

Example Report



Advanced
Testing

Comprehensive Blood Chemistry

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<p>This report will explain the key findings in your test results. It will also give you diet, lifestyle , supplement and further testing recommendations.</p>	
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<p>This report lists the blood test results and shows whether or not an individual biomarker is outside of the optimal range and/or outside of the clinical lab range.</p>	
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- What are the Key Findings?

- Your HbA1c was slightly elevated showing the need for a lower carbohydrate diet.
- Your urea levels were elevated showing an increased protein byproduct. As your protein levels along with your urea were elevated a lower protein diet would be recommended.
- High levels of cholesterol in the diet should be further investigated by reviewing the LDL and HDL levels.
- Your HDL levels were low, which can increase your risk of heart disease. Increasing HDL is considered protective and this can be achieved by eating more heart protective foods (plant oils and foods and fish oils and meats).
- LDL functions to transport cholesterol and other fatty acids from the liver to the tissues. It is known as "bad cholesterol" for this reason and the risk of heart disease, although it is just one of many risk factors for cardiovascular disease and should therefore be controlled.

- Diet & Lifestyle Recommendations

- Ensure that you are eating regularly and maintain your glucose with whole food and lower carbohydrate starchy foods.
- Decrease the amount of protein consume in your diet from processed meats, red meats and dairy. You should look to drop protein for a few days a week or even a few meals to start with to allow urea to decrease and digestion to rest.
- Increase nut and seed oils as well as oily fish in the diet. These are all good fats that will assist in increasing HDL cholesterol. You should also look to increase leafy green vegetables and beans and legumes.

- Further Testing Recommendations

- Repeat this test after 12 weeks.

Supplement Name	Dosage	When?*	Duration	Amount	Buy Now
Eskimo Fish Oil	3 Caps Per Day	With meal	60	3	Click Here
Brainsharp Chromium piclonate	1 cap per day	with meal	90	2	Click Here

Test Date: 21/09/2021

CBC	Optimal Range	Result	Reference Ranges		
			Low	Standard	High
HbA1c (mmol/mol)	20- 34	5.6	20	34	
Total Protein (g/L)	60- 80	81		60	80
Urea (mmol/L)	2.5- 7.8	8		2.5	7.8
Cholesterol (mmol/L)	0.1- 5	5.8		0.1	5
Triglyceride (mmol/L)	0.1- 1.7	0.9		0.1	1.7
HDL Cholesterol (mmol/L)	1.6- 5.8	1.2	1.6	5.8	
LDL Cholesterol (mmol/L)	0.5- 3	3.6		0.5	3
Chol:HDL Ratio (ratio)	0.1- 4	2		0.1	4
Non HDL Cholesterol (mmol/L)	0.1- 4	3		0.1	4

HbA1c

The Hemoglobin A1C test measures the amount of glucose that combines with hemoglobin to form glycohemoglobin during the normal lifespan of a red blood cell, which is about 120 days. The amount of glycohemoglobin formed is in direct proportion to the amount of glucose present in the blood stream during the 120-day red blood cell lifespan. In the presence of high blood glucose levels (hyperglycemia) the amount of hemoglobin that is glycosylated to form glycohemoglobin increases and the hemoglobin A1C level will be high. It is used primarily to monitor long-term blood glucose control and to help determine therapeutic options for treatment and management. Studies have shown that the closer to normal the hemoglobin A1C levels are kept, the less likely those patients are to develop the long-term complications of diabetes.

Total Protein

Total serum protein is composed of albumin and total globulin. Conditions that affect albumin and total globulin readings will impact the total protein value. A decreased total protein can be an indication of malnutrition, digestive dysfunction due to HCl need, or liver dysfunction. Malnutrition leads to a decreased total protein level in the serum primarily from lack of available essential amino acids. An increased total protein is most often due to dehydration.

Urea

Urea or Blood Urea Nitrogen (BUN) reflects the ratio between the production and clearance of urea in the body. Urea is formed almost entirely by the liver from both protein metabolism and protein digestion. The amount of urea excreted as Urea varies with the amount of dietary protein intake. Increased Urea may be due to an increased production of urea by the liver or decreased excretion by the kidney. Urea is a test used predominantly to measure kidney function, where it will be increased. An increased Urea is also associated with dehydration and hypochlorhydria.

Cholesterol

Cholesterol is a steroid found in every cell of the body and in the plasma. It is an essential component in the structure of the cell membrane where it controls membrane fluidity. It provides the structural backbone for every steroid hormone in the body, which includes adrenal and sex hormones and vitamin D. The myelin sheaths of nerve fibers are derived from cholesterol and the bile salts that emulsify fats are composed of cholesterol. Cholesterol is made in the body by the liver and other organs, and from dietary sources. The liver, the intestines, and the skin produce between 60-80% of the body's cholesterol. The remainder comes from the diet. An increased cholesterol is just one of many independent risk factors for cardiovascular disease. It is also associated with metabolic syndrome, hypothyroidism, biliary stasis, and fatty liver. Decreased cholesterol levels are a strong indicator of gallbladder dysfunction, oxidative stress, inflammatory process, low fat diets and an increased heavy metal burden.

HDL Cholesterol

HDL functions to transport cholesterol from the peripheral tissues and vessel walls to the liver for processing and metabolism into bile salts. It is known as “good cholesterol” because it is thought that this process of bringing cholesterol from the peripheral tissue to the liver is protective against atherosclerosis. Decreased HDL is considered atherogenic, increased HDL is considered protective.

LDL Cholesterol

LDL functions to transport cholesterol and other fatty acids from the liver to the peripheral tissues for uptake and metabolism by the cells. It is known as “bad cholesterol” because it is thought that this process of bringing cholesterol from the liver to the peripheral tissue increases the risk for atherosclerosis. An increased LDL cholesterol is just one of many independent risk factors for cardiovascular disease. It is also associated with metabolic syndrome, oxidative stress and fatty liver.

- Please read carefully

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