

Driven by Science. Inspired by You.

Patient: Doe, Jon

Accession ID: 0000000000

Provider: Sample Provider, MD

Order Status: Complete



PATIENT	
NAME	AGE
Doe, Jon	31
DOB	Gender
8/22/1987	Male
Patient ID 00-000-00000	

SPECIMEN	
ACCESSION ID 0000000000	DATE COLLECTED 03/06/2019
ORDER ID 0000-00000000000-000000	DATE RECEIVED 03/07/2019
	DATE REPORTED 03/23/2019

PROVIDER	
Account ID 00000000	CLIENT NAME Sample Provider, MD
Address 123 S. Any Street ANYWHERE, TX 770	

Welcome to your Micronutrient Profile, Jon!

Your body is unique and your story is too. Virtually all metabolic and developmental processes that take place in the body require micronutrients and strong evidence suggests that subtle vitamin, mineral, and antioxidant deficiencies can contribute to degenerative processes. These cellular deficiencies may suggest the underlying cause of a myriad of unwanted symptoms and, if corrected, can optimize physical and mental health performance.

The SpectraCell Advantage
Superior insights, earlier interventions, customized treament plans.

Functional



Long-term



Proprietary



We measure the functional level and capability of nutrients present within your white blood cells, where metabolism takes place and where micronutrients do their job.

This test measures intracellular micronutrient function over a period of 4-6 months, extending beyond static serum measurements.

Only SpectraCell offers the patented Spectrox® (reflects antioxidant capacity) and Immunidex (an overall measure of immune function).

What we measure:

We have measured the functional levels of 31 micronutrients, from vitamins and minerals to fatty acids and metabolites, as well as an overall measurement of antioxidant capacity and immune function to provide you with a powerful tool for optimal health, performance, and insight into any health condition. We provide your unique nutrient status in the following areas:



VITAMINS & MINERALS

Discover your body's unique vitamin and mineral requirements and the disparities that exist within your makeup.



AMINO ACIDS

Learn how well your amino acids, the building block of protein, are functioning within your cells.



ENERGY, FAT AND METABOLISM

Know how well your body is metabolizing micronutrients for energy production.



ANTIOXIDANT STATUS & IMMUNE FUNCTION

Understand your body's ability to manage oxidative stress and your immune response to infections and disease.



DATE REPORTED: 03/23/2019

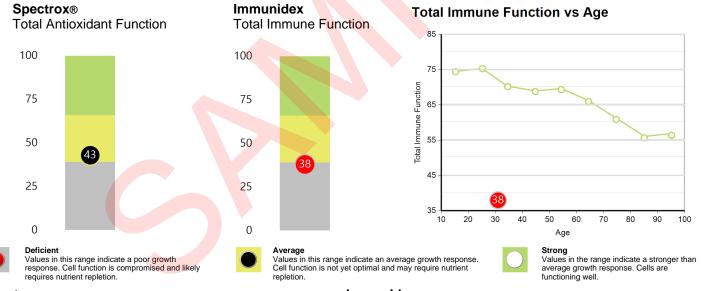
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Results At-A-Glance

Functional Deficiencies			
Abnormal	Suggested Supplementation *	Provider Comments	
Chromium 200 mcg daily of chromium nicotinate or glycinate for 90 days			
Glucose-Insulin	Replace foods with high glycemic index (sugar, white flour) with whole foods (fruit, vegetables, and whole grains).		
Glutathione	600 mg b.i.d. (1200 mg daily) of N-Acetylcysteine (NAC) Take each dose with a meal		
Immunidex	nunidex Address individual micronutrient deficiencies.		
Vitamin B1	nin B1 50 mg daily		
Vitamin B3	100 mg b.i.d. (200 mg daily) of Niacin		

^{*} The RDA (Recommended Daily Allowance) was first published in 1968 primarily for use in nutritional labeling of packaged foods. The DRI (Dietary Reference Intake), published in 1997, serves as replacements for the former RDA, although the actual values are generally within an order of magnitude, and are also primarily for use in nutritional labeling and fortification of packaged foods. In most cases, neither the RDA nor the DRI will be adequate to replete a nutrient in people who demonstrate a functional cellular deficiency of said nutrient. An evidence based approach was used to develop clinically relevant repletion recommendations, consisting of data from published studies and clinician expertise. However, the information presented is not intended nor implied to be a substitute for professional medical advice, diagnosis or treatment.

		Borderline Deficiencies	
Borderline	Provider Comments		
Copper			
Glutamine			
Magnesium			
Vitamin A			
Vitamin B2			



Spectrox®

Total Antioxidant Function is a measurement of overall antioxidant function. The patient's cells are oxidatively challenged and the cells' ability to resist damage is determined.

Immunidex

Total Immune Function is an indication of how well a person's T-lymphocytes are functioning by measuring their response to mitogen stimulation (ability to grow). Since lymphocyte function is widely considered a systemic measure of general health, a healthy (stronger) response is desired. A less-than-optimal response may improve with nutrient repletion.



PATIENT: Doe, Jon PROVIDER: Sample Provider, MD **DATE REPORTED: 03/23/2019** ACCESSION ID: 0000000000 Micronutrients Patient Results Reference Interpretation Patient Range Result **B-VITAMINS** 73 Vitamin B1 >>78% Vitamin B2 >>53% 56 Borderline Vitamin B3 >>80% 75 Deficient Vitamin B6 >>54% 70 Vitamin B12 >>14% 20 Folate >>32% 50 Pantothenate >>7% 27 Biotin >>34% 45 **AMINO ACIDS AND METABOLITES** Serine >>30% 37 Glutamine >>37% 41 Borderline Asparagine >>39% 51 Choline 30 >>20% Inositol >>58% 73 Carnitine >>46% 59 Oleic Acid >>65% 72 **OTHER VITAMINS & MINERALS** Vitamin D3 >>50% 67 Vitamin A >>70% 72 Borderline Vitamin K2 >31-85% 70 Manganese >>50% 77 Calcium >>38% 48 Zinc 50 >>37% Copper >>42% 44 Borderline Magnesium >>37% 39 Borderline CARBOHYDRATE METABOLISM Fructose Sensitivity >>34% 45 Glucose-Insulin Interaction 33 Deficient >>39 Chromium 34 Deficient >>40% **ANTIOXIDANTS** Glutathione >>42% 34 Deficient Cysteine >>41% 57 Coenzyme Q10 >>86% 97 Selenium >>74% 80 Vitamin E >>84% 92 Alpha Lipoic Acid >>81% 90 Vitamin C >>40% 73

 $The \ reference \ ranges \ listed \ in \ the \ above \ table \ are \ valid \ for \ male \ and \ female \ patients \ 12 \ years \ of \ age \ or \ older.$



Values in this area represent a deficiency and may require nutrient repletion or dietary changes



Values in this area represent a borderline deficiency and may indicate a need for nutrient repletion or dietary changes



NormalValues in this area represent a normal result



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Deficient

Values in this area represent a deficiency and may require nutrient repletion or dietary changes

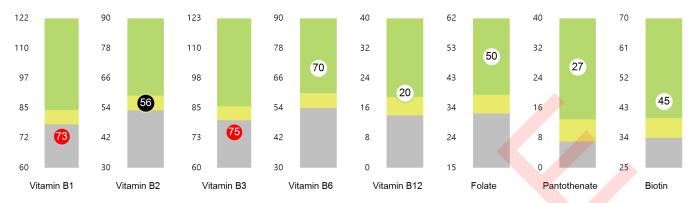


Borderline
Values in this area represent a borderline deficiency and may indicate a need for nutrient repletion or dietary changes

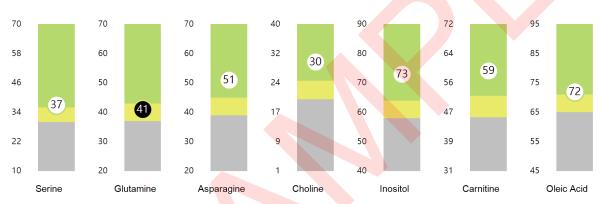


Normal Values in this area represent a normal result

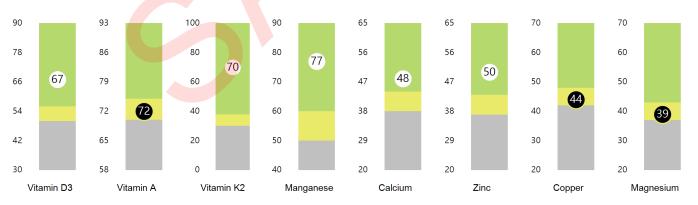
B-Complex Vitamins



Amino Acids & Metabolites



Other Vitamins & Minerals





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Values in this area represent a deficiency and may require nutrient repletion or dietary changes

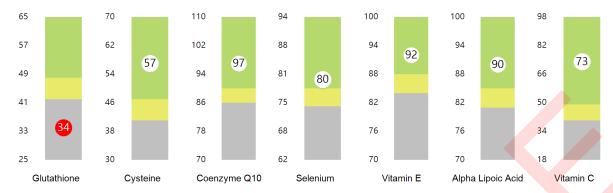


Values in this area represent a borderline deficiency and may indicate a need for nutrient repletion or dietary changes

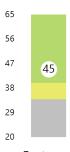


Values in this area represent a normal result

Individual Antioxidants



Carbohydrate Metabolism



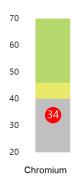
Fructose Sensitivity

This assay measures changes in the patient's lymphocyte growth response to a fructose challenge. Significant reduction in cell growth capacity is indicative of poor ability to metabolize fructose. This can be due to nutritional deficiencies of necessary cofactors in the fructose metabolizing pathway (e.g. copper, zinc) or may be due to genetic



Glucose-Insulin Interaction

The patient's cells are challenged with glucose and their ability to grow in the presence or absence of insulin is determined. A significant decrease of cell growth is indicative of reduced ability to metabolize glucose.



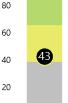
Fructose Sensitivity

Glucose-Insulin Interaction

100

Spectrox® - Total Antioxidant Function

Total Antioxidant Function is a measurement of overall antioxidant function. The patient's cells are oxidatively challenged and the cells' ability to resist damage is determined.



Total Antioxidant Function value above 65%

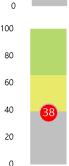
ndicates a desirable status. Since antioxidants are protective nutrients, higher antioxidant function is desirable because it increase cells' ability to resist oxidative stress.

Total Antioxidant Function value between 40%-65% indicates an average ability to resist oxidative stress

Total Antioxidant Function value below 40% indicates poor antioxidant function resulting in reduced ability to resist oxidative stress.

Immunidex - Total Immune Function

Total Immune Function is an indication of how well a person's Tlymphocytes are functioning by measuring their response to mitogen stimulation (ability to grow). Since lymphocyte function is widely considered a systemic measure of general health, a healthy (stronger) response is desired. A less-than-optimal response may improve with nutrient repletion.



Total Immune Function value above 65% indicates a strong (healthy) cell-mediated immune response.

Total Immune Function value between 40% and 65% indicates an average response

Total Immune Function value below 40% may indicate a weakened cell-mediated immune response.

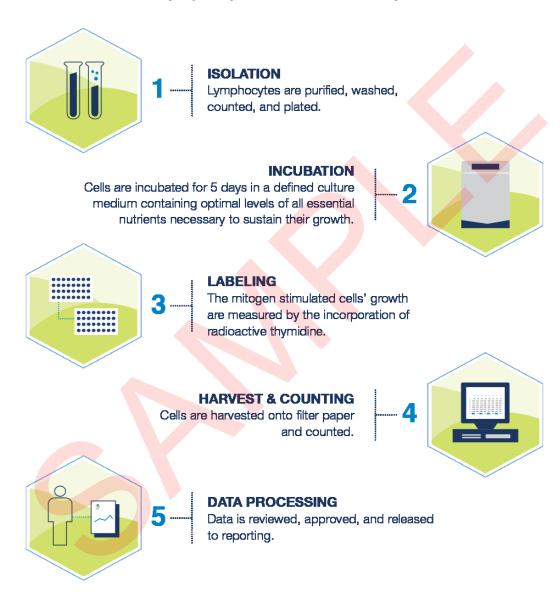
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Overview of Test Methodology

Cellular Function = Performance, Not Just Potential

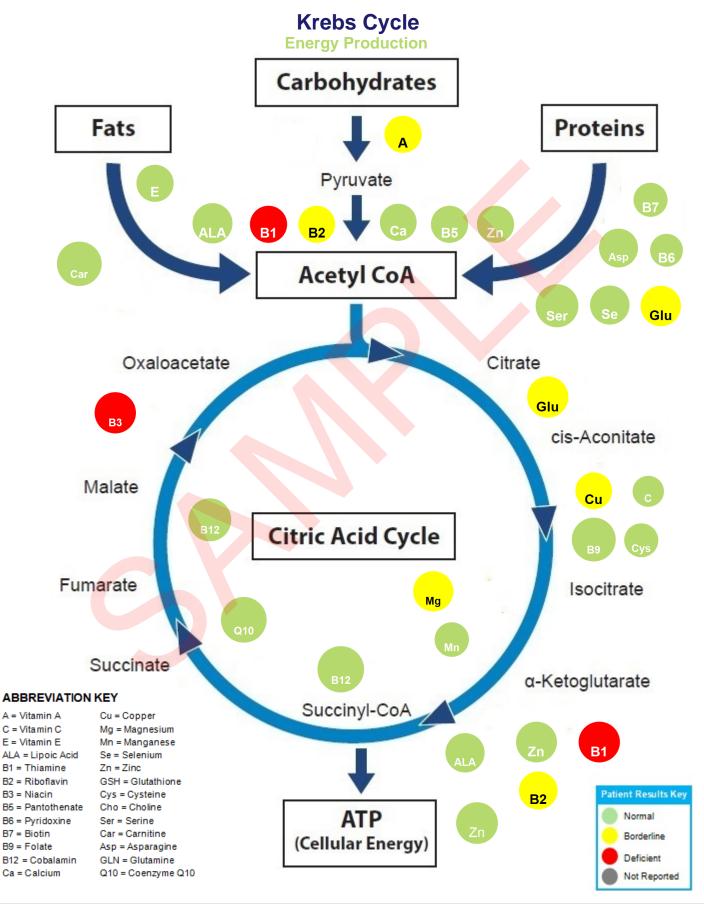
Lymphocyte Proliferation Assay



Routine turnaround time for the Micronutrient assay is 10-14 business days.

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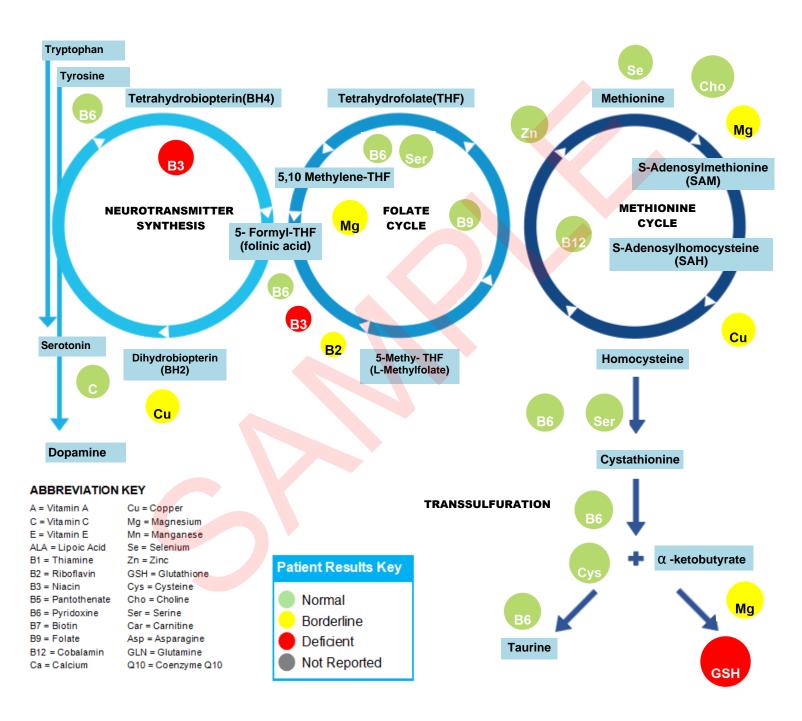


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Methylation Cycle

Detoxification, Cellular Adaptability, Gene Regulation



Chromium

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Supplemental Information

Cellular Function = Performance, Not Just Potential

PHYSIOLOGICAL FUNCTION

Chromium is an essential trace mineral that plays an important role in optimizing insulin function and the regulation of blood glucose levels. Chromium may also be anti-atherogenic and assist in lowering cholesterol. Following food intake, blood glucose levels rise causing insulin to be secreted by the pancreas. Insulin lowers blood glucose levels by increasing the rate at which glucose enters a person's cells. Chromium is believed to facilitate the attachment of insulin to the cell's insulin receptors. Studies also indicate that chromium participates in cholesterol metabolism, suggesting a role for this mineral in maintaining normal blood cholesterol levels and preventing atherosclerosis. Chromium also plays a role in nucleic acid synthesis.

DEFICIENCY SYMPTOMS

Due to processing methods that remove most of the naturally occurring chromium from commonly consumed foods, dietary deficiency of chromium is believed to be widespread in the U.S. Chromium deficiency may increase the likelihood of insulin resistance which can lead to elevated blood levels of insulin (hyperinsulinemia) and elevated blood levels of glucose, which can ultimately cause heart disease and/or diabetes. Deficiency of chromium is associated with metabolic syndrome. Metabolic syndrome represents a constellation of symptoms, including hyperinsulinemia, high blood pressure, high triglyceride levels, high blood sugar levels, and low HDL cholesterol levels. These symptoms increase one's risk for heart disease. Low levels of chromium are also associated with an increased risk of coronary artery disease incidence and mortality. Chromium deficiency correlates with depressed nucleic acid synthesis. Chromium is essential for maintaining the structural stability of proteins and nucleic acids and animal studies have found that this element is also vital for healthy fetal growth and development.

FOOD SOURCES*

Food	Serving	(μg)
Broccoli	1/2 cup	11.0
Grape Juice**	1 cup	7.5
Garlic, dried	1 tsp	3.0
Potatoes	1 cup	2.7
Basil, dried	1 cup	2.7

Food	Serving	(μg)
Beef	3 oz.	2.0
Apple	1 whole	1.4
Green beans	1/2 cup	1.1
Banana	1 whole	1.0
Red wine	5 oz.	1-13

^{*}The chromium content has been measured accurately in relatively few foods.

REPLETION INFORMATION

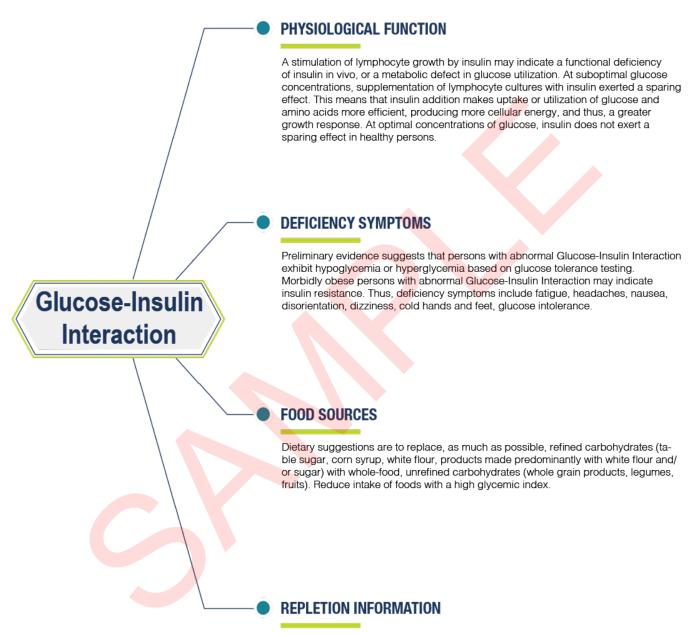
In 2001, the Institute of Medicine at the National Academy of Sciences conducted a thorough review of the chromium research and concluded that excessive intake of chromium from foods or supplements is not associated with any adverse effects. However, people with liver or kidney disease may be more susceptible to adverse effects from excessive intake of chromium, and such individuals are cautioned to avoid taking more than 200 micrograms of chromium supplements per day. There is limited evidence to suggest that long term chromium picolinate supplementation at levels greater than 200 micrograms per day may also be hazardous to chromosome integrity and should be avoided.

^{**}It is also important to note that foods high in simple sugars promote chromium loss.

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Supplemental Information

Cellular Function = Performance, Not Just Potential



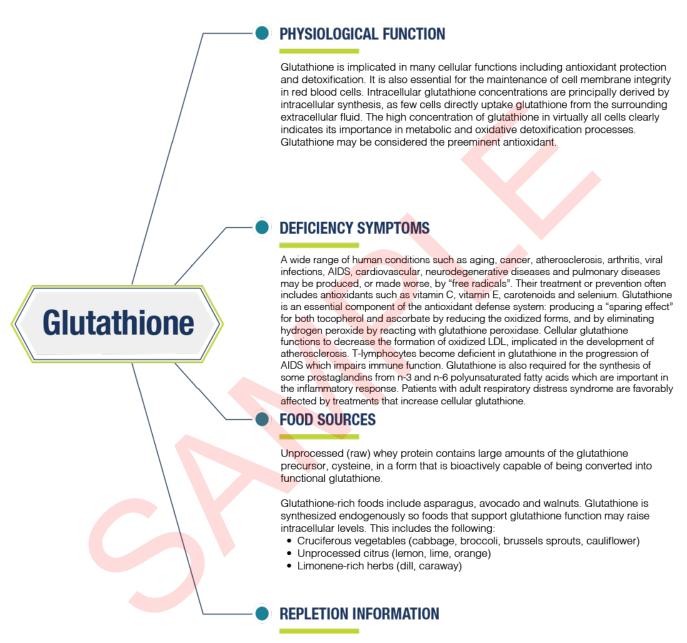
If clinically indicated, it is suggested that further laboratory testing of glucose and insulin metabolism be conducted (glucose tolerance test, glycosylated hemoglobin).

Since chromium status is closely linked with insulin function and glucose tolerance, a chromium deficiency is one possible reason for abnormal Glucose-Insulin Interaction.

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Supplemental Information

Cellular Function = Performance, Not Just Potential



Glutathione is poorly absorbed from the gastrointestinal tract and foods rich in glutathione do not appear to contribute to increases in intracellular glutathione levels. Cysteine appears to be the limiting amino acid in the intracellular synthesis of glutathione and supplementation with up to 2000 mg daily of N-Acetyl-L-Cysteine appears safe. Supplementation with cysteine is not recommended as it may be poorly tolerated by many patients. In addition, it may be rapidly oxidized to

L-cystine, a less usable form for the synthesis of glutathione.

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Supplemental Information

Cellular Function = Performance, Not Just Potential



Total Immune Function

PHYSIOLOGICAL FUNCTION

What Does the Immunidex Measure?

A patient's Immunidex score is one measurement to evaluate a person's cell-mediated immune system performance. Specifically, it measures T-cell lymphocyte proliferation. Since immune function is a systemic measure of general health, a higher Immunidex score is generally desired since it means a person can respond efficiently not only to exogenous threats such as pathogens or allergens, but also to endogenous threats like tumors. The immune system, comprised of both cell mediated (Th1) and humoral (Th2) components, when balanced and performing optimally, affords us critical protection and promotes health and wellness.

How is the Immunidex Performed?

A patient's lymphocytes are isolated from whole blood and introduced to a protein that stimulates growth. The protein mitogen used to trigger mitosis, or cell division, is PHA (phytohemagglutinin), which stimulates T-lymphocytes to proliferate. The proliferative response is measured by the incorporation of radioactive thymidine into newly synthesized DNA. Your patient's response is compared to responses of a reference population and results are reported to you as an Immunidex score.

What Affects the Immunidex Result?

Micronutrient deficiencies will undermine a person's immune function, and thus lower the Immunidex. Since the highly

complex immune system is dependent on the intracellular availability of vitamins, minerals and antioxidants, correcting specific micronutrient deficiencies typically raises the Immunidex and contributes to tangible clinical benefits, such as reduced infections and may assist in achieving Th1/Th2 balance.

How Does the Immunidex Correlate with Antioxidant Function?

In general, the higher the antioxidant score (Spectrox®), the higher the Immunidex score. Antioxidant function plays an important role in promoting optimal T-cell (lymphocyte) function. It is important to find out if a patient has deficiencies in specific antioxidant nutrients so they can supplement wisely. But it is also important to measure a total antioxidant function because the metabolic pathways in which antioxidants are involved are highly complex, sometimes redundant and often overlapping. Research confirms that taking excess antioxidants that are not needed (i.e. where no deficiency exists) can actually cause them to become pro-oxidants and decrease antioxidant function.

How is Immunidex Related to Aging?

As we age, our immune function typically decreases as seen in the figure below. Although many factors are involved in this complicated process of decline, the Immunidex is one of many relevant aging biomarkers since age diminishes the ability of a person's lymphocytes to respond to challenges. The effects of both good and poor antioxidant function on the Immunidex is shown and emphasizes the importance of testing for antioxidant function (Spectrox®) and individual antioxidant deficiencies.

How Do You Order Immunidex?

The Immunidex is part of SpectraCell's Micronutrient Testing panel. There is no additional charge for this calculated test result. Ordering instructions are the same – same kit, same blood draw instructions.

B1

DATE REPORTED: 03/23/2019 AC

ACCESSION ID: 0000000000

Supplemental Information

Cellular Function = Performance, Not Just Potential

PHYSIOLOGICAL FUNCTION

Thiamin is used by cells to help make energy from foodstuffs. Thiamin pyrophosphate is a cofactor for dehydrogenase enzymes with key roles in cellular energy production. Thyamin pyrophosphate is required for transketolase activity, which is a component of the pentose phosphate pathway, the sole source for the synthesis of ribose used in synthesis of the nucleic acids (DNA and RNA). These reactions also produce the major source of cellular NADPH (used in fatty acid biosynthesis and other pathways). Thiamin triphosphate is localized in nerve cell membranes, and plays roles in transmission of nervous impulses and acetylcholine synthesis.

DEFICIENCY SYMPTOMS

Early thiamin deficiency leads to clinical signs of:

- · Loss of Appetite
- Irritability
- Fatigue
- ConstipationMental Depression
- Nausea
- Peripheral Neuropathy

Clinical signs of more severe thiamin deficiency (Wemicke-Korsafoff Syndrome):

- Mental Confusion
- Loss of Eye Coordination
- Loss of Fine Motor Control

Those at risk for thiamin deficiency include: Patients suffering from Malnutrition, Starvation or Malabsorption Syndromes

- Alcoholics
- Patients on restricted diets
- Prolonged hemodialysis
- Gastric partitioning surgery
- Elderly
- Metabolic disorders
- Inherited Thiamin-Responsive Metabolic Disorders

FOOD SOURCES

Food	Serving	(mg)
Nutritional yeast	1 tbsp	3.0-6.0
Wheat germ	1 cup	1.9
Pork	3 oz.	0.74
Brazil nuts	1 oz.	0.28
Peas	1/2 cup	0.21
Brown rice	1 cup	0.19

Food	Serving	(mg)
Pecans	1 oz.	0.19
Lentils	1/2 cup	0.17
Orange	1 whole	0.11
Cantelope	1/2 melon	0.10
Spinach	1/2 cup	0.09

REPLETION INFORMATION

Excessive ingestion of certain raw fresh-water fish and shellfish, tea, coffee, blueberries and red cabbage should be avoided, as these foods may contain anti-thiamin factors. There is no evidence of thiamin toxicity form oral administration, except for development of sensitivity in very rare cases.

B3

DATE REPORTED: 03/23/2019 ACCESSION ID: 0000000000

Supplemental Information

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PHYSIOLOGICAL FUNCTION

Niacinamide is needed to metabolize foodstuffs into energy. Niacinamide is converted into the coenzymes nicotinamide adenine dinucleotide (NAD) and NADP, which function in oxidation reduction reactions essential for release of energy from carbohydrates, fats, and proteins. Niacin can also be synthesized by the body from tryptophan, although with low efficiency.

DEFICIENCY SYMPTOMS

Clinical signs of early niacinamide deficiency include anorexia, muscular fatigue, indigestion, depression, insomnia, headaches, glossitis, and skin lesions. Severe deficiency may lead to pellagra, with dermatitis, dementia, diatThea (the "3 D's of pellagra), tremors and sore (black) tongue. Deficiencies ofthiamin, riboflavin, and pyridoxine commonly accompany (or can cause) niacinamide deficiency.

FOOD SOURCES

Food	Serving	(mg)
Nutritional yeast	1 tbsp	11-38
Turkey	3 oz	10
Tuna (canned)	3 oz.	9
Chicken (light meat)	3 oz.	9
Salmon	1/2 cup	0.21

Food	Serving	(mg)
Beef	3 oz.	4
Peanuts	1 oz.	4
Lentils/peas	1 cup	2
Lima beans	1 cup	2
Potatoes	1 cup	2

REPLETION INFORMATION

Dietary sources of niacinamide are expressed as niacin equivalents, taking into account tryptophan's contribution. Niacinamide has no observed toxicity for intakes up to 3-9 gms daily, and is the prefen-ed form of niacin supplementation. Niacin (nicotinic acid) may cause flushing (redness and itching of the skin around the face and neck) at doses above 50 mg. Other side effects are possible at higher doses of niacin, which should be used under supervision of a physician.