

Clinician Blood Panel Results

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

For Patient: Renuza, Coco

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 "LDL Cholesterol" is out of lab range (the Total Score is 490). Also consider starting with the 21 Day Purification.

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

Marker "TSH" is out of lab range (the Total Score is 480).

Marker "Triiodothyronine (T3), Free, Serum" is out of lab range (the Total Score is 470).

Marker "Eosinophils (Eos)" is out of lab range but no supplements were added because this marker is used in pattern "Elevated Eosinophils (EOS)" below.

Marker "Chloride, Serum" is out of lab range (the Total Score is 460).

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

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 "Increased Neutrophils or Lymphocytes" was found (the Total Score is 440).

A pattern for "Elevated Eosinophils (EOS)" was found (the Total Score is 430). 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 420). Zypan may be used in place of DiGest Forte (if on a PPI or acid blocker).

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

Clinician Blood Panel Results

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

For Patient: Renuza, Coco

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	96 >	75 - 86	65 - 99	mg/dL
Uric Acid, Serum	5.2	3.0 - 5.5	2.5 - 7.1	mg/dL
BUN	13	10 - 16	6 - 24	mg/dL
Creatinine, Serum	0.71 <	0.80 - 1.00	0.57 - 1.00	mg/dL
eGFR	100	> 59	> 59	ml/min/1.73
BUN/Creatinine Ratio	18 >	10 - 16	11 - 26	
Sodium, Serum	137	135 - 142	134 - 144	mmol/L
Potassium, Serum	4.4	4.0 - 4.5	3.5 - 5.2	mmol/L
Chloride, Serum	96 <<	100 - 106	97 - 108	mmol/L
Carbon Dioxide, Total	24	21 - 26	18 - 29	mmol/L
Calcium, Serum	9.2	9.2 - 10.0	8.7 - 10.2	mg/dL
Phosphorus, Serum	4.5 >	3.0 - 4.0	2.5 - 4.5	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	62 <	70 - 100	39 - 117	IU/L
LDH (Lactate dehydrogenase)	165	140 - 200	119 - 226	IU/L
AST (SGOT) (Aspartate aminotransferase)	23	10 - 30	0 - 40	IU/L
ALT (SGPT) (Alanine Aminotransferase)	21	10 - 30	0 - 32	IU/L
Iron, Serum	93	85 - 130	27 - 159	ug/dL
Lipids				
Cholesterol, Total	230 >>	180 - 220	100 - 199	mg/dL
Triglycerides	137 >	70 - 100	0 - 149	mg/dL
HDL Cholesterol	77	> 55	> 39	mg/dL
VLDL Cholesterol	27	5 - 40	5 - 40	mg/dL
LDL Cholesterol	126 >>	80 - 120	0 - 99	mg/dL
T. Chol/HDL Ratio	3.0	0.0 - 3.5	0.0 - 4.4	
Thyroid				
TSH	0.019 <<	1.000 - 2.000	0.450 - 4.500	uIU/ml
Triiodothyronine (T3), Free, Serum	5.10 >>	3.00 - 3.25	2.00 - 4.40	pg/mL
T4, Free (Direct)	1.27	1.00 - 1.50	0.82 - 1.77	ng/dL

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

Clinician Blood Panel Results

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

For Patient: Renuza, Coco

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)	4.8 <	5.0 - 7.5	3.4 - 10.8	x10E3/uL
RBC (Red Blood Cells)	4.57 >	4.00 - 4.50	3.77 - 5.28	x10E6/uL
Hemoglobin	13.9	13.5 - 14.5	11.1 - 15.9	g/dL
Hematocrit	42.0	37.0 - 44.0	34.0 - 46.6	%
MCV (Mean Corpuscular Volume)	92.0 >	82.0 - 89.9	79.0 - 97.0	fL
MCH (Mean Corpuscular Hemoglobin)	30.4	28.0 - 31.9	26.6 - 33.0	pg
MCHC (Mean Corpuscular Hemoglobin Concentration)	33.1	32.0 - 35.0	31.5 - 35.7	g/dL
RDW (Random Distribution of RBC Weight)	13.1 >	0.0 - 13.0	12.3 - 15.4	%
Platelets	233	185 - 385	150 - 379	x10E3/uL
Neutrophils	38 <<	40 - 60	40 - 74	%
Lymphs	49 >>	24 - 44	14 - 46	%
Monocytes	6	4 - 13	4 - 12	%
Eosinophils (Eos)	7 >>	0 - 3	0 - 5	%
Basophils (Basos)	0	0 - 1	0 - 3	%

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

Clinician Blood Panel Results

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

For Patient: Renuza, Coco

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 >>

< Alkaline Phosphatase (62 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/Creatinine Ratio (18)

BUN/Creatinine ratio provides the relationship between blood urea nitrogen (BUN) and serum creatinine.

Notes to Clinician

General Comment: General indicator of chronic kidney dysfunction, not concrete diagnosis; further evaluation needed. Marker is high: Evaluate other kidney markers as well.

<< Chloride, Serum (96 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.

>> Cholesterol, Total (230 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.

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

Clinician Blood Panel Results

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

For Patient: Renuza, Coco

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 >>

< Creatinine, Serum (0.71 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.

>> Eosinophils (Eos) (7 %)

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.

> Glucose, Serum (96 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.

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

Clinician Blood Panel Results

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

For Patient: Renuza, Coco

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 (126 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.

>> Lymphs (49 %)

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.

> MCV (Mean Corpuscular Volume) (92.0 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.

<< Neutrophils (38 %)

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.

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

Clinician Blood Panel Results

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

For Patient: Renuza, Coco

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 >>

> Phosphorus, Serum (4.5 mg/dL)

Phosphorus is an important part in your overall health. It is needed for healthy bone, generation of energy, metabolism of glucose and fats as well as pH balance. Phosphorus is found in almost every food but especially meat and dairy products. Consumption of carbonated beverages will deplete phosphorus levels and can cause disruption of normal bone metabolism.

Notes to Clinician

General Comment: Phosphorus must be consumed daily through diet. Evaluate alongside calcium. Ratio should be 10 parts calcium to 4 parts phosphorus.

Marker is high: Slight deviations may resolve with general dietary support.

< 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.

> RBC (Red Blood Cells) (4.57 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.

Notes to Clinician

General Comment: Carry oxygen to tissues; life span of 120 days; key marker for anemias; affected by dehydration and vitamin C deficiency.

Marker is high: Most commonly due to dehydration - consider adding Celtic Sea Salt to daily diet. Can also be due to asthma or other respiratory distress.

> RDW (Random Distribution of RBC Weight) (13.1 %)

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.

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

Clinician Blood Panel Results

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

For Patient: Renuza, Coco

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 >>

> Triglycerides (137 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 (5.10 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 (0.019 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.

< WBC (White Blood Cells) (4.8 x10E3/uL)

There are 5 types of white blood cells which make up approximately 1% of the total blood volume. Their life span is approximately 13-20 days and their production is regulated by the endocrine system. All white blood cells are involved in a large number of immune system activities, depending on which type of white blood cell is needed (Neutrophils, Lymphocytes, Monocytes, Eosinophils and Basophils). Each of these are formed in the bone marrow on a daily basis.

Notes to Clinician

General Comment: Immune system cells regulated by endocrine system; affected by elevated blood sugar.
Marker is low: Often a chronic viral or bacterial infection; may also be folic acid/B12 anemia, vitamin or mineral deficiencies or elevated blood sugar.

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