

Clinician Blood Panel Results

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

For Patient: Fisher, Carol

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 "Ferritin, Serum" is out of lab range (the Total Score is 490).

Marker "LDL Cholesterol" is out of lab range (the Total Score is 480). Also consider starting with the 21 Day Purification.

Marker "Triglycerides" 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 "Creatinine, Serum" is out of lab range (the Total Score is 470).

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

A pattern for "Lipid Dysfunction" was found. No new supplements were added (everything was already in the schedule). Consider starting with the 21 Day Purification plus Adrenal Tonic Phytosynergist®. Add A-F Betafood if on a PPI or acid blocker, or if bloating.

_____ 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 460).

A pattern for "Digestion: Hypochlorhydria" was found (the Total Score is 450). Zypan may be used in place of DiGest Forte (if on a PPI or acid blocker).

A pattern for "Elevated Eosinophils (EOS)" was found (the Total Score is 440).

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Marker	Value	Optimal Range	Lab Range	Units
Chemistries				
Glucose, Serum	89 >	75 - 86	65 - 99	mg/dL
Hemoglobin A1c	5.0	4.8 - 5.6	4.8 - 5.6	%
Uric Acid, Serum	3.4	3.0 - 5.5	2.5 - 7.1	mg/dL
BUN	13	10 - 16	6 - 24	mg/dL
Creatinine, Serum	87.00 >>	0.80 - 1.00	0.57 - 1.00	mg/dL
eGFR	71	> 59	> 59	ml/min/1.73
Sodium, Serum	144 >	135 - 142	134 - 144	mmol/L
Potassium, Serum	4.9 >	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	9.4	9.2 - 10.0	8.7 - 10.2	mg/dL
Phosphorus, Serum	3.3	3.0 - 4.0	2.5 - 4.5	mg/dL
Magnesium, Serum	2.2	> 2.0	1.6 - 2.3	mg/dL
Protein, Total, Serum	6.5 <	6.9 - 7.4	6.0 - 8.5	g/dL
Albumin, Serum	4.3	4.0 - 4.8	3.5 - 5.5	g/dL
Globulin, Total	2.2 <	2.4 - 2.8	1.5 - 4.5	g/dL
Albumin/Globulin Ratio	2.0	1.4 - 2.1	1.1 - 2.5	
Alkaline Phosphatase	70	70 - 100	39 - 117	IU/L
LDH (Lactate dehydrogenase)	211 >	140 - 200	119 - 226	IU/L
AST (SGOT) (Aspartate aminotransferase)	29	10 - 30	0 - 40	IU/L
ALT (SGPT) (Alanine Aminotransferase)	28	10 - 30	0 - 32	IU/L
GGT	12	10 - 30	0 - 60	IU/L
Iron Binding Capacity (TIBC)	286	250 - 350	250 - 450	ug/dL
UIBC (Unsaturated Iron Binding Capacity)	174	150 - 375	131 - 425	ug/dL
Iron, Serum	112	85 - 130	27 - 159	ug/dL
Iron Saturation	39 >	25 - 30	15 - 55	%
Ferritin, Serum	159 >>	10 - 122	15 - 150	ng/mL

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Marker	Value	Optimal Range	Lab Range	Units
Lipids				
Cholesterol, Total	239 >>	180 - 220	100 - 199	mg/dL
Triglycerides	159 >>	70 - 100	0 - 149	mg/dL
HDL Cholesterol	55 <	> 55	> 39	mg/dL
VLDL Cholesterol	32	5 - 40	5 - 40	mg/dL
LDL Cholesterol	152 >>	80 - 120	0 - 99	mg/dL
T. Chol/HDL Ratio	4.3 >	0.0 - 3.5	0.0 - 4.4	
LDL/HDL Ratio	0.8	0.0 - 3.5	0.0 - 3.2	Ratio
Thyroid				
TSH	4.240 >	1.000 - 2.000	0.450 - 4.500	uIU/ml
Thyroxine (T4)	6.3 <	7.5 - 8.1	4.5 - 12.0	ug/dL
T3 Uptake	28	27 - 37	24 - 39	%
Free Thyroxine Index	1.8	1.2 - 4.9	1.2 - 4.9	
Immunoassay				
Vitamin D, 25-Hydroxy	30.2 <	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)	6.5	5.0 - 7.5	3.4 - 10.8	x10E3/uL
RBC (Red Blood Cells)	4.36	4.00 - 4.50	3.77 - 5.28	x10E6/uL
Hemoglobin	14.1	13.5 - 14.5	11.1 - 15.9	g/dL
Hematocrit	42.4	37.0 - 44.0	34.0 - 46.6	%
MCV (Mean Corpuscular Volume)	97.0 >	82.0 - 89.9	79.0 - 97.0	fL
MCH (Mean Corpuscular Hemoglobin)	32.3 >	28.0 - 31.9	26.6 - 33.0	pg
MCHC (Mean Corpuscular Hemoglobin Concentration)	33.3	32.0 - 35.0	31.5 - 35.7	g/dL
RDW (Random Distribution of RBC Weight)	14.6 >	0.0 - 13.0	12.3 - 15.4	%
Platelets	235	185 - 385	150 - 379	x10E3/uL
Neutrophils	58	40 - 60	40 - 74	%
Lymphs	31	24 - 44	14 - 46	%
Monocytes	10	4 - 13	4 - 12	%
Eosinophils (Eos)	5 >	0 - 3	0 - 5	%
Basophils (Basos)	1	0 - 1	0 - 3	%
Neutrophils (Absolute)	3.5	1.8 - 7.8	1.4 - 7.0	x10E3/uL
Lymphs (Absolute)	2.0	0.7 - 4.5	0.7 - 3.1	x10E3/uL
Monocytes (Absolute)	0.6	0.1 - 1.0	0.1 - 0.9	x10E3/uL
Eosinophils (Eos) (Absolute)	0.3	0.0 - 0.4	0.0 - 0.4	x10E3/uL
Basophils (Basos) (Absolute)	0.1	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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>> Cholesterol, Total (239 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.

>> Creatinine, Serum (87.00 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.

> Eosinophils (Eos) (5 %)

Your immune system has white blood cells that help detect and defend your body from germs and other foreign matter that can make you sick. One of these types of white blood cells is called an eosinophil. Eosinophils help protect your body from harmful bacteria, as well as from parasites that can steal important nutrients from your body. Eosinophils are formed in the bone marrow and then released into the blood. They are also found in the tissues of the esophagus, intestines, stomach, heart, lungs, and skin. Being at these locations makes them closer to the sites where germs try to enter the body and thus better prepared to destroy them.

>> Ferritin, Serum (159 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.

< Globulin, Total (2.2 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 low: Decreased levels can indicate immune deficiency; support GI tract, immune, liver and kidney. Also decreased with chronic viral or bacterial infections.

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> Glucose, Serum (89 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.

< HDL Cholesterol (55 mg/dL)

Cholesterol is a waxy substance that comes from two sources: your body and food. Your body makes all the cholesterol you need and circulates it through the blood via special lipoproteins. HDL is one of those proteins that is responsible for bringing cholesterol back to the liver to be recycled and then sent out again (bound to LDL) to do whatever the body needs it to do.

> Iron Saturation (39 %)

Also known as % saturation, this is a calculated value $[(\text{serum iron} \times 100) / \text{TIBC}]$ that can indicate whether or not you have iron-deficient anemia. Levels below 25% indicate a higher possibility that anemia is present.

Notes to Clinician

General Comment: Calculated value using % of iron bound to transferrin.

Marker is high: Can be a transient elevation caused by foods including alcohol, red meat, high sugar intake or sweet beverages; also consider exogenous iron intake from cookware, well water, etc.

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> LDH (Lactate dehydrogenase) (211 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-handling 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 high: Can elevate with liver, biliary or kidney dysfunction, diabetes or folic acid/B12 anemia.

>> LDL Cholesterol (152 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.

> MCH (Mean Corpuscular Hemoglobin) (32.3 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.

Notes to Clinician

General Comment: Part of anemia screening; distinguishes between iron deficient and folic acid/B12 anemia; can be normal with concomitant findings; also affected by insufficient hydrochloric acid.
Marker is high: Most likely either hypochlorhydria or Folic Acid B2 anemia.

> MCV (Mean Corpuscular Volume) (97.0 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.

Notes to Clinician

General Comment: Part of anemia screening; distinguishes between iron deficient and folic acid/B12 anemia; can be normal with concomitant findings; also affected by insufficient hydrochloric acid.
Marker is high: Most likely either hypochlorhydria or Folic Acid B2 anemia. Hypothyroidism and vitamin C deficiency may also be involved.

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> Potassium, Serum (4.9 mmol/L)

This mineral is one of the primary electrolytes in the body and is very important for heart function and kidney health. Potassium levels can be affected if you are taking diuretics, blood pressure or heart medication or receiving any kind of IV therapy or dialysis. Excessive diarrhea, vomiting or even dehydration can cause a reduction in potassium levels.

Notes to Clinician

General Comment: Must take in context with sodium; adrenals help regulate potassium levels.
Marker is high: Rule out dehydration.

< Protein, Total, Serum (6.5 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: Key marker for various types of anemia.
Marker is high: Can be either iron-deficient or folic acid/B12 anemia.

> Sodium, Serum (144 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.

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> T. Chol/HDL Ratio (4.3)

This is a calculated measurement that many conventional health care practitioners use to determine possible cardiovascular health. Studies have shown that cholesterol is not as correlated with heart disease as was previously thought. Because the functional ranges of cholesterol may be higher than typically recommended, this ratio may not provide much useful information. To calculate your cholesterol ratio, divide your high-density lipoprotein (HDL) cholesterol number into your total cholesterol number.

< Thyroxine (T4) (6.3 ug/dL)

Thyroxine is the primary hormone released by the thyroid gland. Once it is released, it is bound to certain proteins in the blood. This blood test shows how much T4 has been produced and released by your thyroid. Altered levels can indicate thyroid insufficiency, iodine deficiency or even hyperthyroid conditions.

Notes to Clinician

General Comment: Primary thyroid hormone; serum contains >95% bound hormone. Requires conversion into T3 in liver, gut and peripheral tissues.

Marker is low: Can be decreased in primary and secondary hypothyroidism or with iodine deficiency. Excess androgens or T3 can also cause decreased levels.

>> Triglycerides (159 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.

> TSH (4.240 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.

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< Vitamin D, 25-Hydroxy (30.2 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 low: Rule out excessive sunscreen use, support digestion and detoxification. Retest every 6-8 weeks to ensure adequate level is obtained.

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