Standard Process Event 100 Main Street Rochester, NY 14564 123-555-0123

For Patient: Ashton, Steven Doctor: Dr. Seminar **Evaluation Date:** 10/14/2017 **Blood Test Date:** 10/14/2017

Blood Panel - Markers Out of Range and Patterns

(Pattern: proprietary formula using one or more Blood Markers)

_____ Blood Panel: Check for Markers that are out of Lab Range _____

NOTE Only one supplement is pre-checked for each Marker, you can select more as needed.

Marker "Cholesterol, Total" is out of lab range but no supplements were added because this marker is used in pattern "Lipid Dysfunction" below. Also consider starting with the 21 Day Purification.

Marker "LDL Cholesterol" is out of lab range (the Total Score is 490). Also consider starting with the 21 Day Purification.

Marker "RBC (Red Blood Cells)" is out of lab range but no supplements were added because this marker is used in pattern "Anemia: B12/Folic Acid" below.

Marker "Hemoglobin" is out of lab range but no supplements were added because this marker is used in pattern "Anemia: B12/Folic Acid" below.

Marker "Hematocrit" is out of lab range but no supplements were added because this marker is used in pattern "Anemia: B12/Folic Acid" below.

_____ Blood Panel: Check for Patterns WITH Markers that are out of Lab Range _____

A pattern for "Iron Anemia" was found (the Total Score is 480).

A pattern for "Anemia: B12/Folic Acid" was found (the Total Score is 470). Zypan may be used in place of DiGest Forte (if on a PPI or acid blocker). Zypan® is not selected because DiGest Forte is in the schedule and is selected.

A pattern for "Lipid Dysfunction" was found (the Total Score is 460). Consider starting with the 21 Day Purification plus Adrenal Tonic Phytosynergist®.

Blood Panel: Check for Patterns WITH NO Markers that are out of Lab Range _____

A pattern for "Thyroid - TSH Only" was found (the Total Score is 450).

A pattern for "Digestion: Hypochlorhydria" was found. No new supplements were added (everything was already in the schedule).

A pattern for "Increased Neutrophils or Lymphocytes" was found (the Total Score is 440).

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Blood Panel - Detail

Below Optimal < Above Optimal >	Below Lab < Above Lab >			
Marker	Value	Optimal Range	Lab Range	Units
Chemistries				
Hemoglobin A1c	5.2	4.8 - 5.6	4.8 - 5.6	%
Uric Acid, Serum	5.0	3.5 - 5.9	3.7 - 8.6	mg/dL
BUN	12	10 - 16	6 - 24	mg/dL
Creatinine, Serum	0.88	0.80 - 1.00	0.57 - 1.00	mg/dL
eGFR	96	> 59	> 59	ml/min/1.73
BUN/Creatinine Ratio	14	10 - 16	11 - 26	
Sodium, Serum	142	135 - 142	134 - 144	mmol/L
Potassium, Serum	4.2	4.0 - 4.5	3.5 - 5.2	mmol/L
Chloride, Serum	103	100 - 106	97 - 108	mmol/L
Calcium, Serum	9.4	9.2 - 10.0	8.7 - 10.2	mg/dL
Phosphorus, Serum	3.6	3.0 - 4.0	2.5 - 4.5	mg/dL
Protein, Total, Serum	6.3	< 6.9 - 7.4	6.0 - 8.5	a/dL
Albumin, Serum	4.3	4.0 - 4.8	3.5 - 5.5	g/dL
Albumin/Globulin Ratio	2.2	> 1.4 - 2.1	1.1 - 2.5	5
Bilirubin Total	0.2	0.1 - 1.2	0.0 - 1.2	ma/dL
Alkaline Phosphatase	76	70 - 100	39 - 117	IŬ/L
LDH (Lactate dehvdrogenase)	129	< 140 - 200	119 - 226	IU/L
AST (SGOT) (Aspartate aminotransferase)	25	10 - 30	0 - 40	IU/L
ALT (SGPT) (Alanine Aminotransferase)	26	10 - 30	0 - 32	IU/L
GGT	57	> 10 - 30	0 - 60	IU/L
Iron Serum	57	< 85 - 130	27 - 159	ug/dl
Ferritin Serum	378	> 25 - 236	30 - 400	ng/ml
Lipids		20 200		
Cholesteral Total	227 -	180 - 220	100 - 100	ma/dl
Trialycerides	72	70 - 100	0 - 149	mg/dL
HDI Cholostorol	101	70 - 100 > 55	0 - 149 > 20	mg/dL
LDL Cholosterol	112	> 00	> 39	mg/dL
LDL UIUIESIEIUI			0-99	mg/uL
I. UIUI/IIUL KAIIO	2.2	0.0 - 3.5	0.0 - 4.4	
	9.0	> 0.0 - 7.2	0.0 - 15.0	umol/L
Ihyroid				
TSH	2.580	> 1.000 - 2.000	0.450 - 4.500	ulU/ml

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Below Optimal < Above Optimal >	Below Lab < Above Lab >			
Marker	Value	Optimal Range	Lab Range	Units
Immunoassay				
Vitamin D, 25-Hydroxy	75.3 >	35.0 - 50.0	30.0 - 100.0	ng/mL
CBC, Platelet Ct, and Dil				0
WBC (White Blood Cells)	4.6 <	5.0 - 7.5	3.4 - 10.8	x10E3/uL
RBC (Red Blood Cells) [′]	3.93 <<	4.20 - 4.90	4.14 - 5.80	x10E6/uL
Hemoglobin	11.7 <<	14.0 - 15.0	12.6 - 17.7	g/dL
Hematocrit	36.9 <<	40.0 - 48.0	37.5 - 51.0	%
MCV (Mean Corpuscular Volume)	94.0 >	82.0 - 89.9	79.0 - 97.0	fL
MCH (Mean Corpuscular Hemoglobin)	29.8	28.0 - 31.9	26.6 - 33.0	pq
MCHC (Mean Corpuscular Hemoglobin Concentratio	31.7 <	32.0 - 35.0	31.5 - 35.7	g/dL
RDW (Random Distribution of RBC Weight)	13.8 >	0.0 - 13.0	12.3 - 15.4	%
Platelets	214	185 - 385	150 - 379	x10E3/uL
Neutrophils	66 >	40 - 60	40 - 74	%
Lymphs	27	24 - 44	14 - 46	%
Monocytes	6	4 - 13	4 - 12	%
Eosinophils (Eos)	1	0 - 3	0 - 5	%
Basophils (Basos)	0	0 - 1	0 - 3	%
Neutrophils (Absolute)	3.0	1.8 - 7.8	1.4 - 7.0	x10E3/uL
Lymphs (Absolute)	1.3	0.7 - 4.5	0.7 - 3.1	x10E3/uL
Monocytes (Absolute)	0.3	0.1 - 1.0	0.1 - 0.9	x10E3/uL
Eosinophils (Eos) (Absolute)	0.1	0.0 - 0.4	0.0 - 0.4	x10E3/uL
Basophils (Basos) (Absolute)	0.0	0.0 - 0.2	0.0 - 0.2	x10E3/uL
Immature Granulocytes	0	0 - 1	0 - 2	%
Immature Granulocytes (Absolute)	0.0	0.0 - 0.1	0.0 - 0.1	x10E3/uL
Other				
PSA (Prostate Specific Antigen)	1	0 - 4	0 - 4	ng/mL

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> Albumin/Globulin Ratio (2.2)

The Albumin/Globulin Ratio is used to measure the levels of protein in your body. Each of these proteins are very important and have different functions or jobs to do. This test provides information about the ratio between the two, ensuring you don't have more of one kind than another.

>> Cholesterol, Total (227 mg/dL)

Cholesterol is a fat-like substance that circulates in your blood. Because cholesterol can't dissolve in blood, it has to be carried to cells by special proteins called lipoproteins (LDL's, VLDL's and HDL's). Your body needs adequate amounts of some cholesterol in order to stay healthy.

> Ferritin, Serum (378 ng/mL)

Ferritin is a protein that stores iron. Red blood cells need iron to form normally and carry oxygen around your body. Other parts of your body, such as your liver, bone marrow, and muscles, also need iron. If a ferritin test reveals that your blood ferritin level is lower than normal, this can indicate that your body's iron stores are low and you have iron deficiency. If a ferritin test shows higher than normal levels, it could indicate that you have a condition that causes your body to store too much iron.

Notes to Clinician

General Comment: Primary storage form of iron; can elevate as part of protective mechanism against pathogenic invaders or inflammation.

Marker is high: Rule out iron overload, liver disease, alcohol abuse, products used to stop smoking, exogenous intake from cookware, water wells or inflammation.

GGT (57 IU/L) >

This test measures an enzyme, or protein, called gamma-glutamyl transpeptidase (GGT). GGT is found in liver cells and is useful for helping detect diseases of the liver or bile ducts. It can also indicate possible blood sugar issues and should be evaluated in combination with other related blood markers such as ALT, ALP, and bilirubin tests.

Notes to Clinician

General Comment: Enzyme produced in the liver, kidney and pancreas; can indicate liver/biliary/pancreatic dysfunctions; easily influenced by alcohol consumption; early indicator of liver or biliary tree dysfunctions. Marker is high: Classic indication of biliary/pancreatic dysfunction; consider HCI support as well. Results above 60 may need additional investigation.

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Values Outside of the Optimal and/or Laboratory Range



Hematocrit (36.9 %)

This test measures what percentage of your blood is made up of red blood cells. Normal blood contains white blood cells, red blood cells, platelets, and the fluid portion called plasma. The word hematocrit means to separate. In this test, your red blood cells are separated from the rest of your blood so they can be measured. Your hematocrit (HCT) shows whether you have a normal amount of red blood cells, too many, or too few.

Hemoglobin (11.7 g/dL)

This is a blood test to find out how much hemoglobin is in your blood. Hemoglobin is the main part of your red blood cells. Hemoglobin is made up of a protein called globin and a compound called heme. Heme consists of iron and a pigment called porphyrin, which gives your blood its red color. Hemoglobin serves the important role of carrying oxygen and carbon dioxide through your blood. If your hemoglobin is too low, you may not be able to supply the cells in your body with the oxygen they need to survive.

> Homocyst(e)ine, Plasma (9.0 umol/L)

Elevated levels of homocysteine can cause damage to the inner lining of the arteries. Over time, this can cause cholesterol to accumulate in an effort to help heal that damage. In order to prevent an accumulation of homocysteine, adequate levels of B vitamins must be present. This helps convert homocysteine into its safer form, cysteine. Risk factors that can contribute to elevated levels include smoking, poor diet, lack of exercise or other nutritional deficiencies.

Notes to Clinician

General Comment: Formed from incomplete metabolism of methionine; normal levels require adequate B vitamins and folic acid; important to support diet, HCl production and methylation in the liver. Marker is high: Elevated levels can be caused by B deficiency, impaired kidney function or genetic mutation of MTHFR enzyme.

Iron, Serum (57 ug/dL)

Iron comes from the food you eat and requires adequate hydrochloric acid in the stomach to be fully utilized and absorbed. When your iron levels are low, this can indicate digestive insufficiency or reduced iron intake or both. Women are more likely to have reduced iron levels due to monthly menstrual blood loss or because of increased demand during pregnancy. Because iron is needed to help deliver oxygen to the cells, ensuring you have adequate iron is crucial. This test measures the amount of iron in your blood stream that is available for use by your body.

Notes to Clinician

General Comment: Measures serum-bound iron; adequate levels require dietary intake of iron-containing foods and adequate hydrochloric acid.

Marker is low: Chronic iron deficiency linked to SIBO, hypochlorhydria or insufficient intake.

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< LDH (Lactate dehydrogenase) (129 IU/L)

This test measures a specific enzyme involved in carbohydrate metabolism. It is found in almost every tissue in the body. LDH is released when any tissue is broken down such as during exercise or when there is tissue damage. It can also be used as an indicator for injuries or disease.

Notes to Clinician

General Comment: Enzyme involved in carbohydrate metabolism; will be decreased with sugar-handlingn problems. Can indicate liver/biliary dysfunction, viral infection or kidney insufficiency. Should be taken in context with other appropriate markers to evaluate blood sugar, liver/biliary or kidney dysfunctions. Marker is low: Decreased levels most commonly seen with reactive hypoglycemia, pancreatic dysfunction or poor carbohydrate metabolism.

>> LDL Cholesterol (112 mg/dL)

LDL is a very important blood protein that helps transport cholesterol from the liver out into the body for use wherever it is needed. It is not "bad" cholesterol as is commonly reported. LDL is how your body is able to obtain and use cholesterol in order to manufacture hormones, help manage stress, keep your brain healthy, metabolize vitamin D and a variety of other functions.

MCHC (Mean Corpuscular Hemoglobin Concentration) (

MCHC provides an estimate of the average concentration (amount) of hemoglobin in a given number of packed red blood cells. This marker is useful for anemia screening because it uses several other red blood cell markers as part of its calculation. As with MCH, it can also provide information about possible digestive insufficiency.

> MCV (Mean Corpuscular Volume) (94.0 fL)

Mean corpuscular volume (abbreviated as MCV) is the average amount of space occupied (size) by each a single red blood cell. This indicates whether the cell is too small (microcytic) or too large (macrocytic). As such, it is a very useful marker for determining if anemia is present.

> Neutrophils (66 %)

Neutrophils are a type of white blood cell. Over 60% - 70% of white blood cells are neutrophils. They are usually the first responders to infection and so will be elevated in early stages and decrease with nutritional intervention. The typical life span of a neutrophil is 8 days. Just like other white blood cells, they are formed in the bone marrow.

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< Protein, Total, Serum (6.3 g/dL)

Your body is made of protein so ensuring protein levels in the blood are at their optimal levels is very important. Total protein in the blood is composed of albumin and globulin. Lack of dietary intake or inadequate hydrochloric acid in the stomach can lead to decreased protein levels. Normal protein values also help maintain fluid balance in the tissues, preventing edema.

RBC (Red Blood Cells) (3.93 x10E6/uL)

Red blood cells are the most common cell and make up approximately 25% of all cells in the human body. They carry oxygen to body tissues and have a life span of approximately 100-120 days. Red blood cells store 65% of all iron in the body and as such can be a key indicator of possible anemia.

> RDW (Random Distribution of RBC Weight) (13.8 %)

RDW measures the consistency of the size of red blood cells. When RDW levels deviate, this is an indicator of possible anemia.

> TSH (2.580 uIU/ml)

TSH stands for Thyroid Stimulating Hormone and is produced by the pituitary. TSH is not a thyroid hormone but instead, helps provide a clue as to how well your thyroid hormones are working in the body. If downstream levels of T3 are low, TSH signals the thyroid gland to release more thyroid hormone into the blood.

> Vitamin D, 25-Hydroxy (75.3 ng/mL)

The most accurate way to measure how much vitamin D is in your body is the 25-hydroxy vitamin D blood test. In the kidney, 25-hydroxy vitamin D changes into an active form of the vitamin. The active form of vitamin D helps control calcium and phosphate levels in the body as well as a large number of other very important functions.

Notes to Clinician

General Comment: 25-Hydroxy vitamin D is the inactive form; active form is 1-25 D calcitriol which is a steroid hormone and converted in the small intestine, liver and kidneys. Marker is high: Rule out excess intake from dietary supplements.

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 Below Optimal <</td>
 Above Optimal >

 Below Lab <</td>
 Above Lab >>

< WBC (White Blood Cells) (4.6 x10E3/uL)

There are 5 types of white blood cells which make up approximately 1% of the total blood volume. Their life span is approximately 13-20 days and their production is regulated by the endocrine system. All white blood cells are involved in a large number of immune system activities, depending on which type of white blood cell is needed (Neutrophils, Lymphycytes, Monocytes, Eosinophils and Basophils). Each of these are formed in the bone marrow on a daily basis.

Notes to Clinician

General Comment: Immune system cells regulated by endocrine system; affected by elevated blood sugar. Marker is low: Often a chronic viral or bacterial infection; may also be folic acid/B12 anemia, vitamin or mineral deficiencies or elevated blood sugar.