

Patient: **Doe, Jon** Accession ID: 000000000 Provider: Sample Provider, MD



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PATIENT		SPECIMEN		PROVIDER	
NAME Doe, Jon	AGE 48	ACCESSION ID 0000000000	DATE COLLECTED 02/28/2019	Account ID 0000000	CLIENT NAME Sample Provider, MD
DOB 6/7/1970	Gender Male	ORDER ID 0000-0000000000-000000	DATE RECEIVED 03/01/2019	Address 123 S. Any Street	200
Patient ID 00-000-00000			DATE REPORTED 03/18/2019	ANYWHERE, TX 770	JUU

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.



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.

Long-term

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.



ENERGY, FAT AND METABOLISM Know how well your body is metabolizing micronutrients for energy production.



AMINO ACIDS

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



ANTIOXIDANT STATUS & IMMUNE FUNCTION

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

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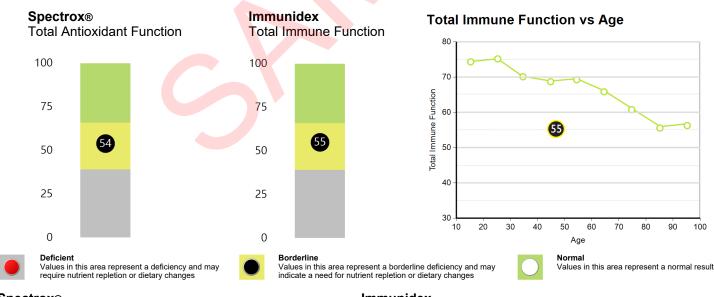
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Results At-A-Glance

Functional Deficiencies					
Abnormal	Suggested Supplementation *	Provider Comments			
Choline	1000 mg b.i.d. (2000 mg daily) of Choline from Choline Bitartrate, Citrate or Chloride salts				
Oleic Acid	2-3 tbsp olive oil daily for repletion of Oleic Acid. Deficiency of Oleic Acid suggests impaired synthesis of unsaturated				
Vitamin A	10,000 IU of Vitamin A and 25,000 IU beta-carotene for 6 months and then retest.				
Vitamin B12	1000 mcg daily (methylcobalamin or adenosylcobalamin) (consider injectable forms)				

* 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.





Spectrox®

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

Immunidex

Total Immune Function is an indication of the patient's T-Lymphocyte's response to mitogen stimulation relative to the response of a control population. An average or poor growth response may improve with correction of the nutritional deficiencies determined by the micronutrient testing.

SpectraCell Laboratories

	Science + Health + Solutions	() 1 11			
TIENT: Doe, Jon	PROVIDER: Sample Provider, MD	DATE REPORTED: 03/18/2019			
Micronutrients	Patient Results	Reference Range	Patient Result	Interpretation	
B-VITAMINS		> 70%			
Vitamin B1		>78%	86		
Vitamin B2		>53%	55	Borderline	
Vitamin B3		>80%	87		
Vitamin B6		>54%	60		
Vitamin B12	•	>14%	13	Deficient	
Folate	•	>32%	33	Borderline	
Pantothenate	•	>7%	11	Borderline	
Biotin		>34%	42		
AMINO ACIDS AND	METABOLITES				
Serine	•	>30%	34	Borderline	
Glutamine		>37%	43		
Asparagine	•	>39%	42	Borderline	
Choline	•	>20%	19	Deficient	
Inositol	•	>58%	62	Borderline	
Carnitine		>46%	59		
Oleic Acid		>65%	65	Deficient	
OTHER VITAMINS &					
Vitamin D3		>50%	68		
Vitamin A		>70%	70	Deficient	
Vitamin K2		>30%	56		
Manganese		>50%	72		
Calcium		>38%	41	Borderline	
Zinc		>37%	42	Borderline	
Copper		>42%	54	Bordonino	
Magnesium		>37%	43		
Fructose		>34%	39	Borderline	
Glucose-Insulin Interact	ion	>39	53	2012011110	
Chromium		>40%	47		
ANTIOXIDANTS		21070			
Glutathione	•••••	>42%	46	Borderline	
Cysteine		>41%	48		
Coenzyme Q10		>86%	92		
		-			
		>74%	82		
Vitamin E		>84%	91		
Lipoic Acid		>81%	92		
Vitamin C		>40%	60		

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

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

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Oleic Acid

(11)

Pantothenate

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Folate

ACCESSION ID: 0000-0000000000-000000



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

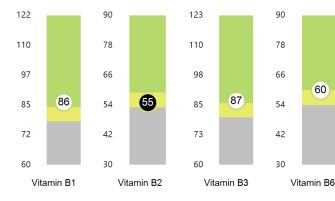
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Vitamin B12

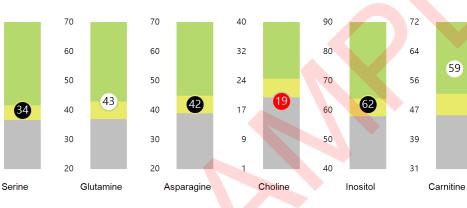
Normal Values in this area represent a normal result

Biotin

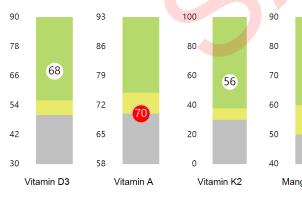


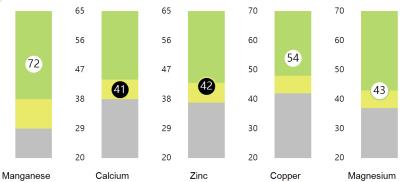












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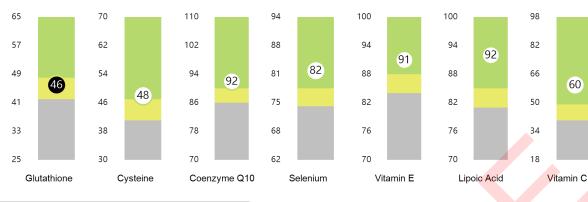


Borderline

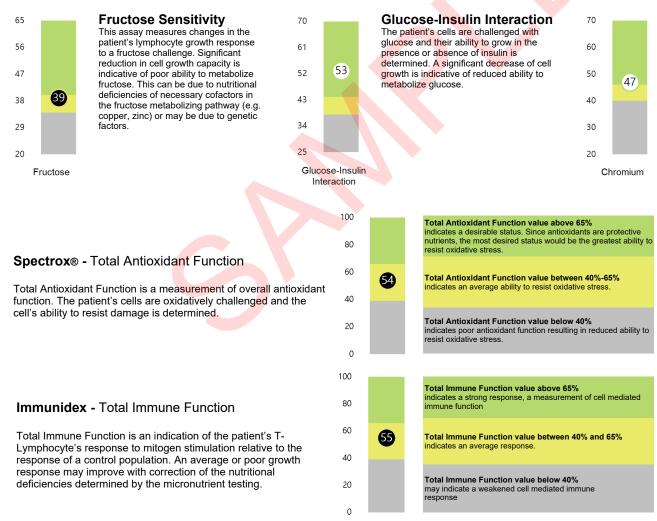
Values in this area represent a borderline deficiency and may indicate a need for nutrient repletion or dietary changes

Normal Values in this area represent a normal result

Individual Antioxidants



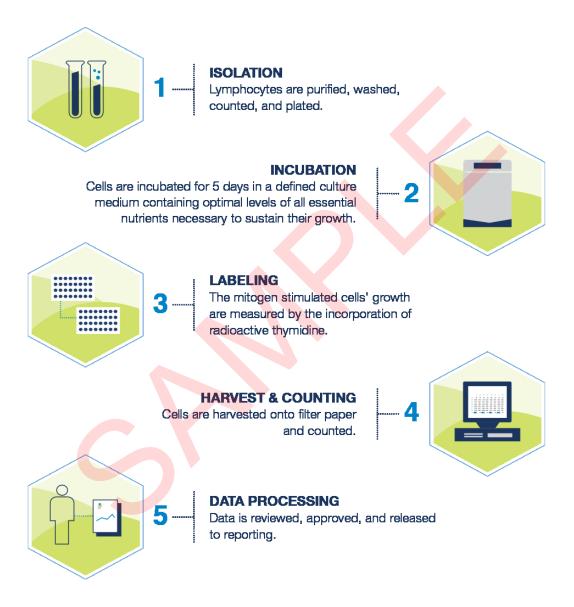
Carbohydrate Metabolism



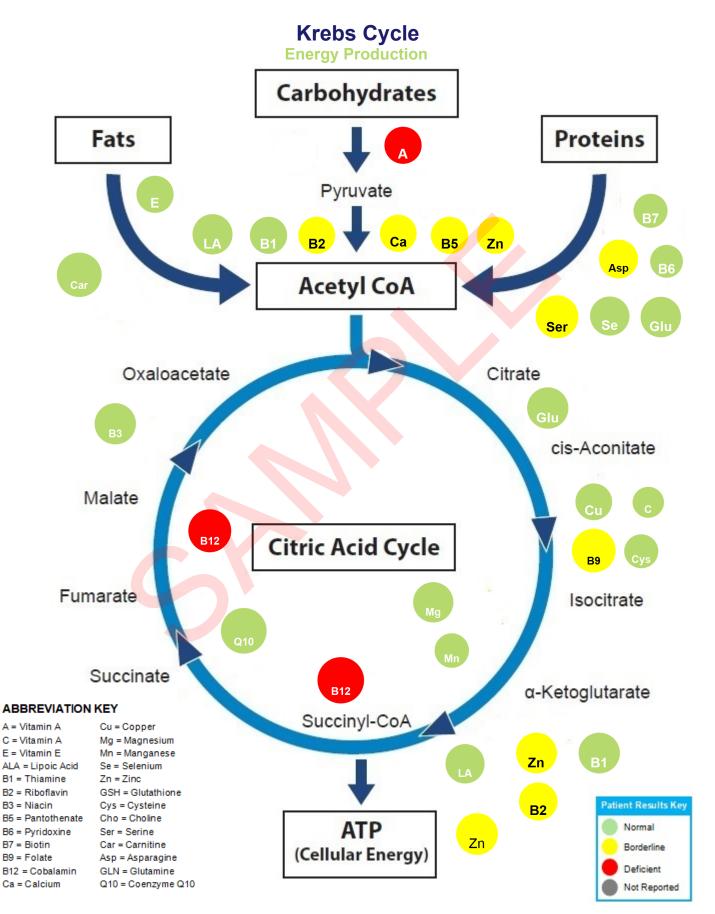


Overview of **Test Methodology** Cellular Function = Performance, Not Just Potential

Lymphocyte Proliferation Assay



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

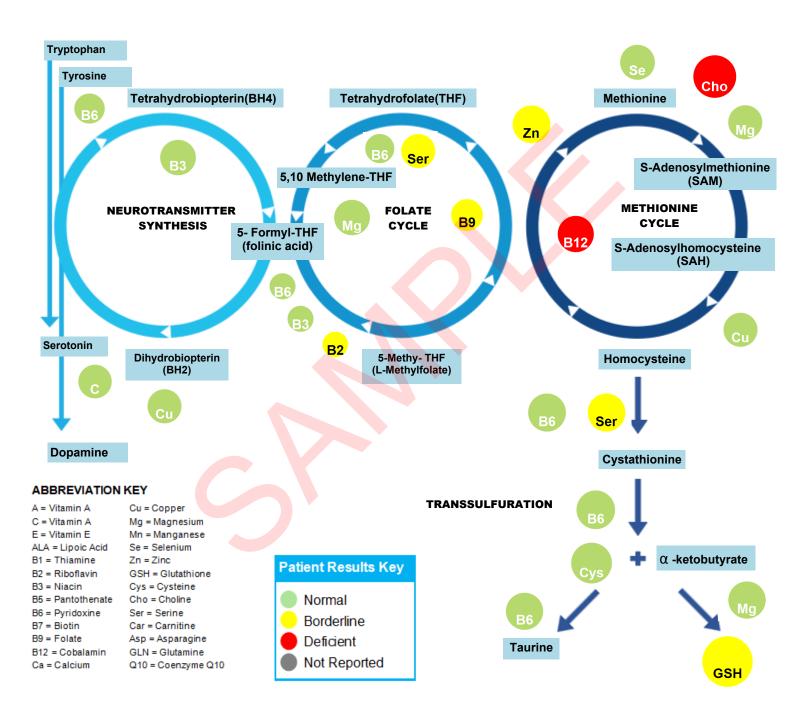




PATIENT: Doe, Jon

Methylation Cycle

Detoxification, Cellular Adaptability, Gene Regulation





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PROVIDER: Sample Provider, ND

DATE REPORTED: 03/18/2019 ACCESSION ID:

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Supplemental Information

Cellular Function = Performance, Not Just Potential

PHYSIOLOGICAL FUNCTION

Choline is an essential nutrient that is part of cell membranes and is used by nerves to send impulses. Choline is known to be essential for mammals, and is essential for human cell growth. A dietary requirement for choline in humans has not been proven, although recent data on infants and dietaty choline depletion in adults suggests that choline is an essential nutrient. Choline has several distinct functions. First, choline serves as a source of one-carbon units (methyl groups) for biosynthesis of other compounds. Interactions with methionine, Vitamin B12, folate, ethanolamine, and betaine allow choline to partially replace, or be replaced by other constituents in one-carbon metabolism. Second, choline is a component of phosphatidyl choline, the major component of cell membranes. Lecithin is a commercial name for phospholipids containing 10-35% phosphatidyl choline. Phosphatidyl choline has interactions with cholesterol and lipoprotein metabolism.

DEFICIENCY SYMPTOMS

Symptoms of Choline deficiency in humans primarily include: liver dysfunction and decreased serum cholesterol. Abnormal liver function resembling Choline deficiency symptoms in animals has been noticed long-term intravenous feeding (containing no Choline), and during malnutrition. Symptoms of inadequate cholinergic transmission may indicate an increased need for Choline.

Choline

FOOD SOURCES

Food	Serving	(mg)	Food	Serving	(mg)
Beef liver	3 oz.	350	Potato	1 large	57
Wheat germ	1 cup	200	Kidney beans	1/2 cup	45
Egg	1 large	147	Milk	1 cup	38
Beef	3 oz.	70-110	Brussels sprouts	1/2 cup	32
Scallops	3 oz.	94	Broccoli	1/2 cup	31
Cod	3 oz.	71	Peanuts	1/4 cup	24

REPLETION INFORMATION

Choline intake can be accomplished by two types of choline forms: choline salts and phospholipids. Choline salts include choline chloride, choline bitartrate, and choline citrate. No apparent adverse effects after daily intakes of up to 10 grams of choline as choline salts have been reported. However, doses of 20 grams daily or more have been associated with symptoms of excess cholinergic stimulation (increased salivation, sweating, nausea, dizziness, depression, and ECG changes). Choline supplementation in the form oflecithin or phosphatidyl choline in daily doses of up to 100 grams appears to have no toxicity. However, occasional changes in bowel habits or upset stomachs appear, and the caloric content of additional lipids needs to be considered.



Oleic Acid

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Supplemental Information

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PHYSIOLOGICAL FUNCTION

Oleic acid is the most common monounsaturated fatty acid in human cells. Oleic acid is incorporated into cell membrane phospholipids, where it is important for important for proper membrane fluidity. Hormone responsiveness, infectivity of pathogens, mineral transport, and immune competence are affected by membrane fluidity.

Oleic acid is a major energy source for cells. Oleic acid is catabolized to acetyl groups used for energy (ATP) production and biosynthesis of many essential metabolites.

Oleic acid is obtained by cells from endogenous biosynthesis or from serum triglycerides. Biosynthesis of fatty acids (like oleic acid) utilizes the same enzymes responsible for elongation of other fatty acids which are precursors for eicosanoids (prostaglandins). Thus, deficient oleic acid status may also indicate deficient eicosanoid production, signifying a need for essential fatty acids.

DEFICIENCY SYMPTOMS

No deficiency symptoms are clearly defined for oleic acid since a dietary intake is not absolutely essential. Monounsaturated fat intake may be beneficial for reducing high blood cholesterol levels. A need for oleic acid may possibly reflect a need for essential fatty acids (linoleic acid, linolenic acid), or omega-3 fatty acids (alpha linolenic acid, EPA, and DHA).

FOOD SOURCES*

Source	**Oleic acid composition	Source	Oleic acid composition
High oleic	84%	Olive oil	66%
safflower oil		Canola oil	63%
Peanut oil	71%	Rice bran oil	43%
Avocado oil	70%	Sesame oil	42%
Almond oil	67%		

*The corresponding foods to the oils listed above (e.g. olives, avocados, almonds) are also good sources oleic acid.

** Despite the high content of oleic acid in listed oils, some also ocntain high levels of polysaturated fatty acids which may become pro-inflammatory due to oxidation that occurs during processing and/or cooking.

REPLETION INFORMATION

Although some margarines and shortenings are high in monounsaturated fats, a considerable amount is in the form of trans-monosaturated isomers (elaidic acid). Reductions in these foods are recommended to improve oleic acid status. No overt toxicity for fats rich in oleic acid is known, except for a laxative effect when consumed in large amounts (>50-100 grams per serving). Daily doses of 1-2 tablespoons of oleic-rich oils (olive, canola, avocado) are usually adequate to add significant dietary amounts of oleic acid. Although flaxseed oil (edible linseed oil) contains little oleic (omega-3) acid. Daily doses of 1-2 tablespoons per day will provide sufficient essential fatty acids to prevent essential fatty acid deficiencies.



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Supplemental Information

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PHYSIOLOGICAL FUNCTION

Vitamin A is a family of fat soluble compounds (carotenoids) that play an important role in vision, bone growth, reproduction and cell differentiation. It also helps regulate the immune system, promoting optimal lymphocyte function in defending against bacterial and viral infections. Retinal (Vitamin A) promotes healthy surface linings of the eyes and respiratory, urinary and instestinal tracts. Vitamin A also promotes healthy skin function and integrity. Retinal is the most active form of Vitamin A and is synthesized in the body by conversion of provitamin A, primarily beta carotene, into retinal. Lycopene, lutein and zeaxathin are carotenoids that do not have Vitamin A activity, but have other health promoting properties. Studies are inconclusive in identifying vitamin A's role as an antioxidant.

DEFICIENCY SYMPTOMS

A large number of physiological systems may be affected by Vitamin A deficiency. Poor epithelial regeneration can result in skin hyperkeratinization, problems with the genitourinary reproductive system (reduced fertility) dysfunction within the gastroenterological/biliary system or the pulmonary system. Patients with Celiac disease, Crohn's disease and pancreatic disorders are pmiicularly susceptible to Vitamin A deficiency due to malabsorption. Vitamin A deficiency may result in night blindness and/or epithelial degeneration of the eye. The immune system may also be adversely affected, reducing white blood cell levels and impairing both cell-mediated and humoral defense systems. Vitamin A is also essential for the developing skeletal system and deficiency can result in growth retardation or abnormal bone formation. Vitamin A deficiency is most often associated with strict dietary restrictions and excess alcohol intake.

FOOD SOURCES

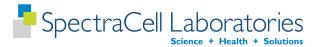
Food	Serving	$\mu g RAE^*$	Food	Serving	μ g RAE*
Beef liver	3 oz.	6582	Butternut squash	1/2 cup	572
Cod liver oil	1 tbsp	4080	Spinach, cooked	1/2 cup	472
Sweet potato	1/2 cup	1136	Cantaloupe	1/2 melon	466
Pumpkin, canned	1/2 cup	953	Red peppers	1/2 cup	117
Carrots	1/2 cup	595	Apricot	1 medium	74

*µg RAE = micrograms of Retinol Activity Equivalents

REPLETION INFORMATION

ADEQUATE ZINC IS REQUIRED to synthesize retinal binding protein (RAP) which transports vitamin A. Therefore a deficiency in zinc limits the body's ability to mobilize Vitamin A stores from the liver.

EXCESSIVE VITAMIN A INTAKE IS TOXIC AND MUST BE AVOIDED. Liver abnormalities, reduced bone density (osteoporosis) and central nervous system disorders may result from hypervitaminosis A. Early toxicity signs include peeling/itching skin, brittle nails, yellowish skin, alopecia (hair loss), and bone/joint pain. Provitamin A (beta carotene and mixed carotenoids) are much less toxic and not associated with the commonly noted side effects of excess Vitamin A intake.



B12

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Supplemental Information

Cellular Function = Performance, Not Just Potential

PHYSIOLOGICAL FUNCTION

Vitamin B12 is required to form blood and immune cells, and support a healthy nervous system. A series of closely-related compounds known collectively as cobalarnins or vitamin B12 are converted into active forms methylcobalarnin or 5-deoxyadenosylcobalarnin. Methylcobalarnin interacts with folate metabolism, preventing folate derivatives from being trapped in unusable states. Adenosylcobalarnin is involved in the metabolism of odd-chain fatty acids and branched chain amino acids.

DEFICIENCY SYMPTOMS

Deficiency symptoms of vitamin B12 are both hematological (pernicious anemia) and neurological. A megaloblastic anemia may occur because the effects of the vitamin B12 deficiency on folate metabolism. Shortness of breath, fatigue, weakness, itTitability, sore tongue, decrease in blood cell counts (red, white and platelets) are all clinical signs of a vitamin B12 deficiency. Neurological symptoms are manifested as a progressive neuropathy, with loss of position sense and ataxia. If vitamin B12 repletion is not initiated, permanent neurological damage, including degeneration of nerves and spinal cord can result. Recent evidence suggests that mental symptoms of depression and fatigue are detectable before anemia develops. Vitamin B12 is necessary to prevent accumulation of homocysteine, a toxic metabolic byproduct linked to cardiovascular disease and connective tissue abnormalities. Hypochlorhydria and gastrointestinal disturbances are frequently associated with vitamin B12 deficiency.

FOOD SOURCES

Food	Serving	(mcg)	Food	Serving	(mcg)
Clams	3 oz.	84	Trout, wild	3 oz.	5.4
Beef liver	3 oz.	70	Troup, farmed	3 oz.	3.5
Mussels	3 oz.	20	Salmon, farmed	3 oz.	2.4
Mackerel	3 oz.	16	Beef	3 oz.	2.1
Crab	3 oz.	10	Egg	1 large	0.6

REPLETION INFORMATION

No toxic effects of oral vitamin B12 intake have been demonstrated, even in doses over 1000 ug daily. Since the absorption and intracellular activation of oral vitamin B12 are frequently difficult, consideration should be given to injectable forms of vitamin B12. Some patients may require more frequent or larger doses than usual before repletion occurs.