

# Clinician Blood Panel Results

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

**For Patient:** Dinnis, Maristela

**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 "Lymphs" is out of lab range but no supplements were added because this marker is used in pattern "Increased Neutrophils or Lymphocytes" below.

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

Marker "MCHC (Mean Corpuscular Hemoglobin Concentration)" is out of lab range but no supplements were added because this marker is used in pattern "Iron Anemia" below.

Marker "MCV (Mean Corpuscular Volume)" is out of lab range but no supplements were added because this marker is used in pattern "Anemia: B12/Folic Acid" below.

Marker "RDW (Random Distribution of RBC Weight)" 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 490).

A pattern for "Increased Neutrophils or Lymphocytes" was found (the Total Score is 480).

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

A pattern for "Lipid Dysfunction" was found (the Total Score is 470). Consider starting with the 21 Day Purification plus Adrenal Tonic Phytosynergist®.

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## Blood Panel - Detail

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| Marker  | Value  | Optimal Range | Lab Range    | Units       |
|---|--------|---------------|--------------|-------------|
| <b>Chemistries</b>                            |        |               |              |             |
| Glucose, Serum .....                          | 91 >   | 75 - 86       | 65 - 99      | mg/dL       |
| BUN .....                                     | 9 <    | 10 - 16       | 6 - 24       | mg/dL       |
| Creatinine, Serum .....                       | 0.75 < | 0.80 - 1.00   | 0.57 - 1.00  | mg/dL       |
| eGFR .....                                    | 97     | > 59          | > 59         | ml/min/1.73 |
| BUN/Creatinine Ratio .....                    | 12     | 10 - 16       | 11 - 26      |             |
| Sodium, Serum .....                           | 143 >  | 135 - 142     | 134 - 144    | mmol/L      |
| Potassium, Serum .....                        | 4.4    | 4.0 - 4.5     | 3.5 - 5.2    | mmol/L      |
| Chloride, Serum .....                         | 101    | 100 - 106     | 97 - 108     | mmol/L      |
| Carbon Dioxide, Total .....                   | 23     | 21 - 26       | 18 - 29      | mmol/L      |
| Calcium, Serum .....                          | 9.7    | 9.2 - 10.0    | 8.7 - 10.2   | mg/dL       |
| Protein, Total, Serum .....                   | 7.7 >  | 6.9 - 7.4     | 6.0 - 8.5    | g/dL        |
| Albumin, Serum .....                          | 4.7    | 4.0 - 4.8     | 3.5 - 5.5    | g/dL        |
| Globulin, Total .....                         | 3.0 >  | 2.4 - 2.8     | 1.5 - 4.5    | g/dL        |
| Albumin/Globulin Ratio .....                  | 1.6    | 1.4 - 2.1     | 1.1 - 2.5    |             |
| Bilirubin Total .....                         | 0.3    | 0.1 - 1.2     | 0.0 - 1.2    | mg/dL       |
| Alkaline Phosphatase .....                    | 60 <   | 70 - 100      | 39 - 117     | IU/L        |
| AST (SGOT) (Aspartate aminotransferase) ..... | 24     | 10 - 30       | 0 - 40       | IU/L        |
| ALT (SGPT) (Alanine Aminotransferase) .....   | 23     | 10 - 30       | 0 - 32       | IU/L        |
| <b>Lipids</b>                                 |        |               |              |             |
| Cholesterol, Total .....                      | 183    | 180 - 220     | 100 - 199    | mg/dL       |
| Triglycerides .....                           | 107 >  | 70 - 100      | 0 - 149      | mg/dL       |
| HDL Cholesterol .....                         | 76     | > 55          | > 39         | mg/dL       |
| VLDL Cholesterol .....                        | 21     | 5 - 40        | 5 - 40       | mg/dL       |
| LDL Cholesterol .....                         | 86     | 80 - 120      | 0 - 99       | mg/dL       |
| <b>Immunoassay</b>                            |        |               |              |             |
| Vitamin D, 25-Hydroxy .....                   | 56.2 > | 35.0 - 50.0   | 30.0 - 100.0 | ng/mL       |

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| Marker   | Value   | Optimal Range | Lab Range   | Units    |
|--|---------|---------------|-------------|----------|
| CBC, Platelet Ct, and Dil                              |         |               |             |          |
| WBC (White Blood Cells) .....                          | 5.3     | 5.0 - 7.5     | 3.4 - 10.8  | x10E3/uL |
| RBC (Red Blood Cells) .....                            | 5.75 >> | 4.00 - 4.50   | 3.77 - 5.28 | x10E6/uL |
| Hemoglobin .....                                       | 12.0 <  | 13.5 - 14.5   | 11.1 - 15.9 | g/dL     |
| Hematocrit .....                                       | 40.0    | 37.0 - 44.0   | 34.0 - 46.6 | %        |
| MCV (Mean Corpuscular Volume) .....                    | 70.0 << | 82.0 - 89.9   | 79.0 - 97.0 | fL       |
| MCH (Mean Corpuscular Hemoglobin) .....                | 20.9 << | 28.0 - 31.9   | 26.6 - 33.0 | pg       |
| MCHC (Mean Corpuscular Hemoglobin Concentration) ..... | 30.0 << | 32.0 - 35.0   | 31.5 - 35.7 | g/dL     |
| RDW (Random Distribution of RBC Weight) .....          | 16.0 >> | 0.0 - 13.0    | 12.3 - 15.4 | %        |
| Platelets .....  | 203     | 185 - 385     | 150 - 379   | x10E3/uL |
| Neutrophils .....                                      | 44      | 40 - 60       | 40 - 74     | %        |
| Lymphs .....   | 47 >>   | 24 - 44       | 14 - 46     | %        |
| Monocytes .....  | 7       | 4 - 13        | 4 - 12      | %        |
| Eosinophils (Eos) .....                                | 1       | 0 - 3         | 0 - 5       | %        |
| Basophils (Basos) .....                                | 1       | 0 - 1         | 0 - 3       | %        |
| Neutrophils (Absolute) .....                           | 2.3     | 1.8 - 7.8     | 1.4 - 7.0   | x10E3/uL |
| Lymphs (Absolute) .....                                | 2.4     | 0.7 - 4.5     | 0.7 - 3.1   | x10E3/uL |
| Monocytes (Absolute) .....                             | 0.4     | 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 |

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### < Alkaline Phosphatase (60 IU/L)

Alkaline phosphatase is a certain kind of protein found in all body tissues. It is made from zinc and is primarily produced in bone, liver, intestines and skin. When Alkaline Phosphatase levels are low, this can indicate a possible zinc deficiency.

#### Notes to Clinician

General Comment: Zinc-dependant enzyme formed by the liver; will elevate with any bile obstruction. Rarely increased; most commonly due to zinc deficiency, insufficient protein intake or exogenous estrogens. Elevated in children or after bone fracture.

Marker is low: Provide dietary or supplemental source of zinc; ensure adequate digestion and dietary mineral intake. Can also decrease with estrogen use.

### < BUN (9 mg/dL)

BUN stands for "Blood Urea Nitrogen" but can also be referred to as Urea. It is removed almost entirely by the kidneys so it is very useful as an initial indicator of kidney dysfunction. However, levels outside of the functional ranges can point to other areas of deficiency in the body as well.

#### Notes to Clinician

General Comment: Waste product formed by the liver as byproduct of protein metabolism; can indicate kidney insufficiency or intestinal dysbiosis.

Marker is low: Always consider the Bowel Flora Protocol and/or upper digestive support. General liver support can also be helpful.

### < Creatinine, Serum (0.75 mg/dL)

Creatinine is a normal waste product that builds up in your blood from using your muscles. This blood marker can be elevated in individuals who participate in excessive physical activity or exercise. Women usually have a lower creatinine levels than men, most commonly due to a lower amount of muscle mass. Your body produces creatinine at a fairly constant rate throughout the day and is eventually excreted through the kidneys.

#### Notes to Clinician

General Comment: Product of muscle breakdown; values can fluctuate depending on muscle mass of patient. Removed by the kidneys.

Marker is low: Decreased levels can indicate protein insufficiency or need for exercise.

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### > Globulin, Total (3.0 g/dL)

Globulin is made up of different proteins called alpha, beta, and gamma types. Some of these globulins are made by the liver while others are made by the immune system. Certain globulins bind with hemoglobin. Other globulins transport metals, such as iron, in the blood stream and can also help fight infection.

#### Notes to Clinician

General Comment: Component of immune system; part of total protein; key indicator for liver or digestive dysfunctions.

Marker is high: Elevated levels can indicate inflammation or infection in the GI tract; important to support overall digestion.

### > Glucose, Serum (91 mg/dL)

Glucose is a simple sugar which the body uses as its primary source of fuel for energy. Almost all of the body's cells require sufficient glucose to function properly, especially the brain and nervous system. Glucose is transported into the cells by a hormone called insulin or can be stored in the liver. If there is too much glucose, it gets stored as triglycerides. If blood glucose drops too low, as can happen between meals, during a strenuous workout or at night, the liver gets the signal to release some of its stored glucose into the blood to try and restore normal blood sugar. Evaluating blood glucose levels helps screen for and monitor hypoglycemia (low blood sugar), hyperglycemia (elevated blood sugar), diabetes and pre-diabetes. This test should be included as a part of any regular physical or performed when symptoms of blood sugar fluctuations are present.

#### Notes to Clinician

General Comment: Ranges between 90 and 100 can indicate impending glucose intolerance. Dietary modification and blood sugar support are crucial.

Marker is high: Elevated levels indicate long-term sugar-handling issues. Important to correct diet and stabilize blood glucose levels.

### < Hemoglobin (12.0 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.

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### >> Lymphs (47 %)

A lymphocyte is a type of white blood cell present in the blood. As a part of the body's primary defense system, lymphocytes are able to recognize hundreds of millions of different molecules and can send the signal very quickly that an invader has arrived. They are formed in lymphatic tissues such as the tonsils, spleen, thymus and lymph nodes and can help protect your body from viral infections.

### << MCH (Mean Corpuscular Hemoglobin) (20.9 pg)

This marker measures the average weight of hemoglobin in red blood cells. It can be an indicator of several types of anemia or even digestive insufficiency.

### << 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) (70.0 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.

### > Protein, Total, Serum (7.7 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.

### Notes to Clinician

General Comment: Comprised of albumin and globulin.

Marker is high: Affected by dehydration and liver/biliary issues.

### >> RBC (Red Blood Cells) (5.75 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.

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### >> RDW (Random Distribution of RBC Weight) (16.0 %)

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

### > Sodium, Serum (143 mmol/L)

Sodium is one of the primary minerals in the body, making up 90% of the electrolyte fluid. It works alongside potassium to maintain normal fluid pressure inside and outside of the cells. Several pharmaceutical drugs can alter sodium levels as can dehydration and adrenal dysfunction. Sodium is important for healthy nerve function, muscle health as well as regulating blood pressure. The kidneys help regulate sodium levels in the body.

#### Notes to Clinician

General Comment: Important extracellular mineral; regulated by aldosterone. Important to consider other electrolytes as well.

Marker is high: Rule out use of water softeners, excessive NSAID intake or dehydration.

### > Triglycerides (107 mg/dL)

Serum (blood) triglycerides are an indicator of the amount of stored fat in the body. Levels of triglycerides can vary with age, sex, glucose metabolism and health of the liver. Excess calories from food that your body doesn't immediately use are converted into triglycerides and stored as fat for later use.

### > Vitamin D, 25-Hydroxy (56.2 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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