Clinician Blood Panel Results

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

For Patient: H, Margie
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 "Glucose, 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 "TSH" is out of lab range but no supplements were added because this marker is used in pattern "Hyperthyroidism" below.

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 "Hemoglobin A1c" is out of lab range (the Total Score is 470).

Marker "Thyroid Peroxidase (TPO) Ab" is out of lab range but no supplements were added because this marker is used in pattern "Immune-Challenged Hypothyroid" below.

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

A pattern for "Thyroid - TSH Only" was found (the Total Score is 460).

A pattern for "Lipid Dysfunction" was found (the Total Score is 450). Consider starting with the 21 Day Purification plus Adrenal Tonic Phytosynergist®.

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

A pattern for "Immune-Challenged Hypothyroid" was found (the Total Score is 440). 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 "Digestion: Hypochlorhydria" was found (the Total Score is 430). Zypan may be used in place of DiGest Forte (if on a PPI or acid blocker).

A pattern for "T3 Uptake Support" was found (the Total Score is 420). Consider starting with the 21 Day Purification plus Adrenal Tonic Phytosynergist®._____

Clinician Blood Panel Results

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

For Patient: H, Margie
Doctor: Dr. Seminar

Evaluation Date: 10/14/2017
Blood Test Date: 10/14/2017

Please Note: 4 Blood Panel Patterns (above) recommended starting with the 21 Day Purification plus Adrenal Tonic Phytosynergist®.

Clinician Blood Panel Results

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

For Patient: H, Margie
Doctor: Dr. Seminar

Evaluation Date: 10/14/2017
Blood Test Date: 10/14/2017

Blood Panel - Detail

Below Optimal < | Above Optimal > | Below Lab < | Above Lab >

Marker	Value	Optimal Range	Lab Range	Units
Chemistries				
Glucose, Serum	161 >>	75 - 86	65 - 99	mg/dL
Hemoglobin A1c	6.1 >>	4.8 - 5.6	4.8 - 5.6	%
Uric Acid, Serum	4.1	3.0 - 5.5	2.5 - 7.1	mg/dL
BUN	16	10 - 16	6 - 24	mg/dL
Creatinine, Serum	0.80	0.80 - 1.00	0.57 - 1.00	mg/dL
eGFR	69	> 59	> 59	ml/min/1.73
Sodium, Serum	139	135 - 142	134 - 144	mmol/L
Potassium, Serum	5.2 >	4.0 - 4.5	3.5 - 5.2	mmol/L
Chloride, Serum	98 <	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
Phosphorus, Serum	3.7	3.0 - 4.0	2.5 - 4.5	mg/dL
Magnesium, Serum	2.1	> 2.0	1.6 - 2.3	mg/dL
Protein, Total, Serum	6.7 <	6.9 - 7.4	6.0 - 8.5	g/dL
Albumin, Serum	4.1	4.0 - 4.8	3.5 - 5.5	g/dL
Globulin, Total	2.6	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	98	70 - 100	39 - 117	IU/L
LDH (Lactate dehydrogenase)	163	140 - 200	119 - 226	IU/L
AST (SGOT) (Aspartate aminotransferase)	20	10 - 30	0 - 40	IU/L
ALT (SGPT) (Alanine Aminotransferase)	16	10 - 30	0 - 32	IU/L
GGT	12	10 - 30	0 - 60	IU/L
Iron Binding Capacity (TIBC)	334	250 - 350	250 - 450	ug/dL
UIBC (Unsaturated Iron Binding Capacity)	188	150 - 375	131 - 425	ug/dL
Iron, Serum	146 >	85 - 130	27 - 159	ug/dL
Iron Saturation	44 >	25 - 30	15 - 55	%
Ferritin, Serum	44	10 - 122	15 - 150	ng/mL

Clinician Blood Panel Results

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

For Patient: H, Margie
Doctor: Dr. Seminar

Evaluation Date: 10/14/2017
Blood Test Date: 10/14/2017

Blood Panel - Detail

Below Optimal < | Above Optimal > | Below Lab < | Above Lab >

Marker	Value	Optimal Range	Lab Range	Units
Lipids				
Cholesterol, Total	242 >>	180 - 220	100 - 199	mg/dL
Triglycerides	157 >>	70 - 100	0 - 149	mg/dL
HDL Cholesterol	61	> 55	> 39	mg/dL
VLDL Cholesterol	31	5 - 40	5 - 40	mg/dL
LDL Cholesterol	150 >>	80 - 120	0 - 99	mg/dL
T. Chol/HDL Ratio	4.0 >	0.0 - 3.5	0.0 - 4.4	
LDL/HDL Ratio	2.5	0.0 - 3.5	0.0 - 3.2	Ratio
C-Reactive Protein	1.83 >	0.00 - 1.50	0.00 - 3.00	mg/L
Homocyst(e)ine, Plasma	9.1 >	0.0 - 7.2	0.0 - 15.0	umol/L
Thyroid				
TSH	9.350 >>	1.000 - 2.000	0.450 - 4.500	uIU/ml
Thyroxine (T4)	5.6 <	7.5 - 8.1	4.5 - 12.0	ug/dL
T3 Uptake	25 <	27 - 37	24 - 39	%
Triiodothyronine (T3), Free, Serum	2.50 <	3.00 - 3.25	2.00 - 4.40	pg/mL
T4, Free (Direct)	0.88 <	1.00 - 1.50	0.82 - 1.77	ng/dL
Thyroid Peroxidase (TPO) Ab	155 >>	0 - 34	0 - 34	IU/mL
Immunoassay				
Vitamin D, 25-Hydroxy	31.5 <	35.0 - 50.0	30.0 - 100.0	ng/mL
Fibrinogen Activity	343 >	200 - 300	193 - 507	mg/dL

Printed on: 2/3/2018

Clinician Blood Panel Results

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

For Patient: H, Margie
Doctor: Dr. Seminar

Evaluation Date: 10/14/2017
Blood Test Date: 10/14/2017

Blood Panel - Detail

Below Optimal < | Above Optimal > | Below Lab < | Above Lab >

Marker	Value		Optimal Range	Lab Range	Units
CBC, Platelet Ct, and Dil					
WBC (White Blood Cells)	6.9		5.0 - 7.5	3.4 - 10.8	x10E3/uL
RBC (Red Blood Cells)	4.33		4.00 - 4.50	3.77 - 5.28	x10E6/uL
Hemoglobin	12.9	<	13.5 - 14.5	11.1 - 15.9	g/dL
Hematocrit	40.9		37.0 - 44.0	34.0 - 46.6	%
MCV (Mean Corpuscular Volume)	95.0	>	82.0 - 89.9	79.0 - 97.0	fL
MCH (Mean Corpuscular Hemoglobin)	29.8		28.0 - 31.9	26.6 - 33.0	pg
MCHC (Mean Corpuscular Hemoglobin Concentratio	31.5	<	32.0 - 35.0	31.5 - 35.7	g/dL
RDW (Random Distribution of RBC Weight)	13.4	>	0.0 - 13.0	12.3 - 15.4	%
Platelets	373		185 - 385	150 - 379	x10E3/uL
Neutrophils	53		40 - 60	40 - 74	%
Lymphs	34		24 - 44	14 - 46	%
Monocytes	10		4 - 13	4 - 12	%
Eosinophils (Eos)	3		0 - 3	0 - 5	%
Basophils (Basos)	0		0 - 1	0 - 3	%
Neutrophils (Absolute)	3.7		1.8 - 7.8	1.4 - 7.0	x10E3/uL
Lymphs (Absolute)	2.3		0.7 - 4.5	0.7 - 3.1	x10E3/uL
Monocytes (Absolute)	0.7		0.1 - 1.0	0.1 - 0.9	x10E3/uL
Eosinophils (Eos) (Absolute)	0.2		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

Printed on: 2/3/2018

Clinician Blood Panel Results

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

For Patient: H, Margie
Doctor: Dr. Seminar

Evaluation Date: 10/14/2017
Blood Test Date: 10/14/2017

Values Outside of the Optimal and/or Laboratory Range

Below Optimal < | Above Optimal > | Below Lab << | Above Lab >>

> C-Reactive Protein (1.83 mg/L)

The C-reactive protein (CRP) test is used to detect inflammation in your body. CRP is a protein made by the liver and released into the bloodstream. The CRP test is especially useful for tracking infections.

Notes to Clinician

General Comment: Non-specific marker produced in the liver indicating some kind of inflammatory response; consider glycemic regulation, oral health, oral contraceptives or smoking.
Marker is high: Nutritional support considerations are varied; important to determine possible underlying cause.

< Chloride, Serum (98 mmol/L)

Chloride is a type of electrolyte. It works with other electrolytes such as potassium, sodium, and carbon dioxide (CO2). These substances help keep the proper balance of body fluids and maintain the body's acid-base balance. It helps move fluids in and out of your blood cells. Most of the chloride comes from salt intake (sodium chloride). Chloride is absorbed by your intestines during the process of digestion and any excess chloride is released via urine.

Notes to Clinician

General Comment: Rarely deviates from normal lab ranges.
Marker is low: Excessive laxative or bicarb use can cause decreased levels.

>> Cholesterol, Total (242 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.

> Fibrinogen Activity (343 mg/dL)

Fibrinogen is an important protein which helps with the formation of blood clots when necessary. It is produced in the liver and can become deficient in cases of severe liver dysfunction. Wherever there is an injury, such as on the skin or in your arteries, fibrinogen will form small threads to form a "bandaid" for the damaged area, allowing it to heal. Too much fibrinogen can indicate increased requirement by the body due whereas deficiency can lead to problems with clotting.

Notes to Clinician

General Comment: Clotting protein produced in the liver; connects platelets; needed to patch small holes in capillaries and artery walls; when inflammation is present, can form a clot; excess thickens the blood.
Marker is high: Investigation of underlying causes needed; provide cardiovascular support and ensure healthy liver function.

Clinician Blood Panel Results

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

For Patient: H, Margie
Doctor: Dr. Seminar

Evaluation Date: 10/14/2017
Blood Test Date: 10/14/2017

Values Outside of the Optimal and/or Laboratory Range

Below Optimal < | Above Optimal > | Below Lab << | Above Lab >>

>> Glucose, Serum (161 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.

< Hemoglobin (12.9 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.

Notes to Clinician

General Comment: Key marker for anemia and dehydration; can involve vitamin C deficiency, increased testosterone and adrenal dysfuction.
Marker is low: Key anemia marker; can also be due to vitamin C deficiency or digestive inflammation.

>> Hemoglobin A1c (6.1 %)

The A1C test result reflects your average blood sugar level for the past two to three months. Specifically, the A1C test measures what percentage of your hemoglobin - a protein in red blood cells that carries oxygen - is coated with sugar (glycated). The sugar in your bloodstream makes the cells sticky which prevents them from delivering enough oxygen to your cells and is also one of the most significant contributors to cardiovascular disease. Once dietary changes have been incorporated, this marker can be retested to monitor your improvement.

Clinician Blood Panel Results

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

For Patient: H, Margie
Doctor: Dr. Seminar

Evaluation Date: 10/14/2017
Blood Test Date: 10/14/2017

Values Outside of the Optimal and/or Laboratory Range

Below Optimal < | Above Optimal > | Below Lab << | Above Lab >>

> Homocyst(e)ine, Plasma (9.1 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 Saturation (44 %)

Also known as % saturation, this is a calculated value [(serum iron X 100) / 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.

> Iron, Serum (146 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 high: Rule out excessive iron intake just prior to phlebotomy; consider iron cookware or iron-rich water.

Clinician Blood Panel Results

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

For Patient: H, Margie
Doctor: Dr. Seminar

Evaluation Date: 10/14/2017
Blood Test Date: 10/14/2017

Values Outside of the Optimal and/or Laboratory Range

Below Optimal < | Above Optimal > | Below Lab << | Above Lab >>

>> LDL Cholesterol (150 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.

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 low: Most likely iron-deficient anemia; improve upper digestion and ensure adequate dietary intake of iron. Could also be heavy metal burden if anemia markers are normal.

> MCV (Mean Corpuscular Volume) (95.0 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.

> Potassium, Serum (5.2 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.

Clinician Blood Panel Results

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

For Patient: H, Margie
Doctor: Dr. Seminar

Evaluation Date: 10/14/2017
Blood Test Date: 10/14/2017

Values Outside of the Optimal and/or Laboratory Range

Below Optimal < | Above Optimal > | Below Lab << | Above Lab >>

< Protein, Total, Serum (6.7 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.

> RDW (Random Distribution of RBC Weight) (13.4 %)

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

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.

> T. Chol/HDL Ratio (4.0)

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.

< T3 Uptake (25 %)

Contrary to it's name, T3 Uptake has nothing to do with T3 levels but is an indicator of the number of available binding sites for T3 transportation in the blood. This marker can be used to determine why thyroid hormones may not be reaching your cells and what other hormones or chemicals might be interfering. This marker should always be used in conjunction with T4, T3 and evaluation of the other steroid hormones such as cortisol, estrogen and testosterone.

Clinician Blood Panel Results

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

For Patient: H, Margie
Doctor: Dr. Seminar

Evaluation Date: 10/14/2017
Blood Test Date: 10/14/2017

Values Outside of the Optimal and/or Laboratory Range

Below Optimal < | Above Optimal > | Below Lab << | Above Lab >>

< T4, Free (Direct) (0.88 ng/dL)

Your thyroid produces a hormone called thyroxine, which is known as T4. This hormone is primarily inactive and needs to be converted into T3 in order to have an effect on growth and metabolism. Free T4 measures the amount of unbound or "free" T4 in the blood stream.

Notes to Clinician

General Comment: Indicates unbound levels of T4; affected by factors influencing binding proteins; physiologically active.
Marker is low: Decreased levels can incidate excess T3 replacement, iodine deficiency, exogenous estrogens or androgens; may need pituitary support.

>> Thyroid Peroxidase (TPO) Ab (155 IU/mL)

Thyroid peroxidase (TPO) is an enzyme made in the thyroid gland that is important in the production of thyroid hormone. TPO is found in thyroid follicle cells where it converts the thyroid hormone T4 to T3. Autoantibodies to thyroid peroxidase (TPOAb) are produced within the body. The presence of TPOAb in the blood reflects a prior attack on the thyroid tissue by the body's immune system.

< Thyroxine (T4) (5.6 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.

>> Triglycerides (157 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.

< Triiodothyronine (T3), Free, Serum (2.50 pg/mL)

Free T3 shows how much of this important hormone is free or "unbound" and ready to enter the cells. Only the unbound hormone is able to exert its effect on the cell, influencing rate of growth, metabolism, temperature regulation, and much more.

>> TSH (9.350 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.

Clinician Blood Panel Results

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

For Patient: H, Margie
Doctor: Dr. Seminar

Evaluation Date: 10/14/2017
Blood Test Date: 10/14/2017

Values Outside of the Optimal and/or Laboratory Range

Below Optimal < | Above Optimal > | Below Lab << | Above Lab >>

< Vitamin D, 25-Hydroxy (31.5 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.