

Patient: **SAMPLE
PATIENT**

DOB:

Sex:

MRN:

Results Overview

Normal	Borderline	High Need	Supplementation for High Need
<i>Antioxidants</i>			
Vitamin A / Carotenoids			
Vitamin C			
Vitamin E / Tocopherols			
<i>B-Vitamins</i>			
	Thiamin - B1		
	Riboflavin - B2		
Niacin - B3			
	Pyridoxine - B6		
	Folic Acid - B9		
	Cobalamin - B12		
<i>Minerals</i>			
Magnesium			
Manganese			
	Molybdenum		
	Zinc		

SUGGESTED SUPPLEMENT SCHEDULE

Supplements	Daily Recommended Intake (DRI)	Patient's Daily Recommendations	Provider Daily Recommendations
Antioxidants			
Vitamin A / Carotenoids	2,333 IU	3,000 IU	
Vitamin C	75 mg	250 mg	
Vitamin E / Tocopherols	22 IU	100 IU	
B-Vitamins			
Thiamin - B1	1.1 mg	25 mg	
Riboflavin - B2	1.1 mg	25 mg	
Niacin - B3	14 mg	20 mg	
Pyridoxine - B6	1.5 mg	25 mg	
Folic Acid - B9	400 mcg	800 mcg	
Cobalamin - B12	2.4 mcg	500 mcg	
Minerals			
Magnesium	320 mg	400 mg	
Manganese	1.8 mg	3.0 mg	
Molybdenum	45 mcg	150 mcg	
Zinc	8 mg	20 mg	
Digestive Support			
Pancreatic Enzymes		0 IU	
Amino Acid	mg/day	Amino Acid	mg/day
Arginine	0	Methionine	0
Asparagine	0	Phenylalanine	0
Cysteine	0	Serine	0
Glutamine	0	Taurine	0
Glycine	0	Threonine	0
Histidine	0	Tryptophan	0
Isoleucine	0	Tyrosine	0
Leucine	0	Valine	0
Lysine	0		

Recommendations for age and gender-specific supplementation are set by comparing levels of nutrient functional need to optimal levels as described in the peer-reviewed literature. They are provided as guidance for short-term support of nutritional deficiencies only.

The Suggested Supplemental Schedule is provided at the request of the ordering practitioner. Any application of it as a therapeutic intervention is to be determined by the ordering practitioner.

Key

Normal

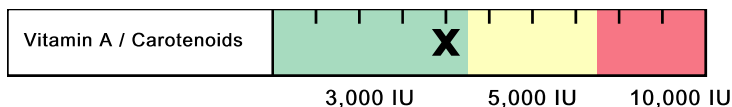
Borderline

High Need

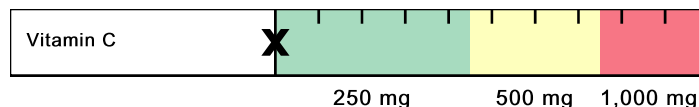
Amino Acids FMV Interpretation At-A-Glance

Nutritional Needs

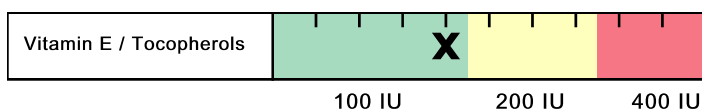
Antioxidants



- ▶ Beta-carotene & other carotenoids are converted to vitamin A (retinol), involved in vision, antioxidant & immune function, gene expression & cell growth.
- ▶ Vitamin A deficiency may occur with chronic alcoholism, zinc deficiency, hypothyroidism, or oral contraceptives containing estrogen & progestin.
- ▶ Deficiency may result in night blindness, impaired immunity, healing & tissue regeneration, increased risk of infection, leukoplakia or keratosis.
- ▶ Food sources include cod liver oil, fortified cereals & milk, eggs, sweet potato, pumpkin, carrot, cantaloupe, mango, spinach, broccoli, kale & butternut squash.



- ▶ Vitamin C is an antioxidant (also used in the regeneration of other antioxidants). It is involved in cholesterol metabolism, the production & function of WBCs and antibodies, and the synthesis of collagen, norepinephrine and carnitine.
- ▶ Deficiency may occur with oral contraceptives, aspirin, diuretics or NSAIDs.
- ▶ Deficiency can result in scurvy, swollen gingiva, periodontal destruction, loose teeth, sore mouth, soft tissue ulcerations, or increased risk of infection.
- ▶ Food sources include oranges, grapefruit, strawberries, tomato, sweet red pepper, broccoli and potato.



- ▶ Alpha-tocopherol (body's main form of vitamin E) functions as an antioxidant, regulates cell signaling, influences immune function and inhibits coagulation.
- ▶ Deficiency may occur with malabsorption, cholestyramine, colestipol, isoniazid, orlistat, olestra and certain anti-convulsants (e.g., phenobarbital, phenytoin).
- ▶ Deficiency may result in peripheral neuropathy, ataxia, muscle weakness, retinopathy, and increased risk of CVD, prostate cancer and cataracts.
- ▶ Food sources include oils (olive, soy, corn, canola, safflower, sunflower), eggs, nuts, seeds, spinach, carrots, avocado, dark leafy greens and wheat germ.

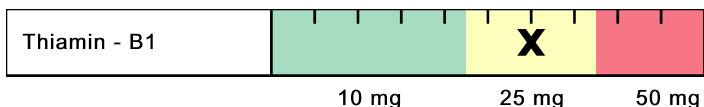
Key

- ▶ Function
- ▶ Causes of Deficiency
- ▶ Complications of Deficiency
- ▶ Food Sources

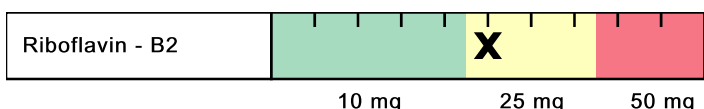
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Nutritional Needs

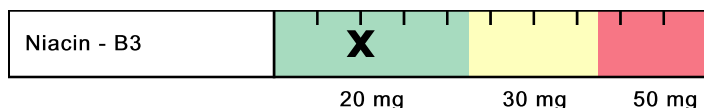
B-Vitamins



- ▶ B1 is a required cofactor for enzymes involved in energy production from food, and for the synthesis of ATP, GTP, DNA, RNA and NADPH.
- ▶ Low B1 can result from chronic alcoholism, diuretics, digoxin, oral contraceptives and HRT, or large amounts of tea & coffee (contain anti-B1 factors).
- ▶ B1 deficiency may lead to dry beriberi (e.g., neuropathy, muscle weakness), wet beriberi (e.g., cardiac problems, edema), encephalopathy or dementia.
- ▶ Food sources include lentils, whole grains, wheat germ, Brazil nuts, peas, organ meats, brewer's yeast, blackstrap molasses, spinach, milk & eggs.



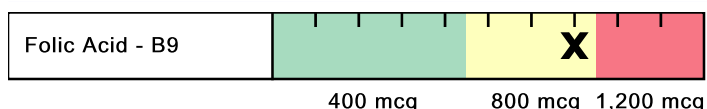
- ▶ B2 is a key component of enzymes involved in antioxidant function, energy production, detoxification, methionine metabolism and vitamin activation.
- ▶ Low B2 may result from chronic alcoholism, some anti-psychotic medications, oral contraceptives, tricyclic antidepressants, quinacrine or adriamycin.
- ▶ B2 deficiency may result in oxidative stress, mitochondrial dysfunction, low uric acid, low B3 or B6, high homocysteine, anemia or oral & throat inflammation.
- ▶ Food sources include milk, cheese, eggs, whole grains, beef, chicken, wheat germ, fish, broccoli, asparagus, spinach, mushrooms and almonds.



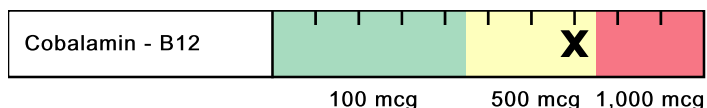
- ▶ B3 is used to form NAD and NADP, involved in energy production from food, fatty acid & cholesterol synthesis, cell signaling, DNA repair & cell differentiation.
- ▶ Low B3 may result from deficiencies of tryptophan (B3 precursor), B6, B2 or Fe (cofactors in B3 production), or from long-term isoniazid or oral contraceptive use.
- ▶ B3 deficiency may result in pellagra (dermatitis, diarrhea, dementia), neurologic symptoms (e.g., depression, memory loss), bright red tongue or fatigue.
- ▶ Food sources include poultry, beef, organ meats, fish, whole grains, peanuts, seeds, lentils, brewer's yeast and lima beans.



- ▶ B6 (as P5P) is a cofactor for enzymes involved in glycogenolysis & gluconeogenesis, and synthesis of neurotransmitters, heme, B3, RBCs and nucleic acids.
- ▶ Low B6 may result from chronic alcoholism, long-term diuretics, estrogens (oral contraceptives and HRT), anti-TB meds, penicillamine, L-DOPA or digoxin.
- ▶ B6 deficiency may result in neurologic symptoms (e.g., irritability, depression, seizures), oral inflammation, impaired immunity or increased homocysteine.
- ▶ Food sources include poultry, beef, beef liver, fish, whole grains, wheat germ, soybean, lentils, nuts & seeds, potato, spinach and carrots.



- ▶ Folic acid plays a key role in coenzymes involved in DNA and SAMe synthesis, methylation, nucleic acids & amino acid metabolism and RBC production.
- ▶ Low folate may result from alcoholism, high-dose NSAIDs, diabetic meds, H2 blockers, some diuretics and anti-convulsants, SSRIs, methotrexate, trimethoprim, pyrimethamine, triamterene, sulfasalazine or cholestyramine.
- ▶ Folate deficiency can result in anemia, fatigue, low methionine, increased homocysteine, impaired immunity, heart disease, birth defects and CA risk.
- ▶ Food sources include fortified grains, green vegetables, beans & legumes.



- ▶ B12 plays important roles in energy production from fats & proteins, methylation, synthesis of hemoglobin & RBCs, and maintenance of nerve cells, DNA & RNA.
- ▶ Low B12 may result from alcoholism, malabsorption, hypochlorhydria (e.g., from atrophic gastritis, H. pylori infection, pernicious anemia, H2 blockers, PPIs), vegan diets, diabetic meds, cholestyramine, chloramphenicol, neomycin or colchicine.
- ▶ B12 deficiency can lead to anemia, fatigue, neurologic symptoms (e.g., paresthesias, memory loss, depression, dementia), methylation defects or chromosome breaks.
- ▶ Food sources include shellfish, red meat poultry, fish, eggs, milk and cheese.

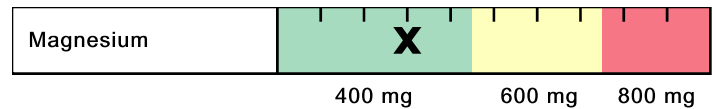
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Nutritional Needs

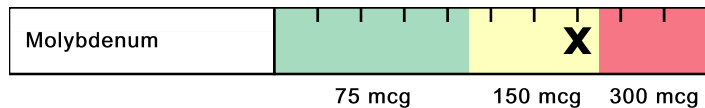
Minerals



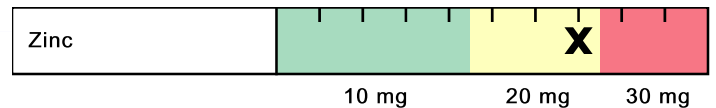
- ▶ Manganese plays an important role in antioxidant function, gluconeogenesis, the urea cycle, cartilage & bone formation, energy production and digestion.
- ▶ Impaired absorption of Mn may occur with excess intake of Fe, Ca, Cu, folic acid, or phosphorous compounds, or use of long-term TPN, Mg-containing antacids or laxatives.
- ▶ Deficiency may result in impaired bone/connective tissue growth, glucose & lipid dysregulation, infertility, oxidative stress, inflammation or hyperammonemia.
- ▶ Food sources include whole grains, legumes, dried fruits, nuts, dark green leafy vegetables, liver, kidney and tea.



- ▶ Magnesium is involved in >300 metabolic reactions. Key areas include energy production, bone & ATP formation, muscle & nerve conduction and cell signaling.
- ▶ Deficiency may occur with malabsorption, alcoholism, hyperparathyroidism, renal disorders (wasting), diabetes, diuretics, digoxin or high doses of zinc.
- ▶ Low Mg may result in muscle weakness/spasm, constipation, depression, hypertension, arrhythmias, hypocalcemia, hypokalemia or personality changes.
- ▶ Food sources include dark leafy greens, oatmeal, buckwheat, unpolished grains, chocolate, milk, nuts & seeds, lima beans and molasses.

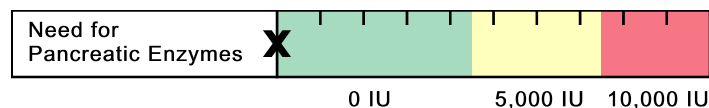


- ▶ Molybdenum is a cofactor for enzymes that convert sulfites to sulfate, and nucleotides to uric acid, and that help metabolize aldehydes & other toxins.
- ▶ Low Mo levels may result from long-term TPN that does not include Mo.
- ▶ Mo deficiency may result in increased sulfite, decreased plasma uric acid (and antioxidant function), deficient sulfate, impaired sulfation (detoxification), neurologic disorders or brain damage (if severe deficiency).
- ▶ Food sources include buckwheat, beans, grains, nuts, beans, lentils, meats and vegetables (although Mo content of plants depends on soil content).



- ▶ Zinc plays a vital role in immunity, protein metabolism, heme synthesis, growth & development, reproduction, digestion and antioxidant function.
- ▶ Low levels may occur with malabsorption, alcoholism, chronic diarrhea, diabetes, excess Cu or Fe, diuretics, ACE inhibitors, H2 blockers or digoxin.
- ▶ Deficiency can result in hair loss and skin rashes, also impairments in growth & healing, immunity, sexual function, taste & smell and digestion.
- ▶ Food sources include oysters, organ meats, soybean, wheat germ, seeds, nuts, red meat, chicken, herring, milk, yeast, leafy and root vegetables.

Digestive Support



- ▶ Pancreatic enzymes are secreted by the exocrine glands of the pancreas and include protease/peptidase, lipase and amylase.
- ▶ Pancreatic exocrine insufficiency may be primary or secondary in nature. Any indication of insufficiency warrants further evaluation for underlying cause (i.e., celiac disease, small intestine villous atrophy, small bowel bacterial overgrowth).
- ▶ A high functional need for digestive enzymes suggests that there is an impairment related to digestive capacity.
- ▶ Determining the strength of the pancreatic enzyme support depends on the degree of functional impairment. Supplement potency is based on the lipase units present in both prescriptive and non-prescriptive agents.

Patient:

ID:

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Amino Acids (Urine FMV)

All biomarkers reported in micromol/g creatinine unless otherwise noted.

Nutritionally Essential Amino Acids

Amino Acid	Reference Range
Arginine	31 3-43
Histidine	531 124-894
Isoleucine	59 3-28
Leucine	89 4-46
Lysine	63 11-175
Methionine	148 2-18
Phenylalanine	85 8-71
Taurine	3,744 21-424
Threonine	204 17-135
Tryptophan	125 5-53
Valine	73 7-49

Nonessential Protein Amino Acids

Amino Acid	Reference Range
Alanine	318 63-356
Asparagine	99 25-166
Aspartic Acid	70 <= 14
Cysteine (FMV urine)	156 8-74
Cystine (FMV Urine)	31 10-104
γ-Aminobutyric Acid	13 <= 5
Glutamic Acid	42 4-27
Glutamine	807 110-632
Proline	11 1-13
Tyrosine	96 11-135

Creatinine Concentration

	Reference Range
Creatinine ♦	5.6 3.1-19.5 mmol/L

Amino Acid reference ranges are age specific.

The performance characteristics of all assays have been verified by Genova Diagnostics, Inc. Unless otherwise noted with ♦, the assays have not been cleared by the U.S. Food and Drug Administration.

Methodology: LC/MS/MS, Enzymatic and Alkaline Picrate

Intermediary Metabolites

B Vitamin Markers	Reference Range
α-Aminoadipic Acid	92 2-47
α-Amino-N-butyric Acid	30 2-25
β-Aminoisobutyric Acid	103 11-160
Cystathionine	6 2-68
3-Methylhistidine	232 44-281

Urea Cycle Markers

Citrulline	35.0 0.6-3.9
Ornithine	12 2-21
Urea ♦	681 168-465 mmol/g creatinine

Glycine/Serine Metabolites

Glycine	1,142 95-683
Serine	671 40-163
Ethanolamine	688 50-235
Phosphoethanolamine	124 1-13
Phosphoserine	113 3-13
Sarcosine	71.0 <= 1.1

Dietary Peptide Related Markers

	Reference Range
Anserine (dipeptide)	3.0 0.4-105.1
Carnosine (dipeptide)	111 1-28
1-Methylhistidine	171 38-988
β-Alanine	13 <= 22