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

	Martin, Laura Dr. Seminar	Evaluation Date: 10/14/2017 Blood Test Date: 10/14/2017
	Blood Panel - Markers Out of Rang (Pattern: proprietary formula using one or	
Blood Pane	el: Check for Markers that are out of Lab Range	
NOTE Only	one supplement is pre-checked for each Marker, you car	n select more as needed.
	rol, Total" is out of lab range but no supplements were acw. Also consider starting with the 21 Day Purification.	dded because this marker is used in pattern "Lipid
Marker "Glucose,	Serum" is out of lab range (the Total Score is 490).	
Marker "LDL Chol	lesterol" is out of lab range (the Total Score is 480). Also	consider starting with the 21 Day Purification.
Marker "Hemoglol	bin A1c" is out of lab range (the Total Score is 470).	
Marker "Carbon D	Dioxide, Total" is out of lab range (the Total Score is 460)	l.
Marker "Albumin/0	Globulin Ratio" is out of lab range (but no supplements a	ire added when it's Low).
Blood Pane	el: Check for Patterns WITH Markers that are out of Lab	Range
A pattern for "Lipion Adrenal Tonic Phy	d Dysfunction" was found (the Total Score is 450). Consi	ider starting with the 21 Day Purification plus
Blood Pane	el: Check for Patterns WITH NO Markers that are out of	Lab Range
A pattern for "Ane PPI or acid blocke	emia: B12/Folic Acid" was found (the Total Score is 440). er).	Zypan may be used in place of DiGest Forte (if on a
A pattern for "Dige schedule).	estion: Hypochlorhydria" was found. No new supplement	ts were added (everything was already in the

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Blood Panel - Detail

Below Optimal < Above Optimal >	Below Lab	< Above La	ab >	
Marker	Value	Optimal Range	Lab Range	Units
Chemistries				
Glucose, Serum Hemoglobin A1c BUN Creatinine, Serum eGFR Sodium, Serum Potassium, Serum Chloride, Serum Carbon Dioxide, Total Calcium, Serum Protein, Total, Serum Albumin, Serum Globulin, Total Albumin/Globulin Ratio Bilirubin Total Alkaline Phosphatase	100 >> 5.7 >> 11 0.76 < 60 142 4.7 > 106 30 >> 9.1 < 7.7 > 3.6 < 4.1 > 0.9 << 0.5 56 <	75 - 86 4.8 - 5.6 10 - 16 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 4.8 - 5.6 6 - 24 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 mg/dL ml/min/1.73 mmol/L mmol/L mmol/L g/dL g/dL g/dL g/dL g/dL
AST (SGOT) (Aspartate aminotransferase)	18 24	10 - 30 10 - 30	0 - 40 0 - 32	IU/L IU/L
Cholesterol, Total Triglycerides HDL Cholesterol LDL Cholesterol T. Chol/HDL Ratio	285 >> 53 < 75 199 >> 3.8 >	180 - 220 70 - 100 > 55 80 - 120 0.0 - 3.5	100 - 199 0 - 149 > 39 0 - 99 0.0 - 4.4	mg/dL mg/dL mg/dL mg/dL

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Below Optimal < Above Optimal >	Below La	b < Above La	ab >	
Marker	Value	Optimal Range	Lab Range	Units
CBC, Platelet Ct, and Dif				
WBC (White Blood Cells)	5.1	5.0 - 7.5	3.4 - 10.8	x10E3/uL
RBC (Red Blood Cells)	4.13	4.00 - 4.50	3.77 - 5.28	x10E6/uL
Hemoglobin	13.2 <	13.5 - 14.5	11.1 - 15.9	g/dL
Hematocrit	38.4	37.0 - 44.0	34.0 - 46.6	%
MCV (Mean Corpuscular Volume)	93.0 >	82.0 - 89.9	79.0 - 97.0	fL
MCH (Mean Corpuscular Hemoglobin)	32.0 >	28.0 - 31.9	26.6 - 33.0	pg
MCHC (Mean Corpuscular Hemoglobin Concentration	34.4	32.0 - 35.0	31.5 - 35.7	g/dL
RDW (Random Distribution of RBC Weight)	13.2 >	0.0 - 13.0	12.3 - 15.4	%
Platelets	221	185 - 385	150 - 379	x10E3/uL
Lymphs	38	24 - 44	14 - 46	%
Monocytes	12	4 - 13	4 - 12	%
Eosinophils (Eos)	2	0 - 3	0 - 5	%
Basophils (Basos)	1	0 - 1	0 - 3	%
Neutrophils (Absolute)	2.4	1.8 - 7.8	1.4 - 7.0	x10E3/uL

These statements have not been evaluated by the Food & Drug Administration. Be advised that the suggested nutritional program is <u>not intended as a treatment for any disease</u>. This adjunctive schedule of nutrients is provided with the intent of supporting the physiological and biochemical processes of the human body, and <u>not to diagnose, treat, cure, or prevent any disease or condition</u>. The Blood Panel Optimal Ranges have not been approved by the Food & Drug Administration and are noted for professional use only.

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2/3/2018

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Values Outside of the Optimal and/or Laboratory Range

Below Optimal <

Above Optimal >

Below Lab <<

Above Lab >>

Albumin, Serum (3.6 g/dL)

Albumin is the most abundant transport protein in the body, representing 60% of total plasma proteins. It moves vitamins, proteins, hormones, amino acids, and minerals, including calcium and magnesium through the blood stream. It is produced in the liver from amino acids which come from dietary protein and is essential for proper immune system function. It can be affected by poor digestion or insufficient protein intake.

Notes to Clinician

General Comment: Produced by the liver from protein in the diet; needed for optimal immune function. Marker is low: Highly affected by poor protein intake and hypochlorhydria.

Albumin/Globulin Ratio (0.9)

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.

< Alkaline Phosphatase (56 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.

Calcium, Serum (9.1 mg/dL)

This test indicates how much calcium is in the bloodstream rather than how much is in the bones. Measuring calcium is an excellent indicator of parathyroid function, digestive efficiency and the ability of your body to use and absorb other vitamins and minerals. True calcium deficiency has more to do with the body's inability to absorb calcium in the small intestine than the actual need for supplemental calcium.

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>> Carbon Dioxide, Total (30 mmol/L)

This test measures the amount of carbon dioxide in your blood. When you digest food, your body makes carbon dioxide as a waste product in the form of a gas. Your blood carries this gas to your lungs, where you exhale it and exchange it for oxygen throughout the day. In the body, most of the CO2 is in the form of a substance called bicarbonate. Therefore, the CO2 blood test is really a measure of your blood bicarbonate level.

>> Cholesterol, Total (285 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 (0.76 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.

Globulin, Total (4.1 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.

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>> Glucose, Serum (100 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 (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.

>> Hemoglobin A1c (5.7 %)

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.

LDL Cholesterol (199 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) (32.0 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.

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For Patient: Martin, Laura Evaluation Date: 10/14/2017 Doctor: Dr. Seminar **Blood Test Date: 10/14/2017** Values Outside of the Optimal and/or Laboratory Range Below Optimal < Above Optimal > Below Lab << Above Lab >> MCV (Mean Corpuscular Volume) (93.0 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. Potassium, Serum (4.7 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 (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.

> RDW (Random Distribution of RBC Weight) (13.2 %)

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

> T. Chol/HDL Ratio (3.8)

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.

Triglycerides (53 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.

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