0.69 ↓	👍	1.00 - 3.00	0.40 - 4.50	µU/mL
Free T3	3.00	2.60 ↓	👍	2.80 - 3.50	2.30 - 4.20	pg/ml
Free T4	1.26	1.17		1.00 - 1.50	0.80 - 1.80	ng/dL
Thyroid Peroxidase (TPO) Abs	28.00			0.00 - 34.00	0.00 - 34.00	IU/ml
Homocysteine	4.80	6.40 ↑	👍	0.00 - 6.00	0.00 - 10.30	µmol/L
Fibrinogen	248.00 ↓	231.00 ↓	👍	295.00 - 369.00	175.00 - 425.00	mg/dl
Vitamin D (25-OH)	51.00	72.00		50.00 - 90.00	30.00 - 100.00	ng/ml
Total WBCs	3.90 ↓	5.50	👎	5.30 - 7.50	3.80 - 10.80	k/cumm
RBC, Female	4.40	4.42		3.90 - 4.50	3.80 - 5.10	m/cumm
Hemoglobin, Female	13.60	13.30 ↓	👍	13.50 - 14.50	11.70 - 15.50	g/dl
Hematocrit, Female	39.90	39.90		37.00 - 44.00	35.00 - 45.00	%
MCV	91.00	90.00		85.00 - 92.00	80.00 - 100.00	fL
MCH	31.00	30.20		27.00 - 31.90	27.00 - 33.00	pg
MCHC	34.20	33.50		32.00 - 35.00	32.00 - 36.00	g/dL
Platelets	239.00	231.00		150.00 - 400.00	140.00 - 400.00	k/cumm
RDW	12.00	13.10 ↑	👍	11.70 - 13.00	11.00 - 15.00	%
Neutrophils	50.50	63.40 ↑	👍	40.00 - 60.00	38.00 - 74.00	%
Lymphocytes	38.30	29.10		25.00 - 40.00	14.00 - 46.00	%
Monocytes	8.90 ↑	5.80	👎	0.00 - 7.00	0.00 - 7.00	%
Eosinophils	1.70	0.80		0.00 - 3.00	0.00 - 3.00	%
Basophils	0.60	0.90		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 and should be carefully reviewed.

Above Optimal Range

8 Total



Below Optimal Range

10 Total



Above Optimal

BUN/Creatinine Ratio ↑ 24.30 Ratio (+ 188 %)

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.

Cholesterol - Total ↑ 227.00 mg/dL (+ 156 %)

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.

Insulin - Fasting ↑ 6.50 μIU/ml (+ 100 %)

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.

Sodium/Potassium Ratio ↑ 37.10 ratio (+ 92 %)

The Sodium:Potassium ratio is determined from the serum sodium and serum potassium levels. Both elements are under the influence of the adrenal glands. An increased Sodium:Potassium ratio is associated with acute stress and a decreased Sodium:Potassium ratio is associated with chronic stress and adrenal insufficiency.

Monocytes ↑ 8.90 % (+ 77 %)

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.

LDL Cholesterol ↑ 148.00 mg/dL (+ 73 %)

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.

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.

Cholesterol/HDL Ratio ↑ 3.20 Ratio (+ 57 %)

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%.

Below Optimal

Total WBCs ↓ 3.90 k/cumm (- 114 %)

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.

Fibrinogen ↓ 248.00 mg/dl (- 114 %)

Fibrinogen is one of the principle blood clotting proteins. It is produced in the liver and liver disease and dysfunction can cause a decrease in the level of circulating fibrinogen. Levels increase with tissue inflammation or tissue destruction. Elevated fibrinogen levels are associated with an increased risk of cardiovascular disease, heart attack, and stroke. Fibrinogen levels are often elevated in patients suffering from cancer, especially colon cancer.

Iron - Serum ↓ 58.00 µg/dL (- 110 %)

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.

LDH ↓ 114.00 IU/L (- 93 %)

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.

Potassium ↓ 3.80 mEq/L (- 90 %)

Potassium is one of the main electrolytes in the body. Due to the critical functions of potassium for human metabolism and physiology it is essential for the body to maintain optimum serum levels even though a small concentration is found outside of the cell. Potassium levels should always be viewed in relation to the other electrolytes. Potassium concentration is greatly influenced by adrenal hormones. As such, potassium levels can be a marker for adrenal dysfunction.

Creatinine ↓ 0.70 mg/dL (- 83 %)

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.

Calcium ↓ 9.20 mg/dL (- 79 %)

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.

% Transferrin saturation ↓ 17.00 % (- 77 %)

The % transferrin saturation index is a calculated value that tells how much serum iron is bound to the iron-carrying protein transferrin. A % transferrin saturation value of 15% means that 15% of iron-binding sites of transferrin is being occupied by iron. It is a sensitive screening test for iron deficiency anemia if it is below the optimal range.

Alk Phos ↓ 62.00 IU/L (- 77 %)

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.

Triglycerides ↓ 44.00 mg/dL (- 62 %)

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.

Functional Index Report



The indices shown below represent an analysis of this blood test. These results have been converted into your patient's individual Functional Index Report based on our latest research. This report gives you an indication of the level of dysfunction that exists in the various physiological systems in the body. Please use this report in conjunction with the "Practitioner's Only Clinical Dysfunctions Report" to identify which dysfunctions and conditions are causing changes in the Functional Index and to put together a unique treatment plan designed to bring their 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%
Lipid Panel Index		82%
Blood Sugar Index		69%
Immune Function Index		63%
Adrenal Function Index		61%
Kidney Function Index		53%
Gallbladder Function Index		42%
Electrolyte Index		40%
GI Function Index		30%
Cardiovascular Risk Index		29%
Inflammation Index		19%
Liver Function Index		15%
Oxidative Stress Index		12%
Acid-Base Index		10%
Heavy Metal Index		8%
Bone Health Index		6%
Allergy Index	0%	
Toxicity Index	0%	
Red Blood Cell Index	0%	
Thyroid Function Index	0%	
Sex Hormone Index - Female	0%	

Lipid Panel Index

A high Lipid Panel Index indicates that there is a strong clinical indication of hyperlipidemia, which has been shown to indicate a potential risk of developing atherosclerotic coronary artery disease. Although hyperlipidemia is a cause, it's important to look at many other risks for this disease including smoking, blood sugar dysregulation, hypertension, elevated homocysteine and other diet and lifestyle considerations. Based on this blood test, your patient's Lipid Panel is:

[82%] - Dysfunction Likely. Improvement required.

Rationale:

Cholesterol - Total ↑, LDL Cholesterol ↑

Elements Considered:

Cholesterol - Total, Triglycerides, LDL Cholesterol, Cholesterol/HDL Ratio, HDL Cholesterol

Blood Sugar Index

A high Blood Sugar Index indicates that there is dysfunction in this patient's blood sugar regulation. Blood sugar dysregulation is affected by genetics, diet, lifestyle, nutrition and environment. Some factors to consider include hypoglycemia, metabolic syndrome, insulin resistance, hyperinsulinemia, and type 2 Diabetes. Based on this blood test, your patient's Blood Sugar Index is:

[69%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

LDH ↓, Insulin - Fasting ↑, Cholesterol - Total ↑, LDL Cholesterol ↑

Elements Considered:

Glucose, LDH, Hemoglobin A1C, Insulin - Fasting, Cholesterol - Total, Triglycerides, LDL Cholesterol, HDL Cholesterol

Patient Result Not Available - Consider Running In Future Tests:

DHEA-S, Female, Leptin, Female

Immune Function Index

A high reading in the Immune Function Index indicates that there is dysfunction within your patient's immune system and further assessment is needed to pinpoint exactly what that dysfunction is. Some of the factors to consider include immune insufficiency, bacterial or viral infections or GI dysfunction associated with immune function: abnormal mucosal barrier function, secretory IgA dysfunction or dysbiosis. Based on this blood test, your patient's Immune Function Index is:

[63%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

Total WBCs ↓, Monocytes ↑, Alk Phos ↓, Iron - Serum ↓

Elements Considered:

Total WBCs, Globulin, total, Neutrophils, Lymphocytes, Monocytes, Albumin, Alk Phos, Iron - Serum, Ferritin

Adrenal Function Index

A high Adrenal Function Index indicates that there is dysfunction within your patient's adrenal system and further assessment is needed to find out what the dysfunction is. Consider factors that contribute to adrenal hyperactivity, stress, or adrenal insufficiency. Based on this blood test, your patient's Adrenal Function Index is:

[61%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

Potassium ↓, Sodium/Potassium Ratio ↑, BUN ↑, Cholesterol - Total ↑

Elements Considered:

Sodium, Potassium, Sodium/Potassium Ratio, Glucose, BUN, Chloride, CO2, Cholesterol - Total, Triglycerides

Patient Result Not Available - Consider Running In Future Tests:

DHEA-S, Female, Cortisol - AM, Cortisol - PM

Kidney Function Index

A high Kidney Function Index reflects a decrease in renal function in this patient, which can be due to renal insufficiency or if the BUN and Creatinine are grossly elevated the beginning stages of conditions that can greatly impair renal function. Factors such as dehydration, heavy metal toxicity, over the counter or prescription drugs, impaired liver function or renal infections should be considered. Based on this blood test, your patient's Kidney Function Index is:

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

Rationale:

BUN ↑, BUN/Creatinine Ratio ↑

Elements Considered:

BUN, Creatinine, BUN/Creatinine Ratio, Uric Acid, female, AST (SGOT), LDH

Patient Result Not Available - Consider Running In Future Tests:

Phosphorus, eGFR Non-Afr. American, eGFR African American, Magnesium

Nutrient Index Report



The indices shown below represent an analysis of your patient's blood test results. These results have been converted into their individual Nutrient Assessment Report based on our latest research. This report gives you an indication of their general nutritional status. Nutritional status is influenced by actual dietary intake, digestion, absorption, assimilation and cellular uptake of the nutrients themselves. You can use this information, along with information about individual nutrient deficiencies, to put together a unique treatment plan designed to bring their 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%
Carbohydrate Index		75%
Mineral Index		58%
Fat Index		38%
Hydration Index		30%
Protein Index		12%
Vitamin Index	0%	

Carbohydrate Index

The Carbohydrate Index gives us an assessment of your patient's dietary intake of carbohydrates, especially refined carbohydrates and sugars. A diet high in refined carbohydrates and sugars will deplete phosphorus stores and other important co-factors for carbohydrate metabolism. It may also increase serum glucose and serum triglyceride levels. Follow up a high Carbohydrate Index with a thorough assessment of blood sugar regulation and also an investigation into this patient's dietary consumption of sugars and refined carbohydrates. Based on this blood test, your patient's Carbohydrate Index is:

[75%] - Nutrient Status is Low. Improvement required.

Rationale:

LDH↓, Cholesterol - Total ↑, LDL Cholesterol ↑, Total WBCs ↓

Elements Considered:

Glucose, LDH, Cholesterol - Total, Triglycerides, LDL Cholesterol, HDL Cholesterol, Total WBCs

Patient Result Not Available - Consider Running In Future Tests:

Phosphorus

Mineral Index

The Mineral Index gives us a general indication of the balance of certain minerals in the body based on the results of this blood test. A high Mineral Index indicates a level of deficiency or need in one or more of the minerals reflected in this index, which includes calcium, zinc, copper, potassium, molybdenum, selenium, magnesium, iodine and iron. Factors to consider include the amount in the diet, the ability to digest and breakdown individual minerals from food or supplements consumed, the ability of those minerals to be absorbed, transported and ultimately taken up by the cells themselves. In the case of certain minerals, such as iron and potassium, you must also consider the possibility of a mineral deficiency due to increased excretion or loss, such as increased bleeding causing an iron deficiency. Please use the information at the bottom of this report to identify which mineral or minerals may be deficient. Based on this blood

37 year old Female - Born Dec 20,1982

test, your patient's Mineral Index is:

[58%] - Moderate Nutrient Status. There may be improvement needed in certain areas.

Rationale:

Potassium ↓, Alk Phos ↓, Iron - Serum ↓, % Transferrin saturation ↓

Elements Considered:

Potassium, Uric Acid, female, Calcium, Alk Phos, GGT, Iron - Serum, Ferritin, TIBC, % Transferrin saturation, Free T3, MCV

Patient Result Not Available - Consider Running In Future Tests:

Phosphorus, Total T3, Magnesium

Individual Nutrient Deficiencies

The values below represent the degree of deficiency for individual nutrients based on your patient's 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 your patient/client actually needs an individual nutrient. Use the information in this section to put together an individualized treatment plan to bring your patient 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.

Nutrient Deficiencies	0%	100%
Zinc Need		80%
Iron Deficiency		29%
Magnesium Need		25%
Thiamine Need		10%
Vitamin B12/Folate Need		6%
Vitamin B6 Need	0%	
Iodine Need	0%	
Calcium Need	0%	
DHEA Need	0%	
Vitamin C Need	0%	
Molybdenum Need	0%	
Selenium Need	0%	
Glutathione Need	0%	

Zinc Need

Consider a zinc need if the **Alk phos** levels are decreased.

[80%] - Dysfunction Likely. Improvement required.

Rationale:

Alk Phos ↓

Elements Considered:

Alk Phos

Blood Test History Report



The Blood Test History Report lists the results of your patient's 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 progress.

Element	Latest 3 Test Results		
	Jun 08 2018	Nov 11 2019	Feb 06 2020
Glucose	77.00	97.00 ↑	87.00
Hemoglobin A1C	5.00	5.20	5.30
Insulin - Fasting	4.60	10.70 ↑	6.50 ↑
Fructosamine			
C-Peptide			
BUN	10.00	21.00 ↑	17.00 ↑
Creatinine	0.91	0.70 ↓	0.70 ↓
Creatinine, 24-hour urine			
Creatinine Clearance			
eGFR Non-Afr. American	83.00 ↓		
eGFR African American	97.00		
BUN/Creatinine Ratio	10.98	30.00 ↑	24.30 ↑
Sodium	138.00	140.00	141.00
Potassium	4.20	3.80 ↓	3.80 ↓
Sodium/Potassium Ratio	32.85	36.84 ↑	37.10 ↑
Chloride	104.00	104.00	105.00
CO2	26.00	27.00	30.00
Anion gap	12.20 ↑	12.80 ↑	9.80
Uric Acid, female	4.50	4.20	4.60
Protein, total	7.00	7.20	7.10
Albumin	4.60	4.50	4.50
Globulin, total	2.40	2.70	2.60
Albumin/Globulin Ratio	1.90	1.70	1.70
Calcium	9.80	9.20 ↓	9.20 ↓
Calcium/Albumin Ratio	2.13	2.04	2.04
Phosphorus			
Calcium/Phosphorous Ratio			
Collagen Cross-Linked NTx			
Magnesium			

Element	Latest 3 Test Results		
	Jun 08 2018	Nov 11 2019	Feb 06 2020
Alk Phos	42.00 ↓	59.00 ↓	62.00 ↓
LDH	127.00 ↓	123.00 ↓	114.00 ↓
AST (SGOT)	14.00	15.00	17.00
ALT (SGPT)	21.00	14.00	14.00
GGT	11.00	13.00	13.00
Bilirubin - Total	0.90	0.60	0.40
Bilirubin - Direct			
Bilirubin - Indirect			
Iron - Serum	201.00 ↑	64.00 ↓	58.00 ↓
Ferritin	13.00 ↓	38.10 ↓	45.50
TIBC	340.00	312.00	347.00
% Transferrin saturation	59.00 ⚠	21.00 ↓	17.00 ↓
Cholesterol - Total	222.00 ↑	240.00 ↑	227.00 ↑
Triglycerides	93.00	66.00	44.00 ↓
LDL Cholesterol	141.00 ↑	158.00 ⚠	148.00 ↑
HDL Cholesterol	61.00	69.00	70.00
VLDL Cholesterol			
Cholesterol/HDL Ratio	3.60 ↑	3.50 ↑	3.20 ↑
Triglyceride/HDL Ratio	1.52	0.95	0.62
Leptin, Female			
TSH	6.19 ↑	0.69 ↓	1.75
Total T4			
Total T3			
Free T4	0.90 ↓	1.17	1.26
Free T3	2.80	2.60 ↓	3.00
T3 Uptake			
Free Thyroxine Index (T7)			
Thyroid Peroxidase (TPO) Abs	197.00 ⚠		28.00
Thyroglobulin Abs		15.00 ⚠	
Reverse T3			
C-Reactive Protein			
Hs CRP, Female	1.40 ↑		
ESR, Female			
Homocysteine	7.30 ↑	6.40 ↑	4.80

Element	Latest 3 Test Results		
	Jun 08 2018	Nov 11 2019	Feb 06 2020
Fibrinogen	263.00 ↓	231.00 ↓	248.00 ↓
Creatine Kinase			
Vitamin D (25-OH)	26.00 ↓	72.00	51.00
Vitamin B12			
Folate			
DHEA-S, Female			
Cortisol - AM			
Cortisol - PM			
Testosterone, Free Female			
Testosterone, Total Female			
Sex Hormone Binding Globulin, female			
Estradiol, Female			
Progesterone, Female			
Total WBCs	4.80 ↓	5.50	3.90 ↓
RBC, Female	4.59 ↑	4.42	4.40
Reticulocyte count			
Hemoglobin, Female	13.70	13.30 ↓	13.60
Hematocrit, Female	42.30	39.90	39.90
MCV	92.20 ↑	90.00	91.00
MCH	29.80	30.20	31.00
MCHC	32.40	33.50	34.20
Platelets	176.00	231.00	239.00
RDW	12.20	13.10 ↑	12.00
Neutrophils	58.20	63.40 ↑	50.50
Bands			
Lymphocytes	30.30	29.10	38.30
Monocytes	8.40 ↑	5.80	8.90 ↑
Eosinophils	2.30	0.80	1.70
Basophils	0.80	0.90	0.60

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