RANDOX HEALTH

YOUR RESULTS


RANDOX
HEALTH

PID	XXXX
Name	Example Report
DOB	dd-Mmm-yyyy
Date	dd-Mmm-yyyy
Programme	Everyman

Personal Health Plan

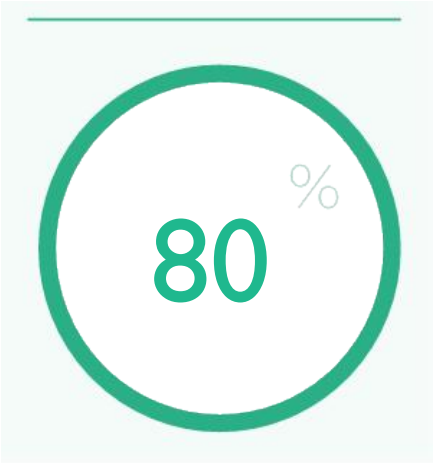
Your Personal Health Plan is outlined below to guide you through your results, review, requirements and recommendations.

Randox Health Scientists report upon your complete set of results and the information provided in your Physical Medical Lifestyle Questionnaire(PMLQ). Your personalised findings, recommendations and action plans are generated for you to follow and improve your results throughout the year.

If we can be of any further assistance, please contact your Personal Coordinator.

Health Status

Track and improve your Health Status each time you visit Randox Health.



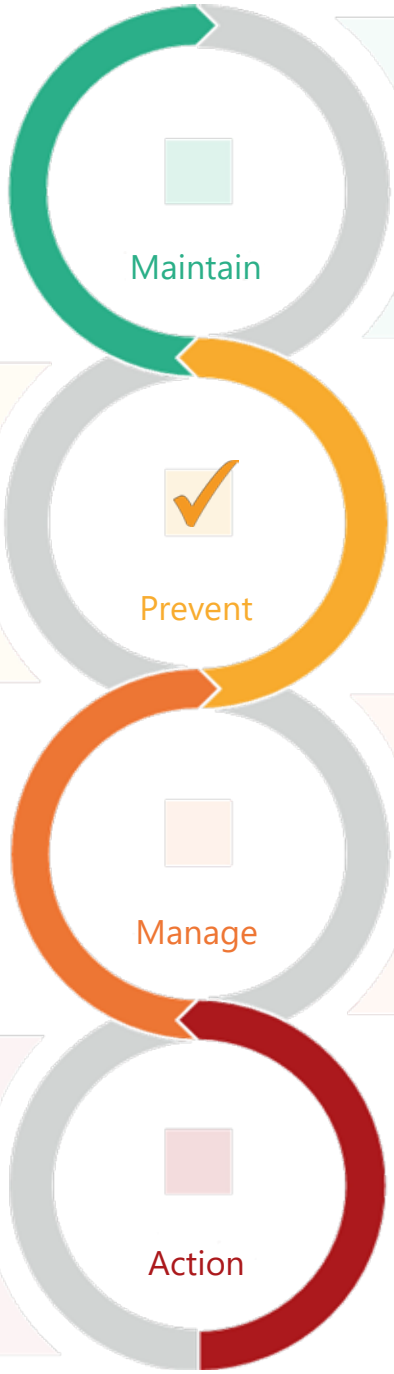
Green - In Range

Amber - In Between

Red - Out of Range

Health Performance

Your Randox Health Performance has been assigned within one of these four categories, Maintain, Prevent, Manage & Action



Your Randox Health results are excellent and require little intervention but should be tracked regularly to keep this standard

Your Randox Health results are good, although there are minor abnormalities that should benefit from lifestyle modification, supplements, personal attention and tracking.

Your Randox Health results highlight specific health issues that require necessary management and monitoring

Your Randox Health results highlight numerous or significant abnormalities that require medical intervention and/or further investigation

Exercise Guide

Weight loss and maintenance is unlikely to be achieved through diet alone. Therefore, we advise that you incorporate physical activity into your daily routine to aim for a healthier lifestyle.

Exercise

There are many health benefits associated with physical activity including weight maintenance, ability to concentrate and perform everyday tasks, reducing risk of coronary heart disease, stroke and type 2 diabetes, improving mood and self-esteem and reducing symptoms of depression and anxiety.

Adults should aim to be active every day. Current guidelines recommend 150 minutes of moderate intensity physical activity per week, in bouts of 10 minutes or more. This can be achieved by exercising for 30 minutes, 5 days a week, through activities such as brisk walking, cycling, running or swimming. Alternatively, carrying out 75 minutes of a vigorous intensity activity, (e.g. football, rugby, skipping) throughout the week will provide similar benefits.

Strength exercises (at least 8-10 different exercises / 8-12 repetitions of each exercise) are also recommended at least twice a week to work the major muscle groups. This involves using your body weight or working against a resistance, e.g. exercising with weights.

Everyday activities can contribute to your weekly activity levels, for example taking the stairs, parking further from the door, cutting the grass, etc. It is recommended that each person should take at least 10,000 steps per day in order to be `active.' However, this should be built up gradually, by working out your average weekly steps and setting a target each week. You can use a pedometer to record the amount of steps you take.

Nutrition Guide

Following your results from your Preventive Health Programme, please find enclosed your personalised nutrition guide to help you make adjustments to your diet and lifestyle.

Choosing a Healthy, Balanced Diet

Current guidelines recommend a daily calorie intake of 2,500kcal for males and 2,000kcal for females (from all food and drinks). To start, we suggest you opt for a healthy, balanced diet by following the `Eatwell Guide'. This includes the five main food groups in the correct proportions:

1. Fruit and vegetables should make up just over a third of your overall diet. You should aim for at least 5 portions of a variety of fruit and vegetables each day. A portion is 80g or any of the following: 1 apple, 1 banana, 3 heaped tablespoons of vegetables, a dessert bowl of salad, 30g of dried fruit or a 150ml glass of fruit juice or smoothie. Fresh, frozen, dried and canned all count towards your total 5-a-day.

2. Potatoes, bread, rice and other starchy carbohydrates (e.g. wholegrain cereal, oats) should make up just over a third of your overall diet. You should opt for higher fibre, wholegrain versions of these foods, where possible.

3. Dairy and alternatives (i.e. soya) e.g. milk, cheese, yogurts. Some of these should be included in your diet each day. Try to choose lower fat, lower sugar options.

4. Beans, pulses, fish, eggs, meat and other proteins, including at least 2 portions (a portion is approximately 140g) of fish (1 oily) per week and reduce your intake of red and processed meat (e.g. sausages, bacon, cured meats and reformed meat products.

5. Oil and spreads, e.g. olive oil, butter, margarine. Try to limit the amount used and choose unsaturated varieties (e.g. vegetable oil, rapeseed oil and olive oil).

Reduce the frequency and portions of chocolate, crisps, cakes, buns etc. that you consume. Aim to drink 6-8 glasses of fluids each day. Good sources of fluids include plain drinking water, tea or coffee (be aware of the amount of caffeine you are consuming) and fruit juices. Try to limit the amount of fizzy drinks in your diet, as they contain large amounts of sugar. In addition, excessive alcohol consumption can cause dehydration.

**These guidelines do not apply to infants under the age of 2 years, or to anyone with special dietary requirements / medical needs, who should seek advice from a dietitian.*

Cholesterol

There are two main types of cholesterol within our diet – LDL ('bad') and HDL ('good'). One of the main causes of raised cholesterol in the UK is a diet rich in saturated fat (LDL cholesterol), found primarily in full fat dairy foods, meat and meat products, biscuits, cakes and savoury snacks. UK guidelines recommend that the average man should consume no more than 30g of saturated fat per day and the average woman should consume no more than 20g of saturated fat per day. To help reduce total and LDL cholesterol levels, it is recommended that you should replace foods high in saturated fat with foods high in unsaturated fat. HDL ('good') cholesterol is found in unsaturated fat and is important to help remove LDL ('bad') cholesterol from the arteries. Examples of foods containing unsaturated fat include; oily fish (e.g. mackerel and salmon), nuts and seeds (e.g. almonds, sunflower seeds), avocados, vegetable oils and spreads (e.g. rapeseed or vegetable oil). Oats, oat bran, linseeds (e.g. flaxseeds), barley, fruit, vegetables and vegetable proteins (e.g. nuts, beans, and pulses) contain soluble fibre, which helps to soak up cholesterol. Try to include these foods regularly within your diet.

Omega 3

Omega 3 is a family of fats that are useful for regulating 'bad cholesterol' and maintaining healthy joints, as well as having anti-inflammatory properties. Good sources of Omega 3 include oily fish, such as mackerel, salmon, sardines and fresh tuna. It is recommended that you should eat two portions of fish per week; however, in the UK there is no specific recommendation for how much Omega 3 we should consume. If you do not eat fish, other dietary sources of Omega 3 include nuts and seeds (e.g. walnuts and pumpkin seeds), vegetable oils (e.g. rapeseed and linseed oils), soya and soya products (e.g. beans, milk and tofu) and green leafy vegetables.

Iron

Iron is an essential mineral required for healthy growth and development, as well as the formation of haemoglobin in red blood cells. Haemoglobin is a protein responsible for the transport of oxygen from the lungs to vital organs and muscles. Dietary iron is found in two basic forms – haem iron (animal sources) and non-haem iron (plant and iron-fortified food sources). A regular supply of iron from our diet is required, as it is not easily absorbed.

High Iron

Too much iron in your body can lead to liver and heart damage. To lower your iron levels, avoid foods that contain high amounts of iron, especially sources of haem iron. Iron-rich foods include meat, fish, eggs, fortified breakfast cereals, bread, vegetables (dark green), tofu, pulses, beans and nuts. If you do consume small amounts of these foods, include dairy foods (i.e. milk, yogurt and cheese), which can decrease iron absorption. You should also avoid taking iron or vitamin C (helps to absorb iron) containing supplements.

PID	XXXX
Forename	Example
Surname	Report
Fasted For	13 hours and 42 minutes
DOB	dd-Mmm-yyyy

CONTENTS

Your Results of Interest

The results presented in this section are a summary of all the tests that are either positive or fall outside the reference ranges. What does this mean? A reference range is a term used to determine if your results are within what is considered to be the 'normal' range of the population.If your results are outside the range for a test, it does not automatically mean the result is abnormal. Depending on each person's individual medical history, current medications and ongoing conditions or diseases, the results must be interpreted in this context to fully understand what these results mean to you. Therefore, in this section those results that are either positive or fall outside the reference range are highlighted so that they can be reviewed by a GP / Consultant to understand the relevance to your health. These results will also appear again throughout the report alongside the other results for that profile.

Personal Health Measurements

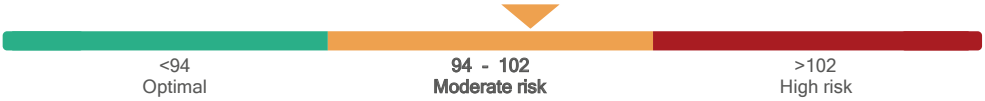
Body Mass Index (BMI)

Body Mass Index (BMI) calculated from an individual's weight and height, is an indicator of body fat and can identify weight problems, in terms of whether an individual is underweight, overweight or obese. Such weight problems are risk factors for conditions such as heart disease, high blood pressure, metabolic syndrome, diabetes, cancer and respiratory problems.

28.3 kg/m²

Waist Circumference

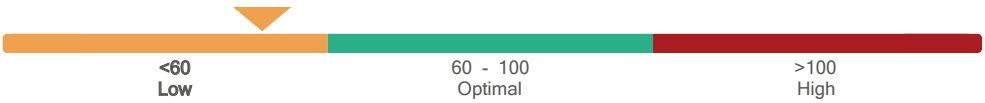
Waist Circumference relates closely to body mass index (BMI) and is part of the waist to hip ratio measurement. Waist circumference is a measure of central or abdominal fat and provides additional information on disease risk and other long-term health problems. Increased weight around the abdomen can increase the risk of developing conditions such as type 2 diabetes, metabolic syndrome, coronary heart disease and high blood pressure.



99 cm

Pulse

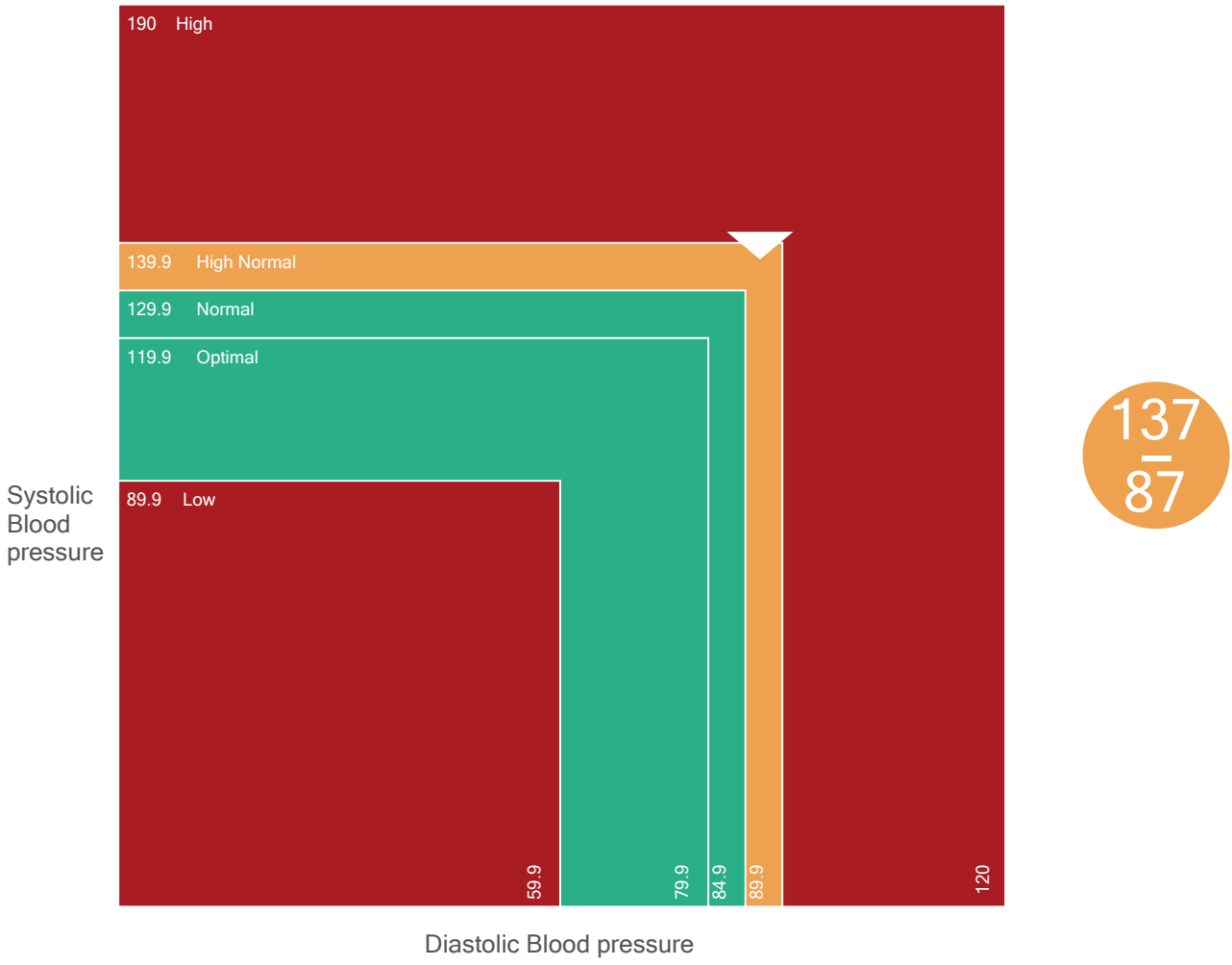
Pulse is a measurement of the heart rate, or the number of times the heart beats per minute. Increased pulse can be associated with anxiety, intense exercise, pregnancy or an abnormal heart rhythm due to an underlying cardiac condition. Trained athletes or individuals who are physically fit can have low pulse rates. However, a low pulse rate can also be associated with an underlying cardiac condition or certain prescribed medications.



58 BPM

Blood Pressure

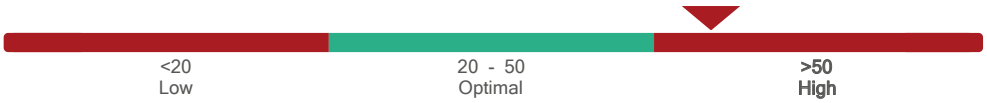
Blood Pressure is a measurement of the force applied to the walls of the arteries as the heart pumps blood through the body. Systolic blood pressure refers to the pressure of blood as your heart contracts. Diastolic blood pressure refers to the pressure of blood as your heart rests between beats. High blood pressure is a significant risk factor for the development of heart disease, stroke, kidney disease and metabolic syndrome. Dehydration, bleeding, inflammation, infection, heart disease, pregnancy and various medications can cause low blood pressure. Physically fit individuals may have low blood pressure and in some individuals, blood pressure is naturally low.



Iron Status

Transferrin Saturation

Transferrin Saturation represents the percentage of transferrin saturated with iron and is determined by dividing the iron level by the total iron binding capacity (TIBC). Calculation of transferrin saturation is helpful in determining the cause of abnormal iron and TIBC levels. A decrease in transferrin saturation can be associated with iron-deficiency anaemia and chronic illnesses. An increase in transferrin saturation can be associated with disorders of excessive iron storage (e.g. haemochromatosis), increased iron intake or other types of anaemia, such as haemolytic anaemia (anaemia caused by premature destruction of red blood cells) and megaloblastic anaemia (anaemia due to vitamin B12 or folic acid deficiency).



56.4 %

Heart Health

Total Cholesterol

Total Cholesterol refers to the measurement of all cholesterol circulating in the blood. Cholesterol is essential for various body functions such as the formation of bile acids, which facilitate digestion and absorption of nutrients, and production of hormones, which are vital for normal growth and development. Elevated total cholesterol levels are associated with increased risk of cardiovascular disease and stroke, as accumulation of cholesterol and fat can narrow blood vessels and impair blood flow. Low total cholesterol levels are associated with decreased risk of cardiovascular disease; however, low total cholesterol may also be associated with other problems, such as malnutrition, malabsorption disorders (conditions that affect the ability of the intestine to absorb nutrients) and liver disease.

5.94 mmol/l

LDL Cholesterol

LDL Cholesterol describes cholesterol that is bound to low-density lipoprotein (LDL). Lipoproteins are responsible for transporting cholesterol in the blood. LDL cholesterol deposits excess cholesterol in the walls of blood vessels, which can narrow blood vessels or lead to blockage of blood flow to organs such as the heart and brain (a process known as atherosclerosis). Increased LDL cholesterol levels are associated with increased risk of atherosclerosis, cardiovascular disease, stroke and liver disease.

4.40 mmol/l

HDL Cholesterol

HDL Cholesterol describes cholesterol that is bound to high-density lipoprotein (HDL). Lipoproteins are responsible for transporting cholesterol in the blood. HDL cholesterol is 'protective' as it removes cholesterol from the peripheral tissues and transports it back to the liver for removal from the body. A low HDL cholesterol level is undesirable and is associated with increased risk of atherosclerosis (accumulation of cholesterol and fatty material within blood vessel walls) and cardiovascular disease. Obesity, metabolic syndrome (a set of risk factors for diabetes and cardiovascular disease occurring simultaneously), uncontrolled diabetes, smoking, malnutrition and lack of exercise are associated with low HDL cholesterol levels.

1.29 mmol/l

Apolipoprotein CII

Apolipoprotein CII is a protein found in various lipoprotein and large fat particles. Apolipoprotein CII (apo CII) is responsible for activation of lipoprotein lipase, an enzyme that is crucial for processing of fat from digested food. Low apo CII levels are associated with apolipoprotein CII deficiency, a rare inherited condition in which fat particles accumulate in the blood. However, too much apo CII, which inhibits lipoprotein lipase activity, also contributes to fat accumulation. Elevated apo CII levels may be associated with coronary heart disease, such as angina or heart attack, or with familial lipoprotein lipase deficiency, a rare genetic disorder.

4.66 mg/dl

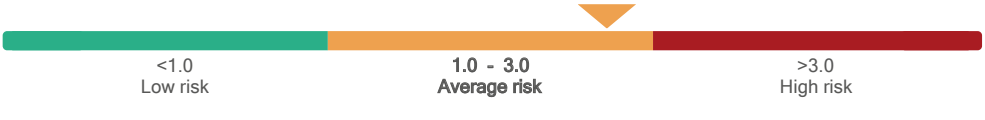
Lipoprotein (a)

Lipoprotein (a) is similar to low-density lipoprotein (LDL) as it contains apolipoprotein B, which is the main protein component of LDL ('bad') cholesterol. In addition, it also contains apolipoprotein (a). Apolipoprotein (a) may promote accumulation of LDL particles within blood vessel walls, which can cause arteries to narrow and harden, and may contribute to blood clot formation, which could potentially block blood vessels and increase the risk of a heart attack or stroke. Increased lipoprotein(a) levels are associated with increased risk of cardiovascular disease. Other conditions that may contribute to elevated lipoprotein (a) include oestrogen depletion (e.g. menopause), severe hypothyroidism (an underactive thyroid gland), uncontrolled diabetes and chronic kidney disease. Lipoprotein (a) is genetically determined and levels tend to remain constant throughout life. Unlike other lipoproteins, diet, exercise, lifestyle modification and most medications used to lower cholesterol levels have no effect on lipoprotein (a) levels.

1022.2 mg/l

High Sensitivity C-Reactive Protein (hs-CRP)

High Sensitivity C-Reactive Protein (hs-CRP) is an extra sensitive test that can detect very low levels of CRP, an acute phase protein produced primarily by the liver. Acute phase proteins are proteins that increase or decrease in the blood in response to inflammation. Elevated hs-CRP indicates the presence of inflammation, which many research studies have indentified as a contributing factor to the development of atherosclerosis (accumulation of cholesterol in the blood vessels), a major feature of heart disease. Therefore, increased levels of hs-CRP are associated with greater risk of developing heart disease. However, before evaluating hs-CRP in this context, consideration of infection or inflammation is essential, as many conditions can raise hs-CRP, including infection, arthritis and inflammatory bowel disease. Obesity, pregnancy and oral contraceptives may also increase hs-CRP.



2.72 mg/l

Metabolic Syndrome

Waist Circumference

Waist Circumference relates closely to body mass index (BMI) and is part of the waist to hip ratio measurement. Waist circumference is a measure of central or abdominal fat and provides additional information on disease risk. The National Cholesterol Educational Program (NCEP) Adult Treatment Panel III (ATP III) states that individuals who have central obesity (defined as waist circumference greater than or equal to either 94 cm or 90 cm for males (depending on ethnicity) and greater than or equal to 80 cm for females) are at risk of metabolic syndrome.

99 cm

Systolic Blood pressure

Systolic Blood Pressure is a measure of the pressure in the blood vessels when the heart contracts and pushes blood through the circulatory system. According to the National Cholesterol Educational Program (NCEP) Adult Treatment Panel III (ATP III), systolic blood pressure measurements equal to or greater than 130 mmHg are associated with metabolic syndrome. Additionally, individuals currently receiving treatment for high blood pressure are at risk of metabolic syndrome irrespective of blood pressure measurement.

137 mmHg

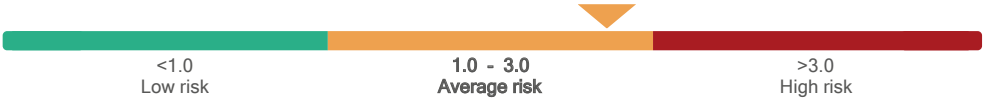
Diastolic Blood pressure

Diastolic Blood Pressure is a measure of the pressure in the blood vessels when the heart rests between contractions and refills with blood. According to the National Cholesterol Educational Program (NCEP) Adult Treatment Panel III (ATP III), diastolic blood pressure measurements equal to or greater than 85 mmHg are associated with metabolic syndrome. Additionally, individuals currently receiving treatment for high blood pressure are at risk of metabolic syndrome irrespective of blood pressure measurement.

87 mmHg

High Sensitivity C-Reactive Protein (hs-CRP)

High Sensitivity C-Reactive Protein (hs-CRP) is an extra sensitive test that can detect very low levels of CRP, an acute phase protein produced primarily by the liver. Acute phase proteins are proteins that increase or decrease in the blood in response to inflammation. Elevated hs-CRP indicates the presence of inflammation, which many research studies have indentified as a contributing factor to the development of atherosclerosis (accumulation of cholesterol in the blood vessels), a major feature of heart disease. Therefore, increased levels of hs-CRP are associated with greater risk of developing heart disease. However, before evaluating hs-CRP in this context, consideration of infection or inflammation is essential, as many conditions can raise hs-CRP, including infection, arthritis and inflammatory bowel disease. Obesity, pregnancy and oral contraceptives may also increase hs-CRP.

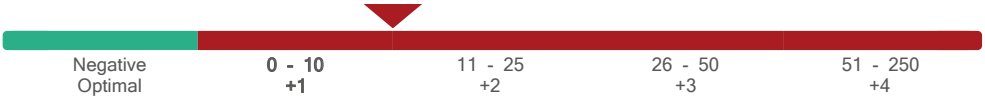


2.72 mg/l

Urinalysis

Red Blood Cells (Urine)

Red Blood Cells (Urine) in urine can be associated with kidney and urinary tract diseases or infection, menstrual bleeding, blood clotting disorders, chronic diseases (e.g. diabetes, high blood pressure), strenuous exercise and use of certain medications.

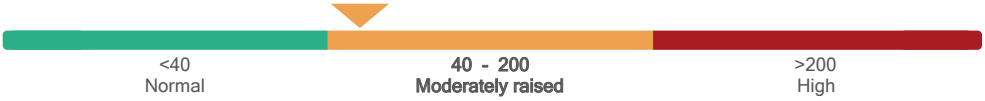


10 RBC/µl

Liver Health

Alanine Aminotransferase (ALT)

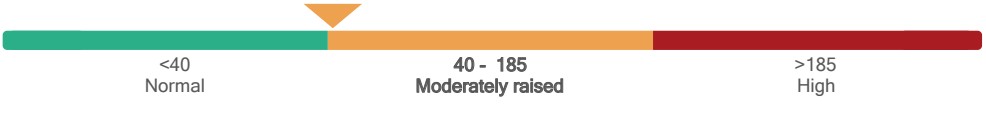
Alanine Aminotransferase (ALT) is an enzyme mainly found in the liver. Normally, a low level of ALT exists in the serum. Liver injury or disease will release ALT into the bloodstream, thus elevating serum ALT levels. Very high levels of ALT can be due to acute (short-term) hepatitis, often resulting from a viral infection. Moderately high or mildly elevated ALT levels can be associated with chronic liver disease, such as cirrhosis (scarring of the liver), alcohol abuse, cholestasis (blockage of the flow of bile from the liver), pancreatitis (inflammation of the pancreas), mononucleosis (viral infection), kidney or heart damage, severe burns, muscle injury or the use of certain medications.



56.1 U/l

Aspartate Aminotransferase (AST)

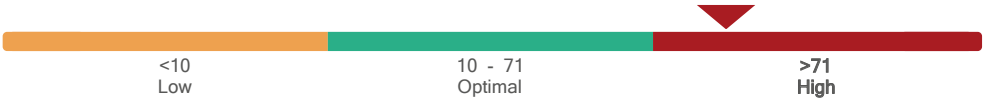
Aspartate Aminotransferase (AST) is an enzyme found predominantly in the heart, liver and skeletal muscles, and to a lesser degree in the pancreas, kidney and red blood cells. Cell injury or disease will release AST into the bloodstream, thus elevating blood AST levels. Increased AST levels may be associated with hepatitis (inflammation of the liver), cirrhosis (scarring of the liver), drug-induced liver injury, heart diseases (e.g. myocardial infarction), skeletal muscle disorders and other diseases such as acute pancreatitis (inflammation of the pancreas). Decreased AST levels may be associated with acute kidney disease, diabetic ketoacidosis (a complication of diabetes where fat, instead of glucose, provides energy for the body) and pregnancy.



42.5 U/l

Gamma-Glutamyltransferase (GGT)

Gamma-Glutamyltransferase is an enzyme found mainly in the liver. Increased levels of GGT in the blood may indicate bile duct injury, hepatitis (inflammation of the liver), cirrhosis (scarring of the liver), liver necrosis (death of liver tissue), liver tumours or the use of drugs that are toxic to the liver. A high GGT level is frequently associated with increased alcohol consumption, as this liver enzyme is involved in the breakdown and removal of alcohol from the body. Raised GGT levels can be associated with the use of certain medications and a variety of other clinical conditions including myocardial infarction (heart attack), pancreatic disease and chronic obstructive pulmonary disease (a lung disorder).



87.6 U/l

Pancreatic Health

Pancreatic Amylase

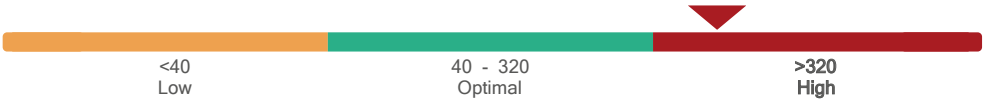
Pancreatic Amylase is an enzyme, generated by the pancreas, which aids the digestion of carbohydrates from the diet. Elevated pancreatic amylase levels are associated with acute (short-lived) or chronic (long-lasting) pancreatitis (inflammation of the pancreas), pancreatic cancer, mumps infection and peptic ulcers. Decreased amylase levels may be associated with kidney disease, liver disease, pancreatic cancer or permanent damage to the amylase-producing cells of the pancreas resulting from chronic pancreatitis.

60 U/l

Muscle & Joint Health

Creatine Kinase

Creatine Kinase is an enzyme present in muscle, which leaks out into the bloodstream when damage to muscle tissue occurs. Increased creatine kinase levels may be associated with greater muscle mass, muscle damage resulting from very heavy exercise (weight lifting, contact sports or long exercise sessions), myositis (inflammation of muscle tissue), crush injuries, surgery, or intramuscular injection. Early pregnancy can cause creatine kinase levels to fall.



387 U/l

Allergy Evaluation

Immunoglobulin E (IgE)

Immunoglobulin E (IgE) is an immune system protein involved in allergic reactions. Exposure of an individual to something that they are allergic to prompts the immune system to generate IgE, which is measurable in the blood. In addition to allergies, elevated IgE levels may also be associated with parasitic infection, asthma and eczema.

113.8 kU/l

Personal Health Measurements

Measurements include pulse, blood pressure, waist circumference and calculation of body mass index (BMI). Various lifestyle and hereditary factors can influence these parameters, which are useful in the overall assessment of an individual's risk of developing conditions such as cardiovascular disease or diabetes. The measurement of oxygen saturation by pulse oximetry is also included. A low blood oxygen level, or hypoxaemia, may be associated with airway obstruction, which occurs in conditions such as asthma, emphysema and chronic obstructive pulmonary disease.

Body Mass Index (BMI)

28.3 kg/m²

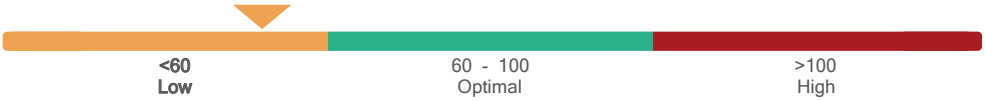
Waist Circumference

99 cm

Waist / Hip Ratio

0.925

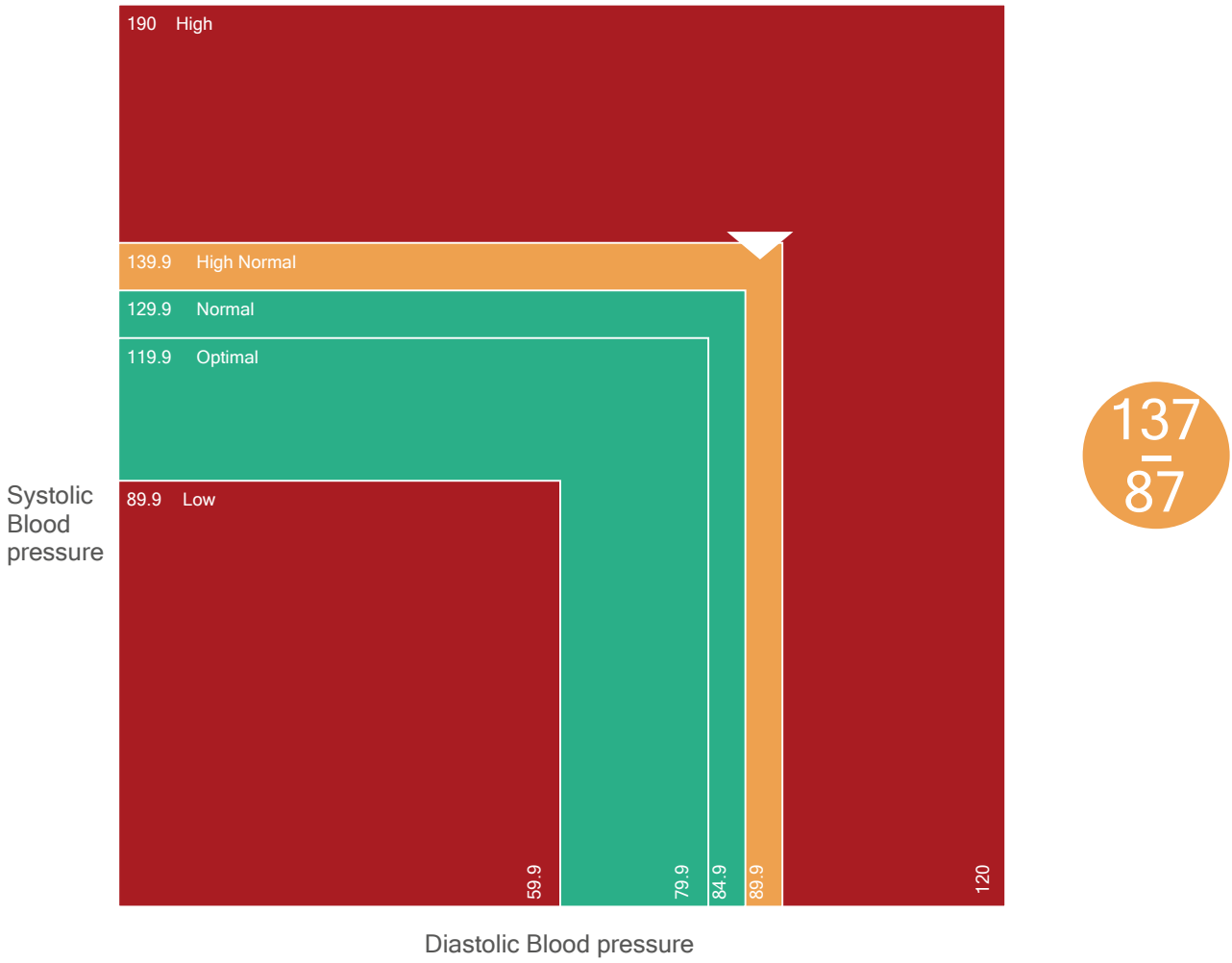
Pulse



58 BPM

Blood Pressure

Blood Pressure is a measurement of the force applied to the walls of the arteries as the heart pumps blood through the body. Systolic blood pressure refers to the pressure of blood as your heart contracts. Diastolic blood pressure refers to the pressure of blood as your heart rests between beats. High blood pressure is a significant risk factor for the development of heart disease, stroke, kidney disease and metabolic syndrome. Dehydration, bleeding, inflammation, infection, heart disease, pregnancy and various medications can cause low blood pressure. Physically fit individuals may have low blood pressure and in some individuals, blood pressure is naturally low.



Oxygen Saturation

Height	Weight	Hip circumference
1.745 m	86.2 kg	107 cm

Full Blood Count

This panel provides information about the type and number of cells in the blood, including red blood cells, white blood cells and platelets. Red blood cells contain haemoglobin, a protein that carries oxygen from the lungs to all the tissues of the body and carbon dioxide back to the lungs. White blood cells form part of the immune system and help to defend the body against infection from foreign substances such as bacteria, fungi and viruses. The major types of white blood cells are neutrophils, lymphocytes, monocytes, eosinophils and basophils, with each having their own role in protecting the body from infection. Platelets are important for blood clotting. Their sticky surface enables them, along with other substances, to help wounds heal by forming clots to stop bleeding. The Full Blood Count is useful for evaluating general health status and as a screening tool for a variety of conditions, such as anaemia, infection, inflammation and other blood disorders.

Haemoglobin

167 g/l

Haematocrit

0.483 l/l

Mean Cell Haemoglobin (MCH)

31.4 pg

Mean Cell Haemoglobin Concentration (MCHC)

346 g/l

Red Blood Cell Mean Cell Volume (MCV)

90.8 fl

Red Blood Cell Count

5.32 10^{12}/l

Basophil Count

0.02 10^{9}/l

Eosinophil Count

0.29 10^{9}/l

Lymphocyte Count

1.94
10^9/l

Monocyte Count

0.72
10^9/l

Neutrophil Count

2.13
10^9/l

White Blood Cell Count

5.10
10^9/l

Platelet Count

272
10^9/l

Iron Status

Iron is essential for red blood cell formation. Most of the body's iron, approximately 70%, is present in red blood cells, where its primary role is to carry oxygen from the lungs to all the tissues of the body. Additionally, iron facilitates energy production and release from cells and participates in the functioning of the immune and central nervous systems. Iron Status is useful for evaluating conditions such as iron-deficiency, which can cause anaemia, and iron overload, which can cause organ damage, particularly to the liver.

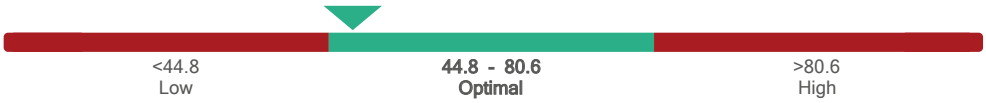
Iron

26.8 µmol/l

Ferritin

263 µg/l

Total Iron Binding Capacity (TIBC)

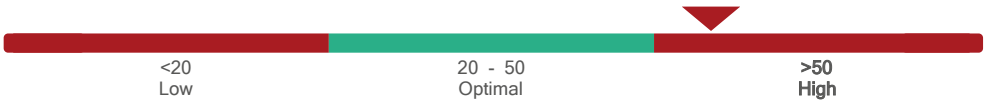


47.5 µmol/l

Transferrin

2.15 g/l

Transferrin Saturation



56.4 %

Heart Health

A major contributing factor to heart disease is the gradual accumulation of fat and cholesterol within blood vessel walls, a process known as atherosclerosis. Cholesterol is a fatty substance that is vital for the normal functioning of the body. However, too much cholesterol is damaging and the risk of developing heart disease is greater in individuals with high cholesterol levels. Heart Health helps assess an individual's risk of developing cardiovascular diseases such as heart disease and stroke.

Total Cholesterol

5.94 mmol/l

LDL Cholesterol

4.40 mmol/l

HDL Cholesterol

1.29 mmol/l

Total Cholesterol / HDL Cholesterol Ratio

4.60

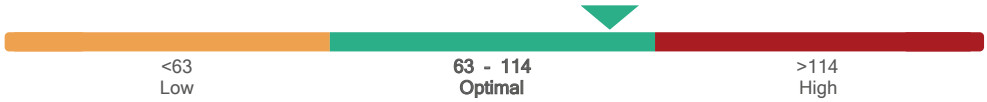
Triglycerides

1.04 mmol/l

Apolipoprotein A-I

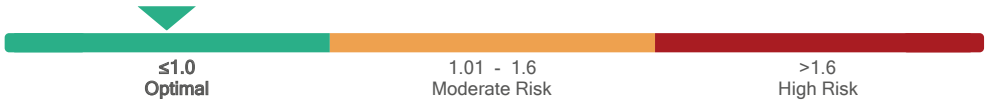
140.0 mg/dl

Apolipoprotein B



107 mg/dl

Apolipoprotein B / A-I Ratio



0.76

Apolipoprotein CII

4.66 mg/dl

Apolipoprotein CIII

6.85 mg/dl

Apolipoprotein E

3.23 mg/dl

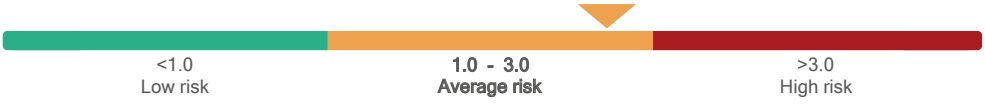
Small LDL Cholesterol

32.95 mg/dl

Lipoprotein (a)

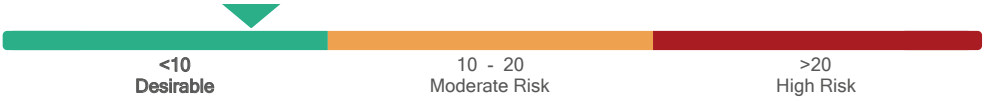
1022.2 mg/l

High Sensitivity C-Reactive Protein (hs-CRP)



2.72 mg/l

Cardiovascular Risk Score



11% for same age and gender

9.1 %

Heart-type Fatty Acid Binding Protein (H-FABP)

3.12 ng/ml

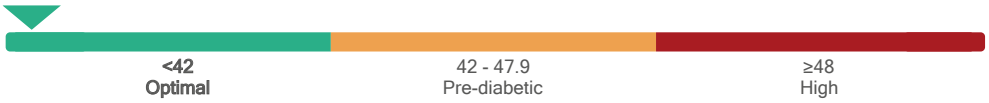
Diabetes Health

Diabetes mellitus is a chronic condition that is characterised by a high blood glucose level. Normally, insulin (a hormone produced by the pancreas) regulates blood glucose levels. Type 1 diabetes is a condition in which the insulin producing cells of the pancreas are destroyed resulting in very little or no insulin production. Type 2 diabetes is a condition in which the pancreas continues to produce insulin but blood sugar levels remain high due to an insufficient amount of insulin or insulin resistance. Although glucose provides an essential fuel for the body, long-term high levels of glucose are destructive, causing damage to blood vessels, nerves and organs. This damage can increase the risk of developing high blood pressure, heart disease, kidney disease and loss of vision. The Diabetes Health panel includes measurement of glucose and HbA1c levels in the blood, which is useful for the diagnosis and monitoring of diabetes. Higher than normal levels can be associated with a greater risk of developing diabetes in the future ('high risk' or 'pre-diabetes').

Glucose

4.49 mmol/l

HbA1c



28.0 mmol/mol

Insulin

34.4 pmol/l

C-peptide

1.36 ng/ml

Metabolic Syndrome

Metabolic syndrome refers to a collection of risk factors occurring simultaneously that together increase the risk of developing cardiovascular disease, type 2 diabetes and stroke. The National Cholesterol Educational Program (NCEP) Adult Treatment Panel III (ATP III) has defined metabolic syndrome as the presence of three or more of the following five factors: central obesity (increased body mass index (BMI) or waist circumference), high blood pressure, high fasting blood glucose, low HDL cholesterol, and elevated triglycerides. Previous diagnosis of type-2 diabetes, treatment for high blood pressure, or specific treatments for low HDL cholesterol and high triglycerides also count as factors. The risk of future heart disease, stroke or diabetes increases with the number of risk factors acquired. The Metabolic Syndrome panel includes the measurement of the five factors mentioned above and is indicative of an individual's risk of future cardiovascular disease and type-2 diabetes.

Body Mass Index (BMI)

28.3 kg/m²

Waist Circumference

99 cm

Systolic Blood pressure

137 mmHg

Diastolic Blood pressure

87 mmHg

Glucose

4.49 mmol/l

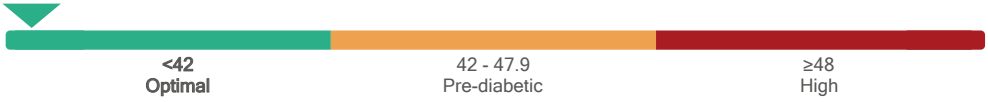
HDL Cholesterol

1.29 mmol/l

Triglycerides

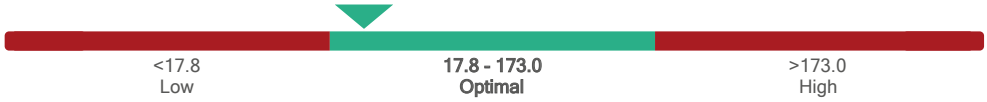
1.04 mmol/l

HbA1c



28.0 mmol/mol

Insulin



34.4 pmol/l

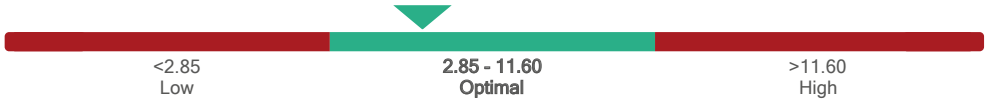
C-peptide

1.36 ng/ml

Leptin

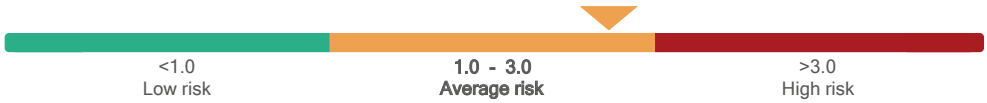
4.15 µg/l

Resistin



5.36 ng/ml

High Sensitivity C-Reactive Protein (hs-CRP)



2.72 mg/l

Height	Weight
1.745 m	86.2 kg

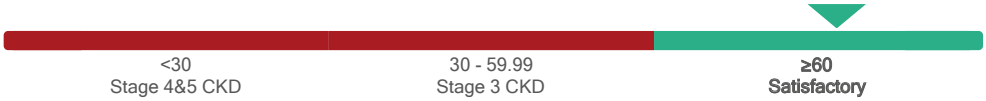
Kidney Health

The kidneys are responsible for the production of urine and regulation of water and salt levels in the blood. The kidneys filter blood to remove waste products, water and salts. The fluid containing these waste products travels through kidney tubules where re-absorption of water and salts takes place. This absorption process is crucial to the maintenance of fluid balance in the body, which is also important for blood pressure regulation. Many conditions can impair the filtering ability of the kidney or lead to destruction of kidney tissue, including urinary tract obstruction, glomerulonephritis and acute kidney injury. Kidney Health helps evaluate the filtering ability of the kidneys and can indicate how well the kidneys are functioning.

Creatinine

92.4 µmol/l

Estimated Glomerular Filtration Rate (eGFR)



80.2 ml/min/1.73m²

Cystatin C

0.74 mg/l

Calcium (adjusted)

2.50 mmol/l

Chloride

101 mmol/l

Magnesium

0.87 mmol/l

Phosphate

1.110 mmol/l

Potassium

4.52 mmol/l

Sodium

136.6 mmol/l

Urea

6.95 mmol/l

Uric Acid

392.8 µmol/l

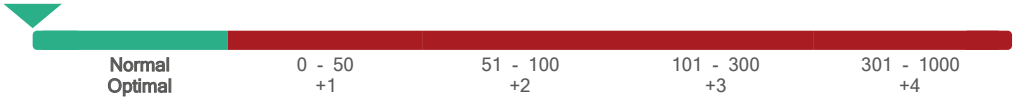
Urinalysis

Urinalysis is part of routine diagnostic and screening evaluations. It can reveal a significant amount of preliminary information about the kidneys and other metabolic processes. Urinalysis tests for substances that are normally not present or are present at low concentrations in the urine. In addition, pH measurement helps determine the acidity of urine and is indicative of acid-base balance in the body.

Bilirubin (Urine)

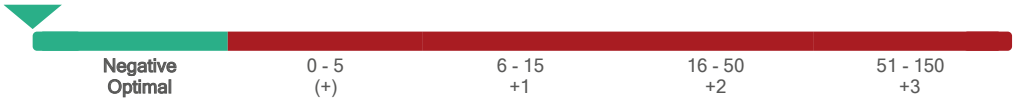
Negative
mg/dl

Glucose (Urine)



Normal
mg/dl

Ketones (Urine)



Negative
mg/dl

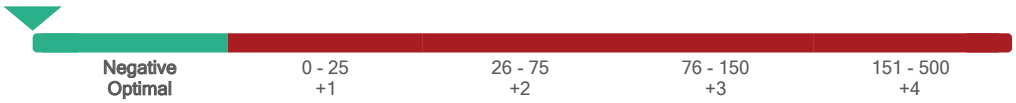
Nitrite (Urine)

Negative
mg/dl

pH (Urine)

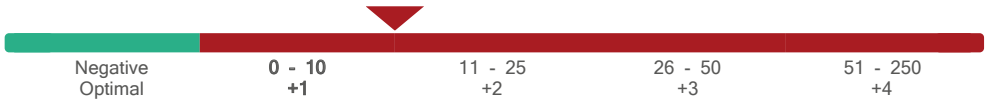
6.0
pH

Protein (Urine)



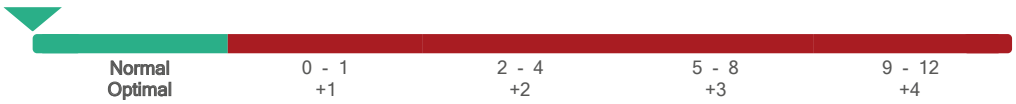
Negative
mg/dl

Red Blood Cells (Urine)



10
RBC/µl

Urobilinogen (Urine)



Normal
mg/dl

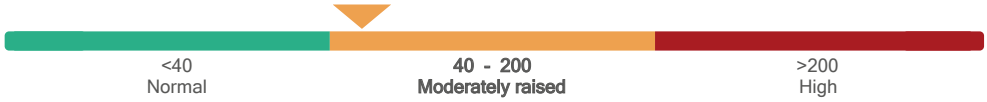
White Blood Cells (Urine)

Negative
Leuk/µl

Liver Health

The liver is a vital organ that plays a major role in the regulation of metabolism. The liver performs many complex functions, which include processing of carbohydrates, proteins and fats, breakdown of harmful or toxic substances, decomposition of red blood cells, removal of waste products from the blood and the production and secretion of bile. Bile is a fluid, which aids in the digestion of fats. Once secreted from the liver, bile travels through a series of ducts to the small intestine or to the gallbladder for storage. Liver disease encompasses many conditions that can cause damage to the liver, such as cirrhosis (irreversible scarring of liver tissue), hepatitis (inflammation of the liver), fatty liver disease, gallbladder disease and bile duct obstruction. The Liver Health panel consists of tests that evaluate the function of the liver.

Alanine Aminotransferase (ALT)

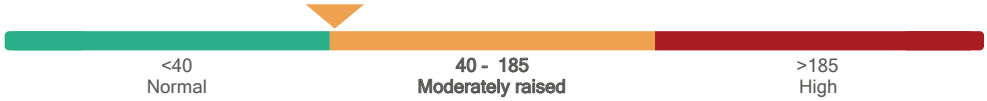


56.1 U/l

Alkaline Phosphatase (ALP)

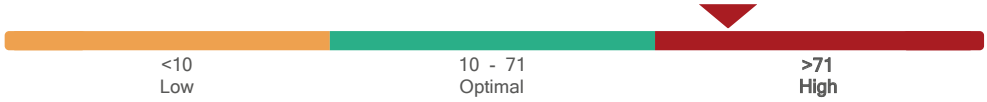
63 U/l

Aspartate Aminotransferase (AST)



42.5 U/l

Gamma-Glutamyltransferase (GGT)



87.6 U/l

Total Bilirubin

13.60 µmol/l

Albumin

46.8 g/l

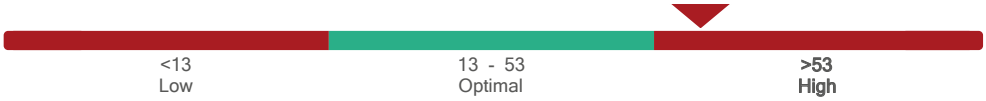
Ferritin

263 µg/l

Pancreatic Health

The pancreas is a gland that produces hormones, pancreatic juice and digestive enzymes. Digestive enzymes (e.g. amylase) pass from the pancreas into the small intestine where they contribute to digestion. These enzymes help to further breakdown carbohydrates, proteins and fats in chyme (the partially digested mass of food). Pancreatic Health is useful for evaluating pancreatitis (inflammation of the pancreas) and other disorders that can affect the function of the pancreas.

Pancreatic Amylase



60
U/l

Lipase

54.0
U/l

Digestive Health

The process of digestion occurs in the gastrointestinal tract, which encompasses the stomach and intestine. The stomach is responsible for the storage and breakdown of ingested food. Food and fluids enter the stomach via the oesophagus and mix with stomach acids and digestive enzymes to begin the process of digestion. Partially digested food then enters the intestine where digestion continues and absorption of nutrients occurs. A protective layer of mucus coats the lining of the stomach to prevent damage by digestive acids and enzymes. Anti-inflammatory drug use (such as aspirin) and infection with H. pylori bacteria can disrupt this protective layer and lead to gastritis (inflammation of the stomach) and stomach ulcers. Damage to the intestine impairs the ability of the body to digest food and absorb nutrients. Coeliac disease is an autoimmune disorder in which the body's immune system reacts to gluten in the diet causing inflammation of the intestine. Anti-tissue Transglutaminase (Anti-tTG) Antibody is a sensitive marker for coeliac disease; however, testing is only appropriate in individuals who continue to consume gluten. The Digestive Health panel contains markers that are useful for the evaluation of health issues such as heartburn, acid reflux and coeliac disease.

H. pylori

45.50 IU/ml

Anti-Tissue Transglutaminase Antibodies (Coeliac Disease)

Negative

Nutritional Health

Nutrition is the supply of materials (in the form of food), which are necessary to allow the body to function normally. Vitamins and minerals support normal growth, and help organs and cells to function. Therefore, good nutrition is vital for health and wellbeing. A poor diet or malabsorption disorders (conditions caused by an impaired ability to digest and/or absorb nutrients from food) may lead to nutritional deficiency. The Nutritional Health panel evaluates the levels of various nutrients and can help identify whether an individual's nutritional status is adequate.

Total Antioxidant Status (TAS)

1.86 mmol/l

Albumin

46.8 g/l

Calcium (adjusted)

2.50 mmol/l

Magnesium

0.87 mmol/l

Iron

26.8 µmol/l

Folic acid

5.1 µg/l

Vitamin B12

480 ng/l

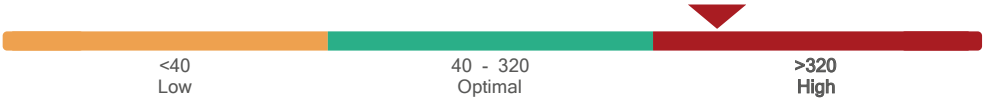
Vitamin D

98 nmol/l

Muscle & Joint Health

Muscles, which are composed of bundles of contractile fibres, are responsible for the movement of various parts of the body. When muscle fibres contract, movement occurs. Damage to muscles occurs in conditions such as myopathies (muscle disorders that cause muscle weakness) and myositis (inflammation of the skeletal muscles). In addition, muscle damage can arise from injury and excessive use of muscles during exercise. Joints form the connections between bones and permit movement and flexibility in various parts of the body. Arthritis is a condition characterised by inflammation, pain and stiffness of the joints and many types exist, including rheumatoid arthritis and gout. The Muscle & Joint Health panel includes markers associated with muscle damage and joint problems such as arthritis and gout.

Creatine Kinase



387 U/l

Uric Acid

392.8 µmol/l

Rheumatoid Factor (RF)

<6.72 kU/l

Bone Health

Bones provide structural support for the body and offer protection to delicate organs and tissues (e.g. the ribs protect the heart and lungs and the skull protects the brain). Bones are subject to a continuous remodelling process where old bone tissue is replaced with new tissue. For bones to remain strong and healthy, various factors are required, including calcium and vitamin D. Osteoporosis is a condition in which bones lose density and become weak. Risk factors for osteoporosis include oestrogen deficiency (post-menopause), vitamin D deficiency, calcium deficiency and an inactive lifestyle. Bone Health helps evaluate the levels of these important bone-strength factors, which can be useful for identifying individuals at risk of future bone-related health problems.

Alkaline Phosphatase (ALP)

63 U/l

Calcium (adjusted)

2.50 mmol/l

Phosphate

1.110 mmol/l

Vitamin D

98 nmol/l

Parathyroid Hormone (PTH)

1.8 pmol/l

Allergy Evaluation

Allergies are increasingly common, with estimates suggesting that allergies will affect 25% of the population at some stage in life. An allergy is the immune system's response to a particular food or environmental substance (allergen). This response occurs in predisposed individuals and results in the production of a particular type of immune system protein (antibody) called immunoglobulin E (IgE). Subsequent exposure to the allergen generates IgE, which in turn causes the release of chemicals into the body. This chemical release causes the characteristic symptoms of allergies such as coughing, sneezing and itching. The Allergy Evaluation measures the total IgE level in the blood. However, generation of IgE is dependent on recent exposure to an allergen. The Allergy Evaluation may prove inconclusive in individuals who have limited their exposure to suspected allergens (e.g. removal of wheat from diet or avoidance of pets).

Immunoglobulin E (IgE)

Infection & Inflammation

Inflammation is the body's natural response to infection, irritation or injury and is characterised by pain, swelling, warmth and redness of the affected area. Inflammation is a protective mechanism that occurs in an attempt to remove the cause of the injury or irritation and to initiate healing and repair. The Infection & Inflammation panel can indicate the presence of infection or inflammation in the body.

C-Reactive Protein (CRP)

2.72 mg/l

Rheumatoid Factor (RF)

<6.72 kU/l

Albumin

46.8 g/l

Complement Component 3 (C3)

1.367 g/l

Complement Component 4 (C4)

0.265 g/l

Ferritin

263 µg/l

Immunoglobulin A (IgA)

2.34 g/l

Immunoglobulin G (IgG)

12.31 g/l

Immunoglobulin M (IgM)

0.83 g/l

Antistreptolysin O (ASO)

146.0 IU/ml

Thyroid Health

The thyroid gland plays an important role in controlling the body's metabolism by producing hormones. The thyroid hormones help the body to use energy, stay warm and keep the heart, brain, muscle and other organs functioning properly. Thyroid Health consists of tests that can be used to help diagnose an 'underactive thyroid' (hypothyroidism) or an 'overactive thyroid' (hyperthyroidism), or to monitor the treatment of these conditions.

Thyroid Stimulating Hormone (TSH)

4.13 mIU/l

Free Thyroxine (FT4)

17.33 pmol/l

Free Tri-iodothyronine (FT3)

5.15 pmol/l

Anti-Thyroglobulin Antibody (Anti-Tg)

26.2 IU/ml

Anti-Thyroid Peroxidase Antibody (Anti-TPO)

9.92 kU/l

Male Hormonal Health

A hormone is a chemical substance that is produced in response to certain changes in the physiological processes that occur in the body. Hormones carry information between cells and help regulate metabolism, growth, reproduction and mood alteration. Male Hormonal Health includes measurement of testosterone, which is useful for the evaluation of testicular function.

Testosterone

16.00 nmol/l

Sex Hormone Binding Globulin

36.00 nmol/l

Free Androgen Index

44.4

Prostate Health

Prostate specific antigen (PSA) is a protein produced by cells of the prostate gland. Prostate specific antigen is detectable in the serum of almost all men and levels tend to increase with age and size of the prostate. Although PSA is highly specific for prostate disease, it is not specific for prostate cancer. Two forms of PSA are found in the blood; PSA that is ‘free’ and PSA that is ‘bound’ to protein. The combination of these two forms comprises the Total PSA (TPSA). In most cases, this panel consists of the measurement of TPSA alone. However, if TPSA is elevated, Free PSA (FPSA) is also measured and the percentage of FPSA to TPSA is calculated. FPSA is only applicable when TPSA is elevated. It should be noted that in men under the age of 50, no specific reference range exists for TPSA and the ranges provided are for guidance only.

Total Prostate Specific Antigen (TPSA)

1.02 ng/ml

Results for your Doctor

This section contains all your test results. Your doctor may prefer to see your test results in this format. The results that are either positive or fall outside the reference range are highlighted in red.

Test	Result	Units	Reference Range
Personal Health Measurements			
Height	1.745	m	N/A
Weight	86.2	kg	N/A
Body Mass Index (BMI)	28.3	kg/m²	<18.5 Underweight 18.5 - 24.9 Optimal 25 - 29.9 Overweight ≥30 Obese
Waist Circumference	99	cm	<94 Optimal 94 - 102 Moderate risk >102 High risk
Hip circumference	107	cm	N/A
Waist / Hip Ratio	0.925		<0.95 Low risk
Pulse	58	BPM	<60 Low 60 - 100 Optimal >100 High
Systolic Blood pressure	137	mmHg	≤89.9 Low 90 - 119.9 Optimal 120 - 129.9 Normal 130 - 139.9 High Normal ≥140 High
Diastolic Blood pressure	87	mmHg	≤59.9 Low 60 - 79.9 Optimal 80 - 84.9 Normal 85 - 89.9 High Normal ≥90 High
Oxygen Saturation	98	%	95 - 100 Optimal
Full Blood Count			
Haemoglobin	167	g/l	130 - 180 Optimal
Haematocrit	0.483	l/l	0.4 - 0.54 Optimal

Test	Result	Units	Reference Range
Mean Cell Haemoglobin (MCH)	31.4	pg	27.0 - 32.0 Optimal
Mean Cell Haemoglobin Concentration (MCHC)	346	g/l	320 - 360 Optimal
Red Blood Cell Mean Cell Volume (MCV)	90.8	fl	76 - 100 Optimal
Red Blood Cell Count	5.32	10^{12}/l	4.5 - 6.5 Optimal
Basophil Count	0.02	10^{9}/l	0.01 - 0.1 Optimal
Eosinophil Count	0.29	10^{9}/l	0.04 - 0.4 Optimal
Lymphocyte Count	1.94	10^{9}/l	1.0 - 3.5 Optimal
Monocyte Count	0.72	10^{9}/l	0.2 - 0.8 Optimal
Neutrophil Count	2.13	10^{9}/l	2 - 7.5 Optimal
White Blood Cell Count	5.10	10^{9}/l	4.0 - 10.0 Optimal
Platelet Count	272	10^{9}/l	150 - 450 Optimal
Iron Status			
Iron	26.8	µmol/l	5.8 - 34.5 Optimal
Ferritin	263	µg/l	20 - 300 Optimal
Total Iron Binding Capacity (TIBC)	47.5	µmol/l	44.8 - 80.6 Optimal
Transferrin	2.15	g/l	2.0 - 3.8 Optimal
Transferrin Saturation	56.4	%	<20 Low 20 - 50 Optimal >50 High
Heart Health			
Total Cholesterol	5.94	mmol/l	<5 Desirable ≥5 High
LDL Cholesterol	4.40	mmol/l	<3 Desirable ≥3 High

Test	Result	Units	Reference Range
HDL Cholesterol	1.29	mmol/l	<1.55 Low ≥1.55 Desirable
Total Cholesterol / HDL Cholesterol Ratio	4.60		<5 Desirable
Triglycerides	1.04	mmol/l	<2.3 Desirable
Apolipoprotein A-I	140.0	mg/dl	120 - 176 Optimal
Apolipoprotein B	107	mg/dl	63 - 114 Optimal
Apolipoprotein B / A-I Ratio	0.76		≤1.0 Optimal
Apolipoprotein CII	4.66	mg/dl	<1.6 Low 1.6 - 4.2 Optimal >4.2 High
Apolipoprotein CIII	6.85	mg/dl	5.5 - 9.5 Optimal
Apolipoprotein E	3.23	mg/dl	2.7 - 4.5 Optimal
Small LDL Cholesterol	32.95	mg/dl	≤64.4 Optimal
Lipoprotein (a)	1022.2	mg/l	<300 Optimal ≥300 High
High Sensitivity C-Reactive Protein (hs-CRP)	2.72	mg/l	<1.0 Low risk 1.0 - 3.0 Average risk >3.0 High risk
Cardiovascular Risk Score 11% for same age and gender	9.1	%	<10 Desirable
Heart-type Fatty Acid Binding Protein (H-FABP)	3.12	ng/ml	<4.84 Optimal
Diabetes Health			
Glucose	4.49	mmol/l	4.0 - 5.59 Optimal
HbA1c	28.0	mmol/mol	<42 Optimal
Insulin	34.4	pmol/l	17.8 - 173.0 Optimal
C-peptide	1.36	ng/ml	1.1 - 4.4 Optimal
Metabolic Syndrome			

Test	Result	Units	Reference Range
Height	1.745	m	N/A
Weight	86.2	kg	N/A
Body Mass Index (BMI)	28.3	kg/m²	≤30 Optimal
Waist Circumference	99	cm	<94 Optimal ≥94 Risk
Systolic Blood pressure	137	mmHg	<130 Optimal ≥130 Risk
Diastolic Blood pressure	87	mmHg	<85 Optimal ≥85 Risk
Glucose	4.49	mmol/l	<5.6 Optimal
HDL Cholesterol	1.29	mmol/l	≥1.03 Optimal
Triglycerides	1.04	mmol/l	<1.7 Optimal
HbA1c	28.0	mmol/mol	<42 Optimal
Insulin	34.4	pmol/l	17.8 - 173.0 Optimal
C-peptide	1.36	ng/ml	1.1 - 4.4 Optimal
Leptin	4.15	µg/l	≤5.57 Optimal
Resistin	5.36	ng/ml	2.85 - 11.60 Optimal
High Sensitivity C-Reactive Protein (hs-CRP)	2.72	mg/l	<1.0 Low risk 1.0 - 3.0 Average risk >3.0 High risk
Kidney Health			
Creatinine	92.4	µmol/l	53 - 97 Optimal
Estimated Glomerular Filtration Rate (eGFR)	80.2	ml/min/1.73m²	≥60 Satisfactory
Cystatin C	0.74	mg/l	0.57 - 1.05 Optimal
Calcium (adjusted)	2.50	mmol/l	2.20 - 2.60 Optimal

Test	Result	Units	Reference Range
Chloride	101	mmol/l	95 - 108 Optimal
Magnesium	0.87	mmol/l	0.7 - 1.1 Optimal
Phosphate	1.110	mmol/l	0.80 - 1.50 Optimal
Potassium	4.52	mmol/l	3.5 - 5.3 Optimal
Sodium	136.6	mmol/l	133 - 146 Optimal
Urea	6.95	mmol/l	2.5 - 7.8 Optimal
Uric Acid	392.8	µmol/l	200 - 430 Optimal
Urinalysis			
Bilirubin (Urine)	Negative	mg/dl	Negative Optimal
Glucose (Urine)	Normal	mg/dl	Normal Optimal
Ketones (Urine)	Negative	mg/dl	Negative Optimal
Nitrite (Urine)	Negative	mg/dl	Negative Optimal
pH (Urine)	6.0	pH	5 - 7.5 Optimal
Protein (Urine)	Negative	mg/dl	Negative Optimal
Red Blood Cells (Urine)	10	RBC/µl	Negative Optimal 0 - 10 +1 11 - 25 +2 26 - 50 +3 51 - 250 +4
Urobilinogen (Urine)	Normal	mg/dl	Normal Optimal
White Blood Cells (Urine)	Negative	Leuk/µl	Negative Optimal
Liver Health			
Alanine Aminotransferase (ALT)	56.1	U/l	<40 Normal 40 - 200 Moderately raised >200 High
Alkaline Phosphatase (ALP)	63	U/l	30 - 120 Optimal

Test	Result	Units	Reference Range
Aspartate Aminotransferase (AST)	42.5	U/l	<40 Normal 40 - 185 Moderately raised >185 High
Gamma-Glutamyltransferase (GGT)	87.6	U/l	<10 Low 10 - 71 Optimal >71 High
Total Bilirubin	13.60	µmol/l	<21 Optimal
Albumin	46.8	g/l	35 - 50 Optimal
Ferritin	263	µg/l	20 - 300 Optimal
Pancreatic Health			
Pancreatic Amylase	60	U/l	<13 Low 13 - 53 Optimal >53 High
Lipase	54.0	U/l	5 - 65 Optimal
Digestive Health			
H. pylori	45.50	IU/ml	≤81.07 Negative
Anti-Tissue Transglutaminase Antibodies (Coeliac Disease)	Negative	na	Positive Negative
Nutritional Health			
Total Antioxidant Status (TAS)	1.86	mmol/l	≥1.3 Optimal
Albumin	46.8	g/l	35 - 50 Optimal
Calcium (adjusted)	2.50	mmol/l	2.20 - 2.60 Optimal
Magnesium	0.87	mmol/l	0.7 - 1.1 Optimal
Iron	26.8	µmol/l	5.8 - 34.5 Optimal
Folic acid	5.1	µg/l	3.80 - 26.80 Optimal
Vitamin B12	480	ng/l	197 - 771 Optimal
Vitamin D	98	nmol/l	50 - 375 Sufficiency
Muscle & Joint Health			

Test	Result	Units	Reference Range
Creatine Kinase	387	U/l	<40 Low 40 - 320 Optimal >320 High
Uric Acid	392.8	µmol/l	200 - 430 Optimal
Rheumatoid Factor (RF)	<6.72	kU/l	<12.5 Optimal
Bone Health			
Alkaline Phosphatase (ALP)	63	U/l	30 - 120 Optimal
Calcium (adjusted)	2.50	mmol/l	2.20 - 2.60 Optimal
Phosphate	1.110	mmol/l	0.80 - 1.50 Optimal
Vitamin D	98	nmol/l	50 - 375 Sufficiency
Parathyroid Hormone (PTH)	1.8	pmol/l	0.47 - 2.94 Optimal
Allergy Evaluation			
Immunoglobulin E (IgE)	113.8	kU/l	≤100 Optimal >100 High
Infection & Inflammation			
C-Reactive Protein (CRP)	2.72	mg/l	≤5 Optimal
Rheumatoid Factor (RF)	<6.72	kU/l	<12.5 Optimal
Albumin	46.8	g/l	35 - 50 Optimal
Complement Component 3 (C3)	1.367	g/l	0.9 - 1.7 Optimal
Complement Component 4 (C4)	0.265	g/l	0.18 - 0.49 Optimal
Ferritin	263	µg/l	20 - 300 Optimal
Immunoglobulin A (IgA)	2.34	g/l	0.9 - 4.5 Optimal
Immunoglobulin G (IgG)	12.31	g/l	6 - 16 Optimal
Immunoglobulin M (IgM)	0.83	g/l	0.6 - 2.5 Optimal
Antistreptolysin O (ASO)	146.0	IU/ml	≤200 Optimal
Thyroid Health			

Test	Result	Units	Reference Range
Thyroid Stimulating Hormone (TSH)	4.13	mIU/l	0.35 - 5.5 Normal
Free Thyroxine (FT4)	17.33	pmol/l	11.9 - 21.6 Normal
Free Tri-iodothyronine (FT3)	5.15	pmol/l	3.1 - 6.8 Normal
Anti-Thyroglobulin Antibody (Anti-Tg)	26.2	IU/ml	≤115 Optimal
Anti-Thyroid Peroxidase Antibody (Anti-TPO)	9.92	kU/l	≤34 Optimal
Male Hormonal Health			
Testosterone	16.00	nmol/l	8.64 - 29.0 Optimal
Sex Hormone Binding Globulin	36.00	nmol/l	18.3 - 54.1 Optimal
Free Androgen Index	44.4		24 - 104 Optimal
Prostate Health			
Total Prostate Specific Antigen (TPSA)	1.02	ng/ml	≤2.0 Optimal

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