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

For Patient: Haverfield, Heather

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 "RDW (Random Distribution of RBC Weight)" is out of lab range (but no supplements are added when it's Low).

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

A pattern for "Increased Neutrophils or Lymphocytes" was found (the Total Score is 490).

A pattern for "Decreased Alkaline Phosphatase" was found (the Total Score is 480).

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Blood Panel - Detail

Below La	b < Above La	< Above Lab >	
Value	Optimal Range	Lab Range	Units
94 > 0.80 88 136 4.5 99 < 25 9.7 7.2 4.6 2.6 1.8 0.7 39 <	75 - 86 $0.80 - 1.00$ > 59 $135 - 142$ $4.0 - 4.5$ $100 - 106$ $21 - 26$ $9.2 - 10.0$ $6.9 - 7.4$ $4.0 - 4.8$ $2.4 - 2.8$ $1.4 - 2.1$ $0.1 - 1.2$ $70 - 100$	65 - 99 0.57 - 1.00 > 59 134 - 144 3.5 - 5.2 97 - 108 18 - 29 8.7 - 10.2 6.0 - 8.5 3.5 - 5.5 1.5 - 4.5 1.1 - 2.5 0.0 - 1.2 39 - 117	mg/dL mg/dL ml/min/1.73 mmol/L mmol/L mg/dL g/dL g/dL g/dL g/dL g/dL
15 11 0.10	10 - 30 10 - 30 0.00 - 1.50	0 - 40 0 - 32 0.00 - 3.00	IU/L IU/L ma/L
	Below Lat Value 94 0.80 88 136 4.5 99 25 9.7 7.2 4.6 2.6 1.8 0.7 39 15 11 0.10	Below LabAbove LaValueOptimal Range $94 >$ $75 - 86$ 0.80 $0.80 - 1.00$ 88 > 59 136 $135 - 142$ 4.5 $4.0 - 4.5$ $99 <$ $100 - 106$ 25 $21 - 26$ 9.7 $9.2 - 10.0$ 7.2 $6.9 - 7.4$ 4.6 $4.0 - 4.8$ 2.6 $2.4 - 2.8$ 1.8 $1.4 - 2.1$ 0.7 $0.1 - 1.2$ $39 <$ $70 - 100$ 15 $10 - 30$ 11 $10 - 30$ 0.10 $0.00 - 1.50$	Below Lab<Above Lab>ValueOptimal RangeLab Range 94 > $75 \cdot 86$ $65 \cdot 99$ 0.80 $0.80 \cdot 1.00$ $0.57 \cdot 1.00$ 88 > 59> 59 136 $135 \cdot 142$ $134 \cdot 144$ 4.5 $4.0 \cdot 4.5$ $3.5 \cdot 5.2$ 99 <

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Blood Panel - Detail

Below Optimal < Above Optimal >	b >			
Marker	Value	Optimal Range	Lab Range	Units
CBC, Platelet Ct, and Dif				
WBC (White Blood Cells) RBC (Red Blood Cells) Hemoglobin	5.4 4.32 13.2 <	5.0 - 7.5 4.00 - 4.50 13.5 - 14.5	3.4 - 10.8 3.77 - 5.28 11.1 - 15.9	x10E3/uL x10E6/uL g/dL
Hematocrit MCV (Mean Corpuscular Volume)	39.8 92.1 > 30.6	37.0 - 44.0 82.0 - 89.9 28.0 - 31.9	34.0 - 46.6 79.0 - 97.0 26.6 - 33.0	% fL Pg
MCHC (Mean Corpuscular Hemoglobin Concentratio RDW (Random Distribution of RBC Weight) Platelets	33.2 12.1 << 292	32.0 - 35.0 0.0 - 13.0 185 - 385	31.5 - 35.7 12.3 - 15.4 150 - 379	g/dL % x10E3/uL
Neutrophils Lymphs Monocytes	70 > 24 5	40 - 60 24 - 44 4 - 13	40 - 74 14 - 46 4 - 12	% % %
Eosinophils (Eos) Basophils (Basos) Neutrophils (Absolute)	1 0 3.8	0 - 3 0 - 1 1.8 - 7.8	0 - 5 0 - 3 1.4 - 7.0	% % x10E3/uL
Lymphs (Absolute) Monocytes (Absolute) Eosinophils (Eos) (Absolute) Basophils (Basos) (Absolute)	1.3 0.2 0.1	0.7 - 4.5 0.1 - 1.0 0.0 - 0.4	0.7 - 3.1 0.1 - 0.9 0.0 - 0.4 0.0 - 0.2	x10E3/uL x10E3/uL x10E3/uL x10E3/uL

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Values Outside of the Optimal and/or Laboratory Range



Alkaline Phosphatase (39 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.

Chloride, Serum (99 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.

Serum (94 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.

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< Hemoglobin (13.2 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.

> MCV (Mean Corpuscular Volume) (92.1 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.

Neutrophils (70 %)

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.

RDW (Random Distribution of RBC Weight) (12.1 %)

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