

VIBRANT AMERICA DEMO

Name: VIBRANT AMERICA DEMO
Date of Birth: 01-01-1111
Gender: Female
Age: 01
Height:
Weight:
Fasting: NOT FASTING

Telephone: 000-000-0000
Street Address:
Email:

FINAL REPORT

Accession ID: 2401266203

Provider Information

Practice Name: DEMO CLIENT, MD
Provider Name: DEMO CLIENT, MD
Phlebotomist: 0

Telephone: 000-000-0000
Address: 3521 Leonard Ct, Santa Clara, CA 95054

Report Information

Current Result Previous Result In Control Moderate Risk

Specimen Information

Sample Type	Collection Time	Received Time	Report	Final Report Date
Serum	2024-01-29 10:25 (PDT)	2024-01-30 12:12 (PDT)	Vibrant America - P2	2024-10-08 21:46 (PDT)
TES	2024-01-29 10:25 (PDT)	2024-01-30 12:12 (PDT)		
EDTA	2024-01-29 10:25 (PDT)	2024-01-30 12:12 (PDT)		
Plasma	2024-01-29 10:25 (PDT)	2024-01-30 12:12 (PDT)		

Regulatory Statement : Tests indicated with an asterisk (*) were developed, and its performance characteristics determined by Vibrant America Clinical Laboratory. It has not been cleared or approved by the US Food and Drug Administration. Tests indicated with an asterisk (†) were developed, and its performance characteristics determined by Vibrant Genomics LLC. It has not been cleared or approved by the US Food and Drug Administration.






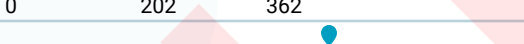


TNP Test not performed




R&L Refer to risks and limitations at the end of report

Notes Refer to Lab notes at the end of the table



Anemia

Test Name	Current	Previous	Result	Reference
Ferritin (ng/mL)	166			13.0-150.0
Iron (ug/dL)	141			37.0-145.0
UIBC (µg/dL)	124			112.0-347.0
TIBC (µg/dL)	265			149.0-492.0
Transferrin (mg/dL)	205			203.0-362.0
Transferrin Saturation (%)	53			12.0-45.0

Nutrition

Test Name	Current	Previous	Result	Reference
Folate (ng/mL)	8.4			≥4.6
Vitamin D, 25-OH* (ng/mL)	30.0			30.0-108.0
Vitamin B12 (pg/mL)	629			232.0-1245.0


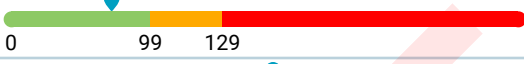
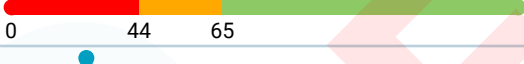
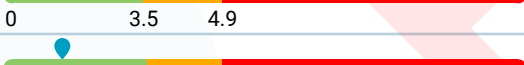
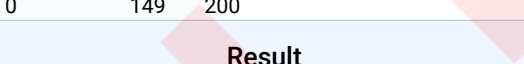
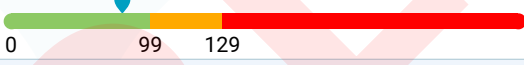
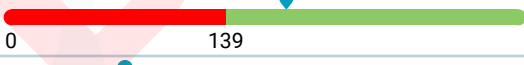

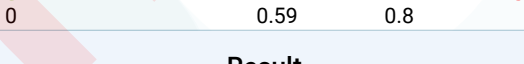




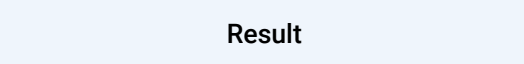


Rheumatoid Arthritis

Test Name	Current	Previous	Result	Reference
RF IgM (IU/mL)	<10			≤14.0
Anti-CCP3 IgG and IgA (U)	4			≤19.0


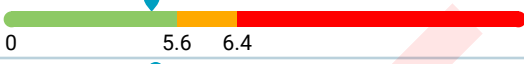

ANA IFA Panel*

Test Name	Current	Pattern	Titer	Previous	Pattern	Titer
ANA	Negative	Not Applicable	< 1:40			

Cardiac Health Panel

Lipids	Current	Previous	Result	Reference
Cholesterol, Total (mg/dL)	171			≤199.0
LDL Calculation (mg/dL)	81			≤99.0
HDL Direct (mg/dL)	80			≥66.0
Cholesterol/HDL Ratio	2.1			≤3.5
Triglyceride (mg/dL)	48			≤149.0
LDL Direct	Current	Previous	Result	Reference
LDL Direct (mg/dL)	92			≤99.0
Apolipoproteins	Current	Previous	Result	Reference
Apo A-1 (mg/dL)	171			≥140.0
Apo B (mg/dL)	79			≤89.0
Apo B: Apo A-1	0.46			≤0.59
Inflammation	Current	Previous	Result	Reference
PLAC (nmol/min/mL)	148			≤224.0
Homocysteine (μmol/L)	12			≤9.0
hs-CRP (mg/L)	0.4			≤0.9
ox-LDL* (U/L)	35.6			≤60.0
MPO* (pmol/L)	3662.0			≤599.9
LipoProtein Markers	Current	Previous	Result	Reference
sdLDL* (mg/dL)	13.9			≤50.0
Lp(a) (mg/dL)	46			≤29.0

Glycemic Control

Test Name	Current	Previous	Result	Reference
Glucose(Diabetes) (mg/dL)	88			70.0-100.0
Hemoglobin A1c (%)	5.4			≤5.6
Glycated Serum Protein (umol/L)	249			≤285.0


Insulin Resistance

Test Name	Current	Previous	Result	Reference
Adiponectin* (ug/mL)	12.7			









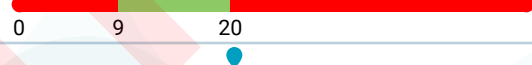

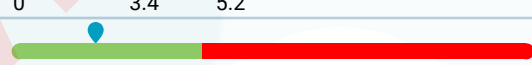


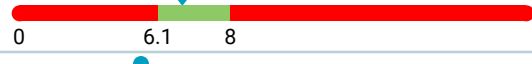
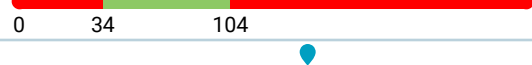
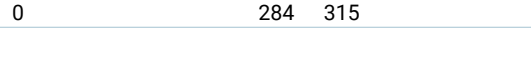


Adiponectin:

Body Mass Index (BMI)	Male	Female
kg/meters-squared	ug/mL	ug/mL
<25	4.7 - 49.2	8.5 - 56.2
25-30	3.8 - 35.0	6.1 -47.2
>30	2.2 - 32.6	4.9 - 42.1
Body Mass Index (BMI) = (weight in Kg) / (height in metres) ²		

Beta Cell Function

Test Name	Current	Previous	Result	Reference
Insulin (µU/mL)	4.2			2.6-24.9

Comprehensive Metabolic & Renal Panel

Test Name	Current	Previous	Result	Reference
Sodium (mmol/L)	139			136.0-145.0
Potassium (mmol/L)	4.4			3.5-5.1
Chloride (mmol/L)	103			98.0-107.0
Carbon Dioxide (mmol/L)	24			18.0-29.0
Glucose(Renal) (mg/dL)	88			70.0-100.0
BUN (mg/dL)	14			6.0-20.0
Creatinine (mg/dL)	0.96			0.5-0.9
eGFR (mL/min/1.73m2)	72			≥60.0
eGFR(African-American) (mL/min/1.73m2)	83			≥60.0
BUN/Creatinine Ratio	15			10.0-20.0
Calcium (mg/dL)	9.3			8.9-10.6
Albumin (g/dL)	4.6			3.5-5.2
ALT (U/L)	13			≤33.0
AST (U/L)	20			≤32.0
Bili, Total (mg/dL)	0.6			≤1.2
Protein, Total (g/dL)	6.3			6.2-8.0
Alkaline Phosphatase (U/L)	48			35.0-104.0
Serum osmolality, calculated (mOsm/kg)	296.7			285.0-315.0


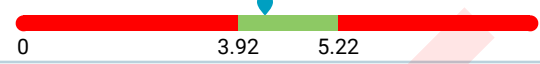




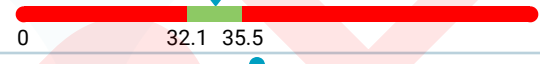
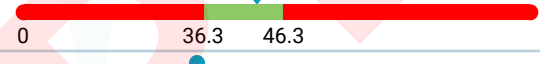
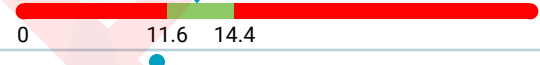
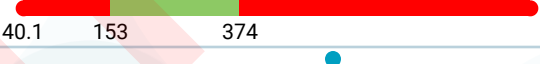

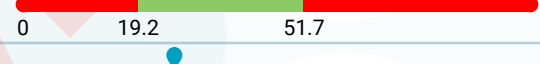

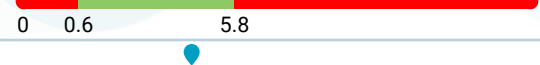
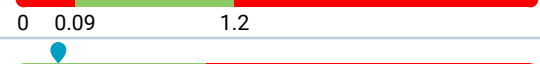

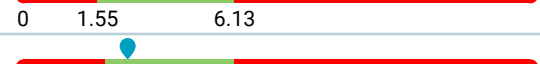
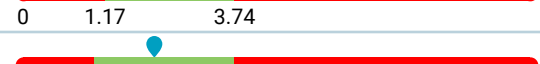
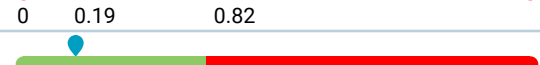



Thyroid

Test Name	Current	Previous	Result	Reference
T3 - Triiodothyronine (ng/mL)	0.9			0.8-2.0
T4 - Thyroxine (µg/dL)	6.3			4.5-9.8
Free T3 (pg/mL)	2.5			2.0-4.4
Free T4 (ng/dL)	1.3			0.9-1.7
TSH (µIU/mL)	1.660			0.111-4.91
Anti-TPO (IU/mL)	<12			≤34.0
Reverse T3* (ng/dL)	19			7.0-23.0
Anti-TG (IU/mL)	15.6			≤115.0

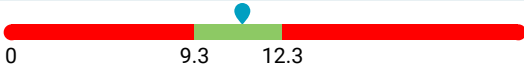


Hormones (all)

Test Name	Current	Previous	Result	Reference
Estradiol (pg/mL)	314.0			
FSH (mIU/mL)	3.6			
DHEA-S (µg/dL)	500.0			60.9-337.0
LH (mIU/mL)	2.7			
SHBG (nmol/L)	62.6			24.6-122.0
Cortisol (µg/dL)	9.7			6.2-19.4
Testosterone, Total (ng/dL)	45.8			4.5-269.2
Free Testosterone (ng/dL)	0.53			0.03-2.56
Progesterone (ng/mL)	0.285			
Parathyroid Hormone (pg/mL)	49			15.0-65.0
Prolactin (ng/mL)	15.30			4.79-23.3
Dihydrotestosterone* (ng/dl)	20.7			6.5-50.1
Pregnenolone* (ng/mL)	3.69			0.31-3.8





CBC w/ differential and Platelets

Test Name	Current	Previous	Result	Reference
WBC (x 10 ³ /μL)	5.12			3.98-10.04
RBC (x 10 ⁶ /μL)	4.04			3.93-5.22
Hemoglobin (g/dL)	13.2			11.2-15.7
Hematocrit (%)	39.1			34.1-44.9
MCV (x 10 ³ /μL)	96.8			79.4-94.8
MCH (pg)	32.7			25.6-32.2
MCHC (g/dL)	33.8			32.2-35.5
RDW - SD (fL)	45.0			36.4-46.3
RDW - CV (%)	12.5			11.7-14.4
Platelet Count (x 10 ³ /μL)	219.0			154.0-374.0
Neutrophil (%)	64.8			34.0-71.1
Lymphocytes (%)	23.8			19.3-51.7
Monocytes (%)	8.6			4.7-12.5
Eosinophils (%)	1.6			0.7-5.8
Basophils (%)	1.00			0.1-1.2
Immature Granulocyte (%)	0.2			≤2.1
Neutrophil Count (x 10 ³ /μL)	3.32			1.56-6.13
Lymphocyte Count (x 10 ³ /μL)	1.22			1.18-3.74
Monocytes Count (x 10 ³ /μL)	0.44			0.2-0.82
Eosinophil Count (x 10 ³ /μL)	0.08			≤0.36
Basophil Count (x 10 ³ /μL)	0.05			≤0.08
Immature Granulocyte Count (x 10 ³ /μL)	<0.03			≤0.1

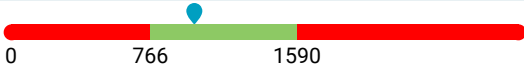


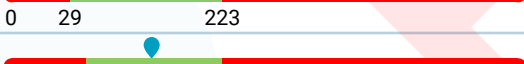




CBC w/ differential and Platelets

Test Name	Current	Previous	Result	Reference
MPV (Mean Platelet Volume) (fL)	11.0			9.4-12.3
Nucleated RBC count (x 10 ³ /μL)	<0.01			≤0.012
Nucleated RBC % (/100WBC)	0.0			≤0.2

Reticulocytes

Test Name	Current	Previous	Result	Reference
Reticulocyte count (x 10 ⁶ /μL)	0.0816			0.0444-0.1451
Reticulocyte (%)	2.0			≤3.0
IRF (Immature Reticulocyte Fraction) (%)	8.5			3.0-15.9
Retic-Hemoglobin (pg)	36.8			28.2-35.7

Other Markers

Test Name	Current	Previous	Result	Reference
Total IgG (mg/dL)	940			767.0-1590.0
Total IgM (mg/dL)	146			45.0-281.0
Uric Acid (mg/dL)	4.2			2.4-5.7
Total CK (U/L)	129			30.0-223.0
Human IGF-I (ng/mL)	134			58.0-219.0
Cystatin C (mg/L)	0.80			0.61-0.95
GGT (U/L)	13			≤40.0
LDH (U/L)	132			135.0-214.0
Leptin (ng/mL)	7.3			

Leptin:

Age (Years)	Body Mass Index (BMI) (kg/meters-squared)	Male (ng/mL)	Female (ng/mL)
5-9	All Ranges	1.1-16.8	1.1-16.8
10-13	All Ranges	1.4-16.5	1.4-16.5
14-17	All Ranges	1.1-24.9	1.1-24.9
>17	18-25	1.1-13.4	4.7-23.7
>17	25-30	1.8-19.9	8.0-38.9

Body Mass Index (BMI) = (weight in Kg) / (height in metres)²

Risk and Limitations

All our test panels should not replace professional medical advice, assistance, diagnosis, or treatment. It is essential to consult with your healthcare provider, who will evaluate your results in conjunction with your medical history, signs and symptoms, medications, and other test results. Test results should be considered as one component of a healthcare provider's comprehensive clinical assessment.

Food Allergy Panel reports the presence of IgE(s) antibodies, but the result by itself cannot confirm the diagnosis of an allergy. It's important to follow up with your healthcare provider. They will review your results along with your medical history, signs and symptoms, medications, and any other test results. Only a healthcare provider can diagnose an allergy and prescribe medication, if needed.

Vibrant America has effective procedures to protect against technical, operational problems and other potential factors ; however, such issues may still occur. As with all medical laboratory testing, there is a small chance that the laboratory could report incorrect results. Vibrant may re-test a sample to obtain these results, but even upon re-testing, the results may not be obtained. Individuals may wish to pursue further testing to verify any results.

Vibrant America does not claim that its tests are intended for therapeutic purposes or extend beyond the scope of Manufacturers claims of FDA-cleared or approved tests. The reports and information provided by Vibrant America are not intended as medical advice and should not be used as a substitute for professional medical consultation. Please consult your healthcare practitioner for questions regarding test results or before beginning any course of medication, supplementation, or dietary changes.

For more details, <https://www.vibrant-wellness.com/TermsOfUse>.

If you have questions about Risk and Limitation or accuracy or quality of your test results, please contact us at support@vibrant-america.com

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