TRUE HEALTH™ DIAGNOSTICS

# Laboratory Results

**Patient**

| Name: | Phone #: | Patient ID #: |
|---|---|---|
| MICHELLE M MURPHY | (425) 441-3330 | 14-077-0938 |

| Fasting Status: | Gender: | Birthdate: | Age: |
|---|---|---|---|
| NON-FASTING | FEMALE | 7/29/1975 | 41 |

| Height: | Weight: | BMI: | Prev. BMI: 3/28/2016 |
|---|---|---|---|
| 5 ft 10 in | 134 lbs | 19.2 | 18.9 |

**Specimen**

| Collection Time: | Specimen ID: |
|---|---|
| 9:00 am | 17032101190 |

| Collection Date: | Report Type: |
|---|---|
| 3/15/2017 | COMPLETE |

| Received Date: | Report Date: |
|---|---|
| 3/21/2017 | 3/23/2017 |

**Provider**

Requesting Provider:
MICHELLE MURPHY, FNP
PEAK PERFORMANCE
1707 3RD STREET SE
PUYALLUP, WA 98372

Client ID:
56-98371-18-0003971

| | Laboratory Test | Notes | High Risk | Intermediate Risk | Optimal | High Risk Range | Intermediate Risk Range | Optimal Range | Previous Results 3/28/2016 |
|---|---|---|---|---|---|---|---|---|---|
| Lipids | Total Cholesterol (mg/dL) | | | | 197 | ≥ 240 | 200 - 239 | < 200 | 230 |
| | LDL-C Direct (mg/dL) | | | | 89 | ≥ 130 CHD & CHD risk eq. > 100 | 100 - 129 CHD & CHD risk eq. 70 - 100 | < 100 CHD & CHD risk eq. < 70 | 128 |
| | HDL-C (mg/dL) | | | | 98 | < 50 | | ≥ 50 | 97 |
| | Triglycerides (mg/dL) | | | | 41 | > 199 | 150 - 199 | < 150 | 85 |
| | Non-HDL-C (mg/dL) (calculated) | | | | 99 | ≥ 160 | 130 - 159 | < 130 | 133 |
| Lipoprotein Particles and Apolipoproteins | Apo B (mg/dL) | | | 84 | | ≥ 100 | 81 - 99 | ≤ 80 | 89 |
| | LDL-P (nmol/L)§, by NMR | | | | 875 | ≥ 1360 | 1020 - 1359 | < 1020 | 1546 |
| | Small LDL-P (nmol/L)§, by NMR | | | | | > 1000 | 501 - 1000 | < 501 | 258 |
| | HDL-P (µmol/L)§, by NMR | | | | 46.8 | ≤ 34.0 | 34.1 - 38.0 | > 38.0 | 48.4 |
| | Lp(a)-P (nmol/L)§ | | | | < 50 | > 125 | 75 - 125 | < 75 | < 50 |
| Inflammation/ Oxidation | Fibrinogen (mg/dL) | | | | | < 126 or > 517 | 438 - 517 | 126 - 437 | 344 |
| | hs-CRP (mg/L) | | | | < 0.3 | > 2.9 | 1.0 – 2.9 | < 1.0 | 0.5 |
| | Lp-PLA$_2$ (ng/mL)§ | | | | 190 | > 383 | 291 - 383 | < 291 | 157 |
| | Myeloperoxidase (pmol/L)§ | | | | | ≥ 332 | 256 - 331 | ≤ 255 | 187 |
| Endothelial Function | Asymmetric Dimethylarginine (ng/mL)§ | | | | | > 108 | 97 - 108 | < 97 | 92 |
| | Symmetric Dimethylarginine (ng/mL)§ | | | | | > 104 | 88 - 104 | < 88 | 81 |
| | L-arginine (ng/mL)§ | | | | | < 4500 or > 22500 | | 4500 - 22500 | 16204 |
| | Asymmetric Dimethylarginine/Arginine Ratio (calculated) | | | | | > 9.8 | 7.8 - 9.8 | < 7.8 | 5.7 |

Lab Notes: Unable to quantitate small LDL-P. **Coenzyme Q10, Total** unable to perform: Specimen stability exceeded. **Sedimentation Rate** unable to perform: Specimen stability exceeded.

Provider Notes:

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True Health Diagnostics LLC | Dr. Christopher Byers | Laboratory Director | CLIA No. 45D2082195 | NPI No. 1619376316

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| | Laboratory Test | Notes | High Risk | Intermediate Risk | Optimal | High Risk Range | Intermediate Risk Range | Optimal Range | Previous Results 3/28/2016 |
|---|---|---|---|---|---|---|---|---|---|
| Myocardial Structure/Stress/Function | Galectin-3 (ng/mL) | | | | | > 25.9 | 17.9 - 25.9 | < 17.9 | 7.6 |
| | NT-proBNP (pg/mL) | | | | | > 449 | 125 - 449 | < 125 | 42 |
| Lipoprotein Genetics | Apolipoprotein E (T471C, C609T)§ rs429358, rs7412 | | | | | Estimated Genotype Frequency: 2/2 (~1-2%), 2/3 (~15%), 2/4 (~1-2%), 3/3 (~55%), 3/4 (~25%), 4/4 (~1-2%) | | | 3/3 |
| Coagulation Genetics | MTHFR (C677T)§ rs1801133 (Methylenetetrahydrofolate Reductase) | | | | | Estimated Genotype Frequency: C/C (~49.3%), C/T (~39.8%), T/T (~10.9%) | | | C/C |
| | MTHFR (A1298C)§ rs1801131 | | | | | Estimated Genotype Frequency: C/C (~7-12%), A/C (~30%), A/A (~58-63%) | | | A/A |
| Metabolic | 1,5-anhydroglucitol (µg/mL) | | | 13.7 | | < 12.6 | 12.6 - 16.6 | > 16.6 | 13.1 |
| | 25-hydroxy-Vitamin D (ng/mL) | | | | | ≤ 14 | 15 - 29 | 30 - 100 | 55 |
| | 25-hydroxy-Vitamin D (ng/mL) | | | | 49 | < 20 | 20 - 29 | 30 - 100 | |
| | Uric Acid (mg/dL) | | | | 4.8 | ≥ 8.0 | 7.0 - 7.9 | 2.0 - 6.9 | 3.6 |
| | TSH (µlU/mL) | | | | 0.96 | < 0.27 or > 4.20 | | 0.27 - 4.20 | 1.45 |
| | Homocysteine (µmol/L) | | | | | > 13 | 11 - 13 | < 11 | 6 |
| | Vitamin $B_{12}$ (pg/mL) | | | | 1065 | < 211 | 211 - 400 | > 400 | 914 |
| | CoQ10 (µg/mL)§ | | | | | < 1.11 | 1.11 – 2.00 | > 2.00 Target of therapy for patients on statins is > 2.0 µg/mL. | 2.49 |

Lab Notes: Unable to quantitate small LDL-P. **Coenzyme Q10, Total** unable to perform: Specimen stability exceeded. **Sedimentation Rate** unable to perform: Specimen stability exceeded.

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TRUE HEALTH™ DIAGNOSTICS

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1707 3RD STREET SE
PUYALLUP, WA 98372

Client ID:
56-98371-18-0003971

| Laboratory Test | Notes | High Risk | Intermediate Risk | Optimal | High Risk Range | Intermediate Risk Range | Optimal Range | Previous Results 3/28/2016 |
|---|---|---|---|---|---|---|---|---|
| TSH is analyzed using reagents from Roche Diagnostics by electrochemiluminescence immunoassay. These values should not be used in conjunction with values from other reagent manufacturers or methodologies. | | | | | | | | |
| **Metabolic** Cortisol (µg/dL) | | | | | Morning hours 7-10 a.m.: 6.2-19.4<br>Afternoon hours 4-8 p.m.: 2.3-11.9<br>Other or unknown collection time: 2.3-19.4 | | | 16.0 |
| Cortisol (µg/dL) | | | | 8.5 | Morning hours 6-10 a.m.: 5.5-19.8<br>Afternoon hours 4-8 p.m.: 2.7-10.5<br>Other or unknown collection time: 2.7-19.8 | | | |
| **Renal** Creatinine, serum (mg/dL) | | 1.1 | | | > 0.9 | | 0.5 - 0.9 | 0.8 |

Lab Notes: Unable to quantitate small LDL-P. **Coenzyme Q10, Total** unable to perform: Specimen stability exceeded. **Sedimentation Rate** unable to perform: Specimen stability exceeded.

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TRUE HEALTH™ DIAGNOSTICS

# Sterols

**Patient**

| Name: | Phone #: | Patient ID #: |
|---|---|---|
| MICHELLE M MURPHY | (425) 441-3330 | 14-077-0938 |

| Fasting Status: | Gender: | Birthdate: | Age: |
|---|---|---|---|
| NON-FASTING | FEMALE | 7/29/1975 | 41 |

| Height: | Weight: | BMI: | Prev. BMI: 3/28/2016 |
|---|---|---|---|
| 5 ft 10 in | 134 lbs | 19.2 | 18.9 |

**Specimen**

| Collection Time: | Specimen ID: |
|---|---|
| 9:00 am | 17032101190 |

| Collection Date: | Report Type: |
|---|---|
| 3/15/2017 | COMPLETE |

| Received Date: | Report Date: |
|---|---|
| 3/21/2017 | 3/23/2017 |

**Provider**

Requesting Provider:
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PEAK PERFORMANCE
1707 3RD STREET SE
PUYALLUP, WA 98372

Client ID:
56-98371-18-0003971

| Laboratory Test | Notes | Hyper | Optimal | Hypo | Hyper Range | Optimal Range | Hypo Range | Previous Results 3/28/2016 |
|---|---|---|---|---|---|---|---|---|
| **Sterol Absorption Markers** | | | | | | | | |
| Campesterol (µg/mL)§ | | | 3.72 | | ≥ 4.44 | 2.11 - 4.43 | ≤ 2.10 | 6.00 |
| Campesterol Ratio ($10^2$ mmol/mol Cholesterol) | | | 182 | | ≥ 241 | 115 - 240 | ≤ 114 | 252 |
| Sitosterol (µg/mL)§ | | | 2.87 | | ≥ 3.18 | 1.43 - 3.17 | ≤ 1.42 | 3.83 |
| Sitosterol Ratio ($10^2$ mmol/mol Cholesterol) | | | 136 | | ≥ 169 | 76 - 168 | ≤ 75 | 155 |
| Cholestanol (µg/mL)§ | | 3.49 | | | ≥ 3.48 | 2.02 - 3.47 | ≤ 2.01 | 3.60 |
| Cholestanol Ratio ($10^2$ mmol/mol Cholesterol) | | | 176 | | ≥ 195 | 117 - 194 | ≤ 116 | 156 |
| **Sterol Synthesis Markers** | | | | | | | | |
| Desmosterol (µg/mL)§ | | | 1.07 | | ≥ 1.28 | 0.50 - 1.27 | < 0.50 | 1.28 |
| Desmosterol Ratio ($10^2$ mmol/mol Cholesterol) | | | 55 | | ≥ 65 | 31 - 64 | ≤ 30 | 56 |

Results of the sterol analysis should be used in conjunction with atherogenic lipid and lipoprotein measurements (LDL-P, Apo B and LDL-C) to determine the most appropriate therapy for patients. If the patient has elevated atherogenic lipoproteins, regardless of the sterol concentrations, the first line therapy should be LDL lowering with a statin, or combination therapy (statin plus niacin, fibrate, ezetimibe) if appropriate. Sterol absorption markers may be used to help select the most appropriate combination therapy. Based on the sterol analysis, it is recommended that the following changes in lipid lowering therapy be performed:

- If sterol absorption markers (campesterol and/or sitosterol) are elevated with normal or low desmosterol, sterol absorption inhibition (ezetimibe, colesevelam, plant stanols, etc.) should be considered in combination with a statin to lower atherogenic lipoproteins. For mild elevations of lipoproteins, monotherapy with a sterol absorption inhibitor could be considered if sterol absorption markers are increased.
- If desmosterol is elevated and cholesterol absorption markers are normal or decreased, statin therapy alone or combination therapy (statin plus niacin or fibrate), if appropriate, will be most effective. Sterol absorption inhibition is not recommended.
- If both sterol absorption markers and desmosterol are increased, combination therapy with statin and sterol absorption inhibition will most effectively lower atherogenic lipoproteins.

Lab Notes: Unable to quantitate small LDL-P. **Coenzyme Q10, Total** unable to perform: Specimen stability exceeded. **Sedimentation Rate** unable to perform: Specimen stability exceeded.

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TRUE HEALTH™ DIAGNOSTICS

# Diabetes & Prediabetes

**Patient**

| Name: | Phone #: | Patient ID #: |
|---|---|---|
| MICHELLE M MURPHY | (425) 441-3330 | 14-077-0938 |

| Fasting Status: | Gender: | Birthdate: | Age: |
|---|---|---|---|
| NON-FASTING | FEMALE | 7/29/1975 | 41 |

| Height: | Weight: | BMI: | | Prev. BMI: 3/28/2016 | |
|---|---|---|---|---|---|
| 5 ft 10 in | 134 lbs | | 19.2 | | 18.9 |

**Specimen**

| Collection Time: | Specimen ID: |
|---|---|
| 9:00 am | 17032101190 |

| Collection Date: | Report Type: |
|---|---|
| 3/15/2017 | COMPLETE |

| Received Date: | Report Date: |
|---|---|
| 3/21/2017 | 3/23/2017 |

**Provider**

Requesting Provider:
MICHELLE MURPHY, FNP
PEAK PERFORMANCE
1707 3RD STREET SE
PUYALLUP, WA 98372

Client ID:
56-98371-18-0003971

## Diagnosis

### Glycemic Control

**Normal**

**Comments:** Glucose and hemoglobin A1c are in the normal range and are consistent with normoglycemia. Elevated fructosamine suggests recent (approximately the past 2 weeks) sustained hyperglycemia. There is some evidence of postprandial glucose elevations.

**Potential Treatment Suggestions:**

**If HbA1C or glucose are abnormal, follow American Diabetes Association (ADA) guidelines**

## Underlying Mechanisms

### Insulin Resistance

**Comments:** There may be some evidence of insulin resistance.

**Potential Treatment Suggestions:**

**If there are features of insulin resistance, diet and lifestyle modifications should be considered (see Clinical Treatment Suggestions). Per the American Diabetes Association (ADA), pharmaceutical intervention may also be appropriate if patient demonstrates ADA-defined levels of glucose and HbA1c abnormality.**

### Beta Cell Functionality/ Strain

**Comments:** There is no evidence of hyperinsulinemia or beta cell dysfunction.

**Potential Treatment Suggestions:**

**If there are features of impaired beta cell function, diet and lifestyle modifications should be considered (see Clinical Treatment Suggestions). Per the American Diabetes Association (ADA), pharmaceutical intervention may also be appropriate if patient demonstrates ADA-defined levels of glucose and HbA1c abnormality.**

*Medications and fasting status may have an effect on test results. There are no medications specifically FDA approved for the treatment of pre-diabetes or insulin resistance.

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TRUE HEALTH™ DIAGNOSTICS

# Diabetes & Prediabetes

**Patient**

Name: MICHELLE M MURPHY
Phone #: (425) 441-3330
Patient ID #: 14-077-0938
Fasting Status: NON-FASTING
Gender: FEMALE
Birthdate: 7/29/1975
Age: 41
Height: 5 ft 10 in
Weight: 134 lbs
BMI: 19.2
Prev. BMI: 18.9 (3/28/2016)

**Specimen**

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Client ID: 56-98371-18-0003971

*Ranges of ferritin used for assessment of insulin resistance and diabetes risk differ from reference ranges used for diagnosis of conditions specifically related to iron nutrient status, such as iron deficiency or hemochromatosis.

| | Laboratory Test | Notes | High Risk | Intermediate Risk | Optimal | High Risk Range | Intermediate Risk Range | Optimal Range | Previous Results 3/28/2016 |
|---|---|---|---|---|---|---|---|---|---|
| Glycemic Control | Glucose (mg/dL) | | | | 96 | > 125 | 100-125 | 70 - 99 | 97 |
| | HbA1c (%) | | | | 5.2 | ≥ 6.5 | 5.7 - 6.4 | ≤ 5.6 | 5.3 |
| | Estimated Average Glucose (mg/dL) (calculated) | | | | 102.5 | ≥ 139.9 | 116.9 - 139.8 | ≤ 116.8 | 105.4 |
| | Fructosamine (µmol/L) | | | 336 | | > 346 | 302 - 346 | < 302 | 324 |
| | Glycation Gap | | | | -2.32 | > 0.77 | 0.45 - 0.77 | < 0.45 | |
| | Postprandial Glucose Index | | | 7.3 | | > 7.9 | 6.0 - 7.9 | < 6.0 | |
| Insulin Resistance | Leptin (ng/mL) | | | | 2 | > 43 | 20 - 43 | < 20 | |
| | Leptin:BMI Ratio | | | | 0.11 | > 1.17 | 0.66 - 1.17 | < 0.66 | |
| | Adiponectin (µg/mL) | | | | 21 | < 10 | 10 - 14 | > 14 | |
| | Free Fatty Acid (mmol/L) | | | | 0.37 | > 0.70 | 0.60 - 0.70 | < 0.60 | 0.49 |
| | Ferritin (ng/mL) * | | | | 47 | > 108 | 61 - 108 | < 61 | |
| | α-hydroxybutyrate (µg/mL)§ | | 9.7 | | | > 5.7 | 4.5 - 5.7 | < 4.5 | 3.4 |
| | Oleic Acid (µg/mL)§ | | | | 21 | > 79 | 60 - 79 | < 60 | 33 |
| | Linoleoyl-GPC (µg/mL)§ | | | | 31.2 | < 10.5 | 10.5 - 13.0 | > 13.0 | 26.4 |
| | HOMA-IR (calculated) | | | | 1.0 | > 4.2 | 2.6 - 4.2 | < 2.6 | |
| Beta Cell Function | Insulin (µU/mL) | | | | 4 | ≥ 12 | 10 - 11 | 3 - 9 | 5 |
| | Proinsulin (pmol/L) | | | | 6 | > 16 | 8 - 16 | < 8 | 7 |
| | C-peptide (ng/mL) | | | | 1.7 | > 4.6 | 3.1 - 4.6 | 1.0 - 3.0 | 1.7 |
| | Proinsulin:C-peptide Ratio | | | | 3.3 | > 4.9 | 3.6 - 4.9 | < 3.6 | |
| | Anti-GAD (IU/mL) | | | | < 5 | > 5 Positive | | ≤ 5 Negative | < 5 |

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| Electrolytes | Result | Flag | Reference Interval |
|---|---|---|---|
| Na+ (mmol/L) | 138 | | 133 - 145 |
| K+ (mmol/L) | 5.4 | H | 3.5 - 5.3 |
| Cl- (mmol/L) | 101 | | 98 - 110 |
| $CO_2$ (mmol/L) | 26 | | 19 - 31 |
| Anion Gap (calculated) | 11 | | 6 - 18 |
| Calcium (mg/dL) | 10.0 | | 8.8 - 10.5 |
| Magnesium (mg/dL) | 2.1 | | 1.6 - 2.4 |

| Liver | Result | Flag | Reference Interval |
|---|---|---|---|
| ALT / GPT (U/L) | 12 | | < 34 |
| AST / GOT (U/L) | 19 | | < 33 |
| ALP (U/L) | 26 | L | < 16 years: 62 - 356<br>16 - 20 years: 37 - 119<br>21 - 90 years: 35 - 125<br>> 90 years: 37 - 129 |
| Total Bilirubin (mg/dL) | 0.4 | | Up to 1.2 |

| Renal | Result | Flag | Reference Interval |
|---|---|---|---|
| Creatinine, serum (mg/dL) | 1.1 | H | 0.5 - 0.9 |
| BUN (mg/dL) | 20 | | 6 - 20 |
| BUN:Creatinine Ratio (calculated) | 19 | | < 11 years: 14 - 34<br>11 - 15 years: 10 - 30<br>16 - 20 years: 9 - 25<br>21 - 70 years: 10 - 27<br>> 70 years: 10 - 29 |

| Anemia | Result | Flag | Reference Interval |
|---|---|---|---|
| Ferritin (ng/mL) | 47 | | 13 - 150 |

| Others | Result | Flag | Reference Interval |
|---|---|---|---|
| Albumin (g/dL) | 4.8 | | 3.7 - 5.1 |
| % Albumin (calculated) | 66 | | 54 - 71 |
| Globulin (g/dL) (calculated) | 2.5 | | 1.9 - 3.5 |
| Albumin:Globulin Ratio (calculated) | 1.90 | | 1.15 - 2.50 |
| Total Protein (g/dL) | 7.3 | | 6.1 - 8.0 |

| Thyroid | Result | Flag | Reference Interval |
|---|---|---|---|
| TSH (µlU/mL) | 0.96 | | 0.27 - 4.20 |
| T4 (µg/dL) | 6.3 | | 4.5 - 11.7 |
| T4, free (ng/dL) | 1.43 | | 0.93 - 1.70 |
| T3 (ng/dL) | 94 | | 80 - 200 |
| T3, free (pg/mL) | 3.1 | | > 19 yrs - 2.0 – 4.4 |
| Reverse T3 (ng/dL)§ | 13 | | 8 – 24 |
| T uptake (TBI) | 0.94 | | 0.80 - 1.30 |
| Anti-Thyroglobulin Antibody (IU/mL)ᵀ | 15 | | < 115 |
| Anti-Thyroid Peroxidase Antibody (IU/mL) | < 10 | | < 34 |

| Male and Female Hormones | Result | Flag | Reference Interval |
|---|---|---|---|
| Estrone (pg/mL)§ | 22 | | Post-menopausal: 10 – 55<br>Pre-menopausal: 13 – 135 |

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**Provider**

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PUYALLUP, WA 98372

Client ID:
56-98371-18-0003971

| CBC with Automated Differential / Platelet | Result | Flag | Reference Interval |
|---|---|---|---|
| WBC (x10$^3$/µL) | 4.9 | | 4.0 - 10.5 |
| RBC (x10$^6$/µL) | 4.3 | | 3.8 - 5.1 |
| Hemoglobin (g/dL) | 13.1 | | 11.5 - 15.0 |
| Hematocrit (%) | 42 | | 34 - 44 |
| MCV (fL) | 99 | H | 80 - 98 |
| MCH (pg) | 31 | | 27 - 34 |
| MCHC (g/dL) | 31 | L | 32 - 36 |
| RDW (%) | 13.9 | | 11.7 - 15 |
| Platelets (x10$^3$/µL) | 315 | | 140 - 415 |
| Neutrophils (%) | 67 | | 40 - 74 |
| Lymphocytes (%) | 31 | | 14 - 46 |
| Monocytes (%) | 0 | L | 4 - 13 |
| Eosinophils (%) | 1 | | 0 - 7 |
| Basophils (%) | 1 | | 0 - 3 |
| Neutrophils (absolute) (x10$^3$/µL) | 3.3 | | 1.8 - 7.8 |
| Lymphocytes (absolute) (x10$^3$/µL) | 1.5 | | 0.7 - 4.5 |
| Monocytes (absolute) (x10$^3$/µL) | 0.0 | L | 0.1 - 1.0 |
| Eosinophils (absolute) (x10$^3$/µL) | 0.0 | | 0.0 - 0.4 |
| Basophils (absolute) (x10$^3$/µL) | 0.1 | | 0.0 - 0.2 |
| Immature Granulocytes (absolute) (x10$^3$/µL) | 0.0 | | 0.0 - 0.1 |

Lab Notes: Unable to quantitate small LDL-P. **Coenzyme Q10, Total** unable to perform: Specimen stability exceeded. **Sedimentation Rate** unable to perform: Specimen stability exceeded.

To schedule time with a Clinical Health Consultant, please call 1-877-443-5227 or visit us online at www.truehealthdiag.com



True Health Diagnostics LLC | Dr. Christopher Byers | Laboratory Director | CLIA No. 45D2082195 | NPI No. 1619376316
 | 6170 Research Road, Suite 211 | Frisco, TX 75033 | Phone: 1-877-443-5227 | Fax: 804-343-2704

TRUE HEALTH™ DIAGNOSTICS

# Autoimmune

**Patient**

| Name: | Phone #: | Patient ID #: |
|---|---|---|
| MICHELLE M MURPHY | (425) 441-3330 | 14-077-0938 |

| Fasting Status: | Gender: | Birthdate: | Age: |
|---|---|---|---|
| NON-FASTING | FEMALE | 7/29/1975 | 41 |

| Height: | Weight: | BMI: | Prev. BMI: 3/28/2016 |
|---|---|---|---|
| 5 ft 10 in | 134 lbs | 19.2 | 18.9 |

**Specimen**

| Collection Time: | Specimen ID: |
|---|---|
| 9:00 am | 17032101190 |

| Collection Date: | Report Type: |
|---|---|
| 3/15/2017 | COMPLETE |

| Received Date: | Report Date: |
|---|---|
| 3/21/2017 | 3/23/2017 |

**Provider**

Requesting Provider:
MICHELLE MURPHY, FNP
PEAK PERFORMANCE
1707 3RD STREET SE
PUYALLUP, WA 98372

Client ID:
56-98371-18-0003971

For autoimmune testing, hs-CRP assay is utilized to measure CRP. Standard reference intervals for both hs-CRP and CRP are reported.

| Autoimmune | Result | Flag | Reference Interval |
|---|---|---|---|
| hs-CRP (mg/L) | < 0.3 | | < 5.0 |
| Rheumatoid Factor (IU/mL) | < 10 | | ≤ 14 |
| Antibody to Cyclic Citrullinated Peptide (anti-CCP) (U/mL)¥ | < 8.0 | | Positive: ≥ 17.0<br>Negative: <17.0 |

| ANA Screen | Result | Flag | Reference Interval |
|---|---|---|---|
| ANA Screen | Negative | | Negative |

Lab Notes: Unable to quantitate small LDL-P. **Coenzyme Q10, Total** unable to perform: Specimen stability exceeded. **Sedimentation Rate** unable to perform: Specimen stability exceeded.

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TRUE HEALTH™ DIAGNOSTICS

# Laboratory Result Trends

**Patient**

| Name: | Phone #: | Patient ID #: |
|---|---|---|
| MICHELLE M MURPHY | (425) 441-3330 | 14-077-0938 |

| Fasting Status: | Gender: | Birthdate: | Age: |
|---|---|---|---|
| NON-FASTING | FEMALE | 7/29/1975 | 41 |

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**Provider**

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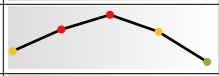
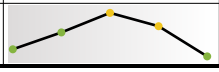
1707 3RD STREET SE
PUYALLUP, WA 98372

Client ID:
56-98371-18-0003971

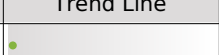
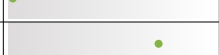
## Lipids

| | 3/14 | 5/15 | 12/15 | 3/16 | 3/17 | Trend Line | High Risk Range | Intermediate Risk Range | Optimal Range |
|---|---|---|---|---|---|---|---|---|---|
| Total Cholesterol (mg/dL) | 201 | 210 | 233 | 230 | 197 |  | ≥ 240 | 200 - 239 | < 200 |
| LDL-C Direct (mg/dL) | 103 | 131 | 150 | 128 | 89 |  | ≥ 130 CHD & CHD risk eq. > 100 | 100 - 129 CHD & CHD risk eq. 70 - 100 | < 100 CHD & CHD risk eq. < 70 |
| HDL-C (mg/dL) | 95 | 84 | 85 | 97 | 98 |  | < 50 | | ≥ 50 |
| Triglycerides (mg/dL) | 136 | 97 | 97 | 85 | 41 |  | > 199 | 150 - 199 | < 150 |
| Non-HDL-C (mg/dL) (calculated) | 107 | 126 | 148 | 133 | 99 |  | ≥ 160 | 130 - 159 | < 130 |

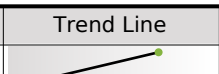
## Lipoprotein Particles and Apolipoproteins

| | 3/14 | 5/15 | 12/15 | 3/16 | 3/17 | Trend Line | High Risk Range | Intermediate Risk Range | Optimal Range |
|---|---|---|---|---|---|---|---|---|---|
| Apo B (mg/dL) | 71 | 98 | 110 | 89 | 84 |  | ≥ 100 | 81 - 99 | ≤ 80 |
| LDL-P (nmol/L)§, by NMR | 1057 | 1503 | 1957 | 1546 | 875 |  | ≥ 1360 | 1020 - 1359 | < 1020 |
| Small LDL-P (nmol/L)§, by NMR | < 200 | 302 | 816 | 258 | |  | > 1000 | 501 - 1000 | < 501 |
| sdLDL-C (mg/dL)§ | 25 | | | | |  | > 30 | 21 - 30 | < 21 |
| Apo A-I (mg/dL) | 191 | | | | |  | < 130 | 130 - 150 | > 150 |
| HDL-P (µmol/L)§, by NMR | 35.7 | 41.2 | 49.8 | 48.4 | 46.8 |  | ≤ 34.0 | 34.1 - 38.0 | > 38.0 |
| HDL2-C (mg/dL)§ | 46 | | | | |  | ≤ 12 | 13 - 16 | ≥ 17 |
| Apo B:Apo A-I Ratio (calculated) | 0.37 | | | | |  | ≥ 0.81 | 0.61 - 0.80 | ≤ 0.60 |
| Lp(a) Mass (mg/dL) | 6 | | | | |  | ≥ 30 | | < 30 |
| Lp(a)-P (nmol/L)§ | | < 50 | < 50 | < 50 | < 50 |  | > 125 | 75 - 125 | < 75 |

## Inflammation/ Oxidation

| | 3/14 | 5/15 | 12/15 | 3/16 | 3/17 | Trend Line | High Risk Range | Intermediate Risk Range | Optimal Range |
|---|---|---|---|---|---|---|---|---|---|
| Fibrinogen (mg/dL) | 298 | | | | |  | < 100 or > 464 | 391 - 464 | 100 - 390 |
| Fibrinogen (mg/dL) | | | | 344 | |  | < 126 or > 517 | 438 - 517 | 126 - 437 |
| hs-CRP (mg/L) | 0.4 | < 0.3 | < 0.3 | 0.5 | < 0.3 |  | > 2.9 | 1.0 – 2.9 | < 1.0 |
| Lp-PLA$_2$ (ng/mL)§ | | | 260 | 157 | 190 |  | > 383 | 291 - 383 | < 291 |
| Myeloperoxidase (pmol/L)§ | | | | 187 | |  | ≥ 332 | 256 - 331 | ≤ 255 |

## Myocardial Stress

| | 3/14 | 5/15 | 12/15 | 3/16 | 3/17 | Trend Line | High Risk Range | Intermediate Risk Range | Optimal Range |
|---|---|---|---|---|---|---|---|---|---|
| Galectin-3 (ng/mL) | 5.4 | | | 7.6 | |  | > 25.9 | 17.9 - 25.9 | < 17.9 |
| NT-proBNP (pg/mL) | 21 | | | 42 | |  | > 449 | 125 - 449 | < 125 |



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TRUE HEALTH™ DIAGNOSTICS

# Laboratory Result Trends

**Patient**

| Name: | Phone #: | Patient ID #: |
|---|---|---|
| MICHELLE M MURPHY | (425) 441-3330 | 14-077-0938 |

| Fasting Status: | Gender: | Birthdate: | Age: |
|---|---|---|---|
| NON-FASTING | FEMALE | 7/29/1975 | 41 |

| Height: | Weight: | BMI: | Prev. BMI: 3/28/2016 |
|---|---|---|---|
| 5 ft 10 in | 134 lbs | 19.2 | 18.9 |

**Specimen**

| Collection Time: | Specimen ID: |
|---|---|
| 9:00 am | 17032101190 |

| Collection Date: | Report Type: |
|---|---|
| 3/15/2017 | COMPLETE |

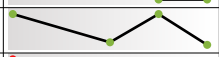
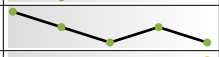
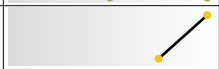
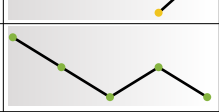
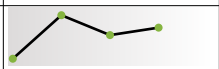
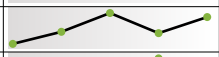
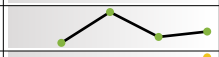
| Received Date: | Report Date: |
|---|---|
| 3/21/2017 | 3/23/2017 |

**Provider**

Requesting Provider:
MICHELLE MURPHY, FNP
PEAK PERFORMANCE
1707 3RD STREET SE
PUYALLUP, WA 98372

Client ID:
56-98371-18-0003971

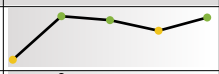
## Metabolic

| | 3/14 | 5/15 | 12/15 | 3/16 | 3/17 | Trend Line | High Risk Range | Intermediate Risk Range | Optimal Range |
|---|---|---|---|---|---|---|---|---|---|
| Insulin (µU/mL) | 38 | 12 | 15 | 5 | 4 |  | ≥ 12 | 10 - 11 | 3 - 9 |
| C-peptide (ng/mL) | | | 3.5 | 1.7 | 1.7 |  | > 4.6 | 3.1 - 4.6 | 1.0 - 3.0 |
| Free Fatty Acid (mmol/L) | 0.49 | | 0.38 | 0.49 | 0.37 |  | > 0.70 | 0.60 - 0.70 | < 0.60 |
| Glucose (mg/dL) | 164 | 70 | 101 | 97 | 96 |  | > 125 | 100-125 | 70 - 99 |
| HbA1c (%) | 5.4 | 5.3 | 5.2 | 5.3 | 5.2 |  | ≥ 6.5 | 5.7 - 6.4 | ≤ 5.6 |
| 1,5-anhydroglucitol (µg/mL) | | | | 13.1 | 13.7 |  | < 12.6 | 12.6 - 16.6 | > 16.6 |
| Estimated Average Glucose (mg/dL) (calculated) | 108.3 | 105.4 | 102.5 | 105.4 | 102.5 |  | ≥ 139.9 | 116.9 - 139.8 | ≤ 116.8 |
| 25-hydroxy-Vitamin D (ng/mL) | 30 | 65 | 49 | 55 | |  | ≤ 14 | 15 - 29 | 30 - 100 |
| Uric Acid (mg/dL) | 2.8 | 3.7 | 5.1 | 3.6 | 4.8 |  | ≥ 8.0 | 7.0 - 7.9 | 2.0 - 6.9 |
| TSH (µlU/mL) | 1.24 | 1.00 | 0.94 | 1.45 | 0.96 |  | < 0.27 or > 4.20 | | 0.27 - 4.20 |
| Homocysteine (µmol/L) | 6 | | | 6 | |  | > 13 | 11 - 13 | < 11 |
| Vitamin $B_{12}$ (pg/mL) | | 748 | 1612 | 914 | 1065 |  | < 211 | 211 - 400 | > 400 |
| Fructosamine (µmol/L) | | | 305 | 324 | 336 |  | > 346 | 302 - 346 | < 302 |
| Proinsulin (pmol/L) | | | 13 | 7 | 6 |  | > 16 | 8 - 16 | < 8 |

## Renal

| | 3/14 | 5/15 | 12/15 | 3/16 | 3/17 | Trend Line | High Risk Range | Intermediate Risk Range | Optimal Range |
|---|---|---|---|---|---|---|---|---|---|
| Cystatin C (mg/L) | 0.54 | | | | |  | ≥ 1.04 | 0.96 - 1.03 | ≤ 0.95 |
| Estimated Glomerular Filtration Rate (eGFR, mL/min/1.73m2) | > 150 | | | | |  | < 60 | 60 - 89 | > 89 |
| Creatinine, serum (mg/dL) | 0.8 | 0.9 | 1.0 | 0.8 | 1.1 |  | > 0.9 | | 0.5 - 0.9 |

## Omega Acids

| | 3/14 | 5/15 | 12/15 | 3/16 | 3/17 | Trend Line | High Risk Range | Intermediate Risk Range | Optimal Range |
|---|---|---|---|---|---|---|---|---|---|
| HS-Omega-3 Index® (RBC EPA+DHA)[a] | 5.8 | 9.1 | 8.8 | 8.0 | 9.0 |  | < 4.0% | 4.0% - 8.0% | > 8.0% |
| Omega-3 Total | 8.3 | 12.6 | 12.4 | 11.5 | 12.3 |  | 0.1% - 14.1% | | |
| Omega-6 Total | 33.5 | 29.2 | 29.6 | 30.0 | 29.6 |  | 28.6% - 44.5% | | |
| Trans Total | 1.1 | 0.9 | 0.7 | 0.7 | 0.7 |  | <0.1% - 1.8% | | |



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TRUE HEALTH™ DIAGNOSTICS

# Laboratory Result Trends

**Patient**

| Name: | Phone #: | Patient ID #: |
|---|---|---|
| MICHELLE M MURPHY | (425) 441-3330 | 14-077-0938 |

| Fasting Status: | Gender: | Birthdate: | Age: |
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| 5 ft 10 in | 134 lbs | 19.2 | 18.9 |

**Specimen**

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**Provider**

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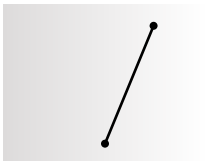
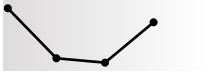
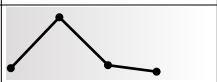
Client ID:
56-98371-18-0003971

**Male and Female Hormones**

| | 3/14 | 5/15 | 12/15 | 3/16 | 3/17 | Trend Line | High Risk Range / Intermediate Risk Range / Optimal Range |
|---|---|---|---|---|---|---|---|
| Dehydroepiandrosterone sulfate (µg/dL) | 175 | 160 | 185 | 147 | |  | 15 - 19 yrs: 65 - 368<br>20 - 24 yrs: 148 - 407<br>25 - 34 yrs: 99 - 340<br>35 - 44 yrs: 61 - 337<br>45 - 54 yrs: 35 - 256<br>55 - 64 yrs: 19 - 246<br>65 - 74 yrs: 9 - 205<br>> 74 yrs: 12 - 154 |
| Estradiol (pg/mL) | 196.4 | 73.2 | | | |  | Women:<br>Follicular phase: 12.5 – 166.0<br>Ovulation phase: 85.8 – 498.0<br>Luteal phase: 43.8 - 211.0<br>Postmenopause: < 54.7<br>1st Tri. Pregnancy: 215.0 – 4300.0<br><br>Girls (1-10 years):<br>6.0 – 27.0 |
| Estradiol (pg/mL) | | | 47.7 | 59.0 | |  | Follicular phase: 12.4 – 233.0<br>Ovulation phase: 41.0 – 398.0<br>Luteal phase: 22.3 – 341.0<br>Postmenopause: < 138.0<br>1st trimester pregnancy: 154.0 – 3243.0<br>2nd trimester pregnancy: 1561.0 – 21280.0<br>3rd trimester pregnancy: 8525.0 – >30000.0 |
| FSH (mIU/mL) | 9.3 | 3.6 | 3.1 | 7.7 | |  | Follicular phase 3.5 - 12.5<br>Ovulation phase 4.7 - 21.5<br>Luteal phase 1.7 - 7.7<br>Postmenopause 25.8 - 134.8 |
| LH (mIU/mL) | 31.0 | 4.9 | 4.2 | 6.0 | |  | Follicular phase 2.4 - 12.6<br>Ovulation phase 14.0 - 95.6<br>Luteal phase 1.0 - 11.4<br>Postmenopause 7.7 - 58.5 |
| Progesterone (ng/mL) | 1.03 | 10.54 | 1.59 | 0.38 | |  | Follicular phase: 0.2 – 1.5<br>Ovulation phase: 0.8 – 3.0<br>Luteal phase: 1.7 – 27<br>Postmenopause: 0.1 – 0.8 |
| Testosterone (ng/dL) | 43 | 12 | < 12 | < 12 | |  | 12 - 82 |



True Health Diagnostics LLC | Dr. Christopher Byers | Laboratory Director | CLIA No. 45D2082195 | NPI No. 1619376316

TRUE HEALTH™ DIAGNOSTICS

# Omega 3 and Omega 6 Fatty Acids Profile

**Patient**

| Name: | Phone #: | Patient ID #: |
|---|---|---|
| MICHELLE M MURPHY | (425) 441-3330 | 14-077-0938 |

| Fasting Status: | Gender: | Birthdate: | Age: |
|---|---|---|---|
| NON-FASTING | FEMALE | 7/29/1975 | 41 |

| Height: | Weight: | BMI: | Prev. BMI: 3/28/2016 |
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| 5 ft 10 in | 134 lbs | 19.2 | 18.9 |

**Specimen**

| Collection Time: | Specimen ID: |
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| 9:00 am | 17032101190 |

| Collection Date: | Report Type: |
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| 3/15/2017 | COMPLETE |

| Received Date: | Report Date: |
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| 3/21/2017 | 3/23/2017 |

**Provider**

Requesting Provider:
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PEAK PERFORMANCE
1707 3RD STREET SE
PUYALLUP, WA 98372

Client ID:
56-98371-18-0003971

| Laboratory Test | Notes | High Risk | Intermediate Risk | Optimal | High Risk Range | Intermediate Risk Range | Optimal Range | Previous Results 3/28/2016 |
|---|---|---|---|---|---|---|---|---|
| Index HS-Omega-3 Index® (RBC EPA+DHA)[a] | | | | 9.0 | < 4.0% | 4.0% - 8.0% | > 8.0% | 8.0 |

## Omega-3 Fatty Acids

| Fatty Acids | Range | Current | Previous |
|---|---|---|---|
| Omega-3 Total | 0.1% - 14.1% | **12.3%** | 11.5% |
| Alpha-Linolenic (ALA)§ | 0.1% - 0.4% | 0.1% | 0.2% |
| Docosapentaenoic (DPA)§ | 0.6% - 4.1% | 3.2% | 3.3% |
| Eicosapentaenoic (EPA)§ | 0.1% - 2.5% | 2.3% | 1.6% |
| Docosahexaenoic (DHA)§ | 0.1% - 8.4% | 6.6% | 6.4% |

## Omega-6 Fatty Acids

| Fatty Acids | Range | Current | Previous |
|---|---|---|---|
| Omega-6 Total | 28.6% - 44.5% | **29.6%** | 30.0% |
| Arachidonic (AA)§ | 10.5% - 23.3% | 13.1% | 13.2% |
| Linoleic (LA)§ | 4.6% - 21.3% | 12.1% | 12.1% |

## Other Fatty Acids

| Fatty Acids | Range | Current | Previous |
|---|---|---|---|
| cis-Monounsaturated Total | 11.5% - 20.5% | **15.7%** | 15.4% |
| Saturated Total | 36.6% - 42.0% | **41.7%** | 42.4% |
| Trans Total | <0.1% - 1.8% | **0.7%** | 0.7% |

**Content of EPA and DHA (mg/3 oz serving) in Fish[1]**

| Higher Omega-3 | EPA | DHA | EPA+DHA |
|---|---|---|---|
| Herring, Pacific | 1056 | 751 | 1807 |
| Anchovy (canned in oil, European, drained solids) | 649 | 1099 | 1748 |
| Herring, Atlantic | 773 | 939 | 1712 |
| Salmon, Atlantic[2] | 468 | 1227 | 1695 |
| Salmon, Coho[2] | 462 | 903 | 1365 |
| Tuna, Bluefin | 309 | 970 | 1279 |
| Herring, Atlantic (pickled) | 717 | 464 | 1181 |
| Mackerel (canned, drained solids) | 369 | 677 | 1046 |
| Salmon, Sockeye | 353 | 690 | 1043 |
| Salmon, Chum (canned) | 402 | 597 | 999 |
| Salmon, Pink (canned, total can contents) | 275 | 569 | 844 |
| Sardines (canned in oil, Atlantic, drained solids w/bone) | 402 | 433 | 835 |

| Intermediate Omega-3 | EPA | DHA | EPA+DHA |
|---|---|---|---|
| Swordfish[3] | 108 | 656 | 764 |
| Rainbow Trout (farmed)[4] | 220 | 524 | 744 |
| Tuna, White (canned in water, w/out salt)[3] | 198 | 535 | 733 |
| Sea Bass | 175 | 473 | 648 |
| Pollock, Atlantic | 77 | 383 | 460 |
| Oysters (farmed, eastern)[4] | 195 | 179 | 374 |
| Crab, King (cooked, moist heat) | 251 | 100 | 351 |
| Walleye | 94 | 245 | 339 |
| Crab, Dungeness (cooked, moist heat) | 239 | 96 | 335 |
| Flat Fish (flounder/sole) | 143 | 112 | 255 |
| Clams (cooked, moist heat) | 117 | 124 | 241 |
| Shrimp (mixed, cooked, moist heat) | 115 | 120 | 235 |
| Tuna, Light (canned, w/out salt) | 40 | 190 | 230 |

| Lower Omega-3 | EPA | DHA | EPA+DHA |
|---|---|---|---|
| Halibut, Atlantic and Pacific | 68 | 132 | 200 |
| Northern Lobster (cooked, moist heat) | 99 | 66 | 165 |
| Scallops (cooked, steamed) | 61 | 88 | 149 |
| Catfish[2] | 51 | 88 | 139 |
| Haddock | 43 | 93 | 136 |
| Cod, Pacific | 36 | 100 | 136 |
| Cod, Atlantic | 3 | 131 | 134 |
| Mahi-Mahi (dolphin fish) | 22 | 96 | 118 |
| Tilapia | 4 | 110 | 114 |
| Orange Roughy | 5 | 21 | 26 |

[1]From the USDA Nutrient Database. Values are for fish cooked with dry heat unless otherwise noted.
[2]This value averages EPA+DHA from farmed and wild fish.
[3]Because of the possibility for mercury contamination, the FDA and Environmental Protection Agency recommend that these fish (along with king mackerel and tilefish) not be consumed by women who are already or are trying to become pregnant, nursing mothers, and children under the age of two. For all other people, the intake of these fish should be limited to 6 oz. per week (or 12 oz. per week for albacore tuna).
[4]Although there has been some concern regarding the presence of small amounts of environmental pollutants in some types of farmed fish, the overall health benefit from the omega-3 fatty acids present in these fish has been calculated to far outweigh the risks (JAMA, 2006;296:1885-1899).

[a]The HS-Omega-3 Index cutpoints are based on Harris and von Shacky, Preventive Medicine 2004;39:212-220.

To schedule time with a Clinical Health Consultant, please call 1-877-443-5227 or visit us online at www.truehealthdiag.com



True Health Diagnostics LLC | Dr. Christopher Byers | Laboratory Director | CLIA No. 45D2082195 | NPI No. 1619376316
 | 6170 Research Road, Suite 211 | Frisco, TX 75033 | Phone: 1-877-443-5227 | Fax: 804-343-2704

TRUE HEALTH™ DIAGNOSTICS

# Laboratory Results

**Patient**

| Name: | Phone #: | Patient ID #: |
|---|---|---|
| MICHELLE M MURPHY | (425) 441-3330 | 14-077-0938 |

| Fasting Status: | Gender: | Birthdate: | Age: |
|---|---|---|---|
| NON-FASTING | FEMALE | 7/29/1975 | 41 |

| Height: | Weight: | BMI: | Prev. BMI: 3/28/2016 |
|---|---|---|---|
| 5 ft 10 in | 134 lbs | 19.2 | 18.9 |

**Specimen**

| Collection Time: | Specimen ID: |
|---|---|
| 9:00 am | 17032101190 |

| Collection Date: | Report Type: |
|---|---|
| 3/15/2017 | COMPLETE |

| Received Date: | Report Date: |
|---|---|
| 3/21/2017 | 3/23/2017 |

**Provider**

Requesting Provider:
MICHELLE MURPHY, FNP
PEAK PERFORMANCE
1707 3RD STREET SE
PUYALLUP, WA 98372

Client ID:
56-98371-18-0003971

## Comments:

Apolipoprotein B concentration is increased. Studies have shown that elevated apoB concentration is associated with increased risk for coronary heart disease even in the presence of optimal LDL cholesterol values.

ApoE genotype is 3/3. Apolipoprotein E2 and E3 patients respond well to statin drugs, such as atorvastatin, pravastatin, or lovastatin Omega-3 fatty acid supplementation has been shown to benefit apoE2 and apoE3 patients. If the patient also has insulin resistance, a low carbohydrate or Mediterranean diet may be appropriate. Therapy should be individualized.

This patient has the normal or wild-type genotype for the MTHFR polymorphisms C677T (C/C) and MTHFR A1298C (A/A). Patients with this genotype combination are expected to have normal enzyme activity.

All SNP genotyping tests performed at True Health Diagnostics, Richmond, VA use Biosearch Technologies BHQplus chemistry and are greater than 99% accurate. As with all PCR-based tests, this method is subject to rare interference by factors such as inhibitors and low quality or quantity of DNA. If present, the interference usually yields no result, rather than an inaccurate one. Very infrequent mutations or polymorphisms occurring in primer or probe binding regions may also affect testing and could produce an erroneous result. True Health Diagnostics recommends patients and physicians discuss genetic counseling options when reviewing the implications of genetic test results. Note: Non-carrier = Wildtype.

[Ŧ] Anti-Thyroglobulin Antibody is analyzed using reagents from Roche Diagnostics by electrochemiluminescence immunoassay. These values should not be used in conjunction with values from other reagent manufacturers or methodologies.

[¥]Anti-CCP results were obtained with the Elecsys Anti-CCP electrochemiluminescence immunoassay. Results from assays of other manufacturers cannot be used interchangeably.

[††]The comments, videos, and other educational information provided by True Health Diagnostics are intended to be general in nature and are NOT a substitute for professional medical advice. The treatment options offered by the DPMP Potential Treatment Algorithm are not a replacement for professional medical judgment and the treatment options may cause other side effects or present other serious medical risks.

All tests were analyzed by True Health Diagnostics LLC, 737 N. 5th Street, Suite 103, Richmond, VA 23219, CAP 7224971, CLIA 49D1100708, 1-877-443-5227 unless otherwise noted.

[§]This test was developed and its performance characteristics determined by True Health Diagnostics LLC. This test has not been cleared or approved by the U.S. Food & Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under CLIA-88 as qualified to perform high complexity clinical laboratory testing.

Lab Notes: Unable to quantitate small LDL-P. **Coenzyme Q10, Total** unable to perform: Specimen stability exceeded. **Sedimentation Rate** unable to perform: Specimen stability exceeded.

## End of Report

ATTN PATIENT: Please contact True Health Diagnostics at 1-877-443-5227 to set an appointment with your Clinical Health Consultant to discuss your diet and exercise needs at no charge.