Metabolic Analysis Profile

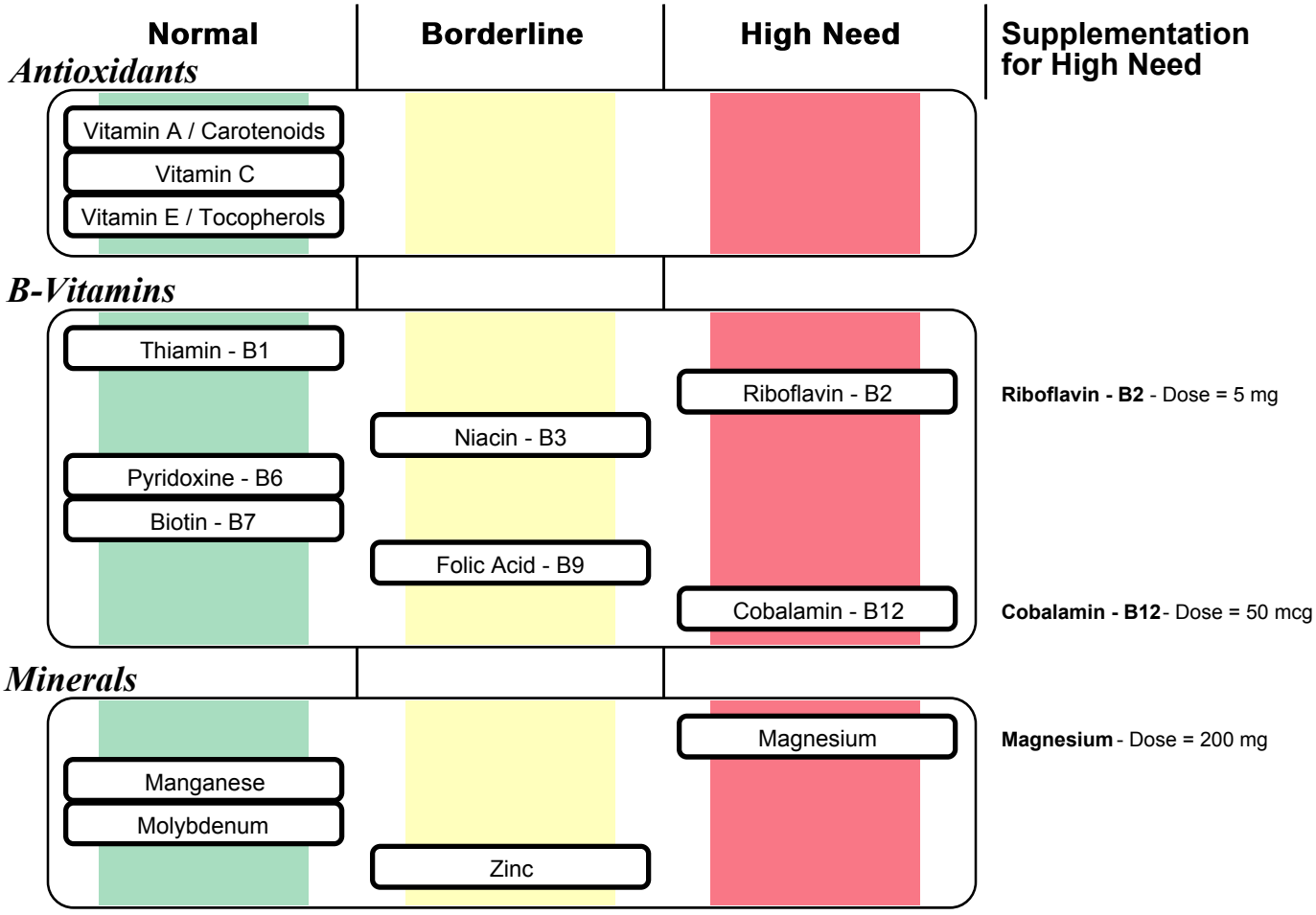
Physician Copy

GENOVA DIAGNOSTICS

63 Zillicoa Street
Asheville, NC 28801

Patient: **SAMPLE PATIENT**
DOB:
Sex:
MRN:

Results Overview



SUGGESTED SUPPLEMENT SCHEDULE

Supplements	Daily Recommended Intake (DRI)	Patient's Daily Recommendations	Provider Daily Recommendations
Antioxidants			
Vitamin A / Carotenoids	1,000 IU	1,000 IU	
Vitamin C	15 mg	50 mg	
Vitamin E / Tocopherols	9 IU	25 IU	
B-Vitamins			
Thiamin - B1	0.5 mg	1 mg	
Riboflavin - B2	0.5 mg	5 mg	
Niacin - B3	6 mg	20 mg	
Pyridoxine - B6	0.5 mg	1 mg	
Biotin - B7	8 mcg	50 mcg	
Folic Acid - B9	150 mcg	300 mcg	
Cobalamin - B12	0.9 mcg	50 mcg	
Minerals			
Magnesium	80 mg	200 mg	
Manganese	1.2 mg	1 mg	
Molybdenum	17 mcg	25 mcg	
Zinc	3 mg	5 mg	
Digestive Support			
Probiotics		10 B CFU	
Pancreatic Enzymes		5,000 IU	

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.

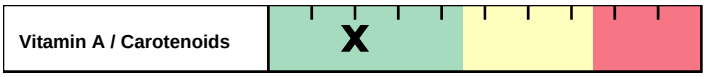
Key Normal | Borderline | High Need

Metabolic Analysis Profile Interpretation At-A-Glance

Nutritional Needs

Antioxidants

Vitamin A / Carotenoids

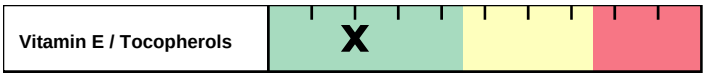


- Beta-carotene & other carotenoids are converted to vitamin A (retinol), involved in vision, antioxidant & immune function, gene expression & cell growth.
- Vitamin A deficiency may occur with chronic alcoholism, zinc deficiency, hypothyroidism, or oral contraceptives containing estrogen & progestin.
- 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

- 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.

Vitamin E / Tocopherols



- 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

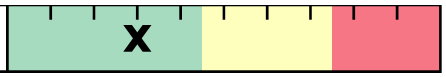
- Function
- Causes of Deficiency
- Complications of Deficiency
- Food Sources

Metabolic Analysis Profile Interpretation At-A-Glance

Nutritional Needs

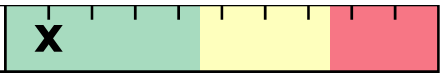
B-Vitamins

Thiamin - B1



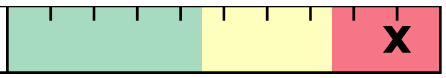
- B1 is a required cofactor for enzymes involved in energy production from food, and for the synthesis of ATP, GTP, DNA, RNA and NADPH.
- Low B1 can result from chronic alcoholism, diuretics, digoxin, oral contraceptives and HRT, or large amounts of tea & coffee (contain anti-B1 factors).
- B1 deficiency 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.

Pyridoxine - B6



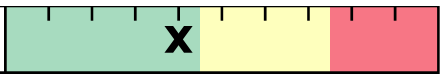
- B6 (as P5P) is a cofactor for enzymes involved in glycogenolysis & gluconeogenesis, and synthesis of neurotransmitters, heme, B3, RBCs and nucleic acids.
- Low B6 may result from chronic alcoholism, long-term diuretics, estrogens (oral contraceptives and HRT), anti-TB meds, penicillamine, L-DOPA or 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.

Riboflavin - B2



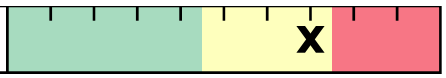
- B2 is a key component of enzymes involved in antioxidant function, energy production, detoxification, methionine metabolism and vitamin activation.
- Low B2 may result from chronic alcoholism, some anti-psychotic medications, oral contraceptives, tricyclic antidepressants, quinacrine or adriamycin.
- 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.

Biotin - B7



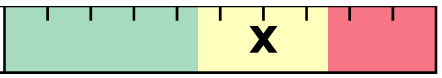
- Biotin is a cofactor for enzymes involved in functions such as fatty acid (FA) synthesis, mitochondrial FA oxidation, gluconeogenesis, and DNA replication & transcription.
- Deficiency may result from certain inborn errors, chronic intake of raw egg whites, long-term TPN use, anticonvulsants, high-dose B5, sulfa drugs & other antibiotics.
- Low levels may result in neurologic symptoms (e.g., paresthesias, depression), hair loss, scaly rash on face or genitals or impaired immunity.
- Food sources include yeast, whole grains, wheat germ, eggs, cheese, liver, meats, fish, wheat, nuts & seeds, avocado, raspberries, sweet potato and cauliflower.

Niacin - B3



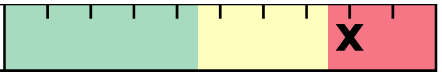
- B3 is used to form NAD and NADP, involved in energy production from food, fatty acid & cholesterol synthesis, cell signaling, DNA repair & cell differentiation.
- Low B3 may result from deficiencies of tryptophan (B3 precursor), B6, B2 or Fe (cofactors in B3 production), or from long-term isoniazid 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.

Folic Acid - B9



- 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.

Cobalamin - B12



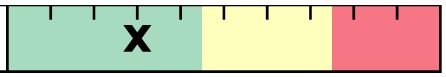
- B12 plays important roles in energy production from fats & proteins, methylation, synthesis of hemoglobin & RBCs, and maintenance of nerve cells, DNA & RNA.
- Low B12 may result from alcoholism, malabsorption, hypochlorhydria (e.g., from atrophic gastritis, H. pylori infection, pernicious anemia, H2 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.

Metabolic Analysis Profile Interpretation At-A-Glance

Nutritional Needs

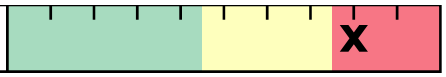
Minerals

Manganese



- 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

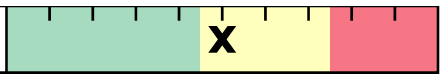


- Magnesium is involved in >300 metabolic reactions. Key areas include energy production, bone & ATP formation, muscle & nerve conduction and cell signaling.
- Deficiency may occur with malabsorption, alcoholism, hyperparathyroidism, renal disorders (wasting), diabetes, diuretics, digoxin or high doses 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

- 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).

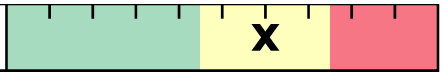
Zinc



- 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.

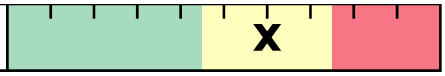
Digestive Support

Need for Probiotics



- Probiotics have many functions. These include: production of some B vitamins and vitamin K; enhancement of digestion & absorption; decreasing severity of diarrheal illness; modulation of immune function & intestinal permeability.
- Alterations of gastrointestinal microflora may result from C-section delivery, antibiotic use, improved sanitation, decreased consumption of fermented foods, and use of certain drugs.
- Some of the diseases associated with microflora imbalances include: IBS, IBD, fibromyalgia, chronic fatigue syndrome, obesity, atopic illness, colic and cancer.
- Food sources rich in probiotics are yogurt, kefir and fermented foods.

Need for Pancreatic Enzymes



- 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.

Metabolic Analysis Profile Interpretation At-A-Glance

Functional Imbalances

Mitochondrial Dysfunction

- Mitochondria are a primary site of generation of reactive oxygen species. Oxidative damage is considered an important factor in decline of physiologic function that occurs with aging and stress.
- Mitochondrial defects have been identified in cardiovascular disease, fatigue syndromes, neurologic disorders such as Parkinson's and Alzheimer's disease, as well as a variety of genetic conditions. Common nutritional deficiencies can impair mitochondrial efficiency.

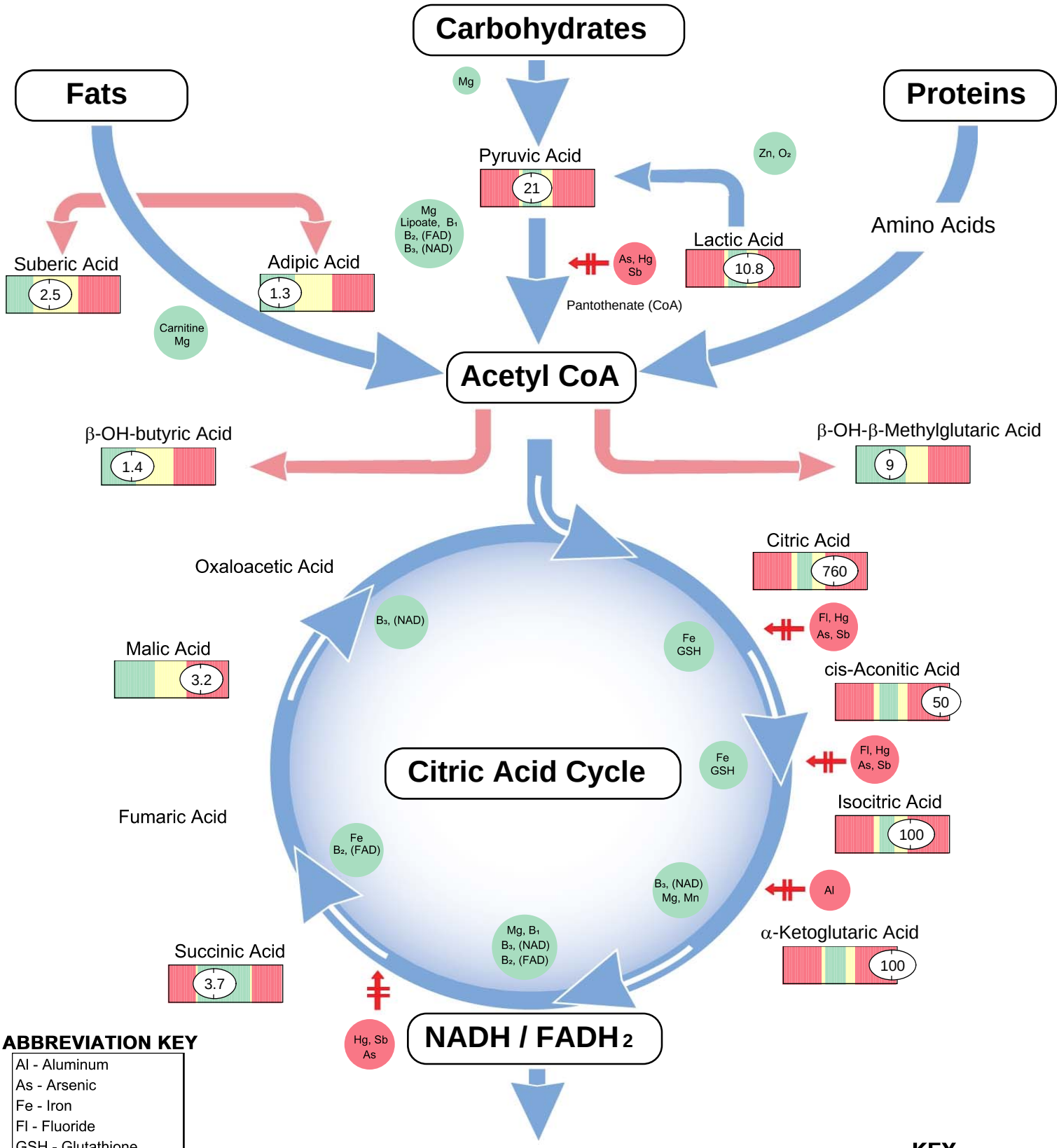
Toxic Exposure

- Methyl tert-Butyl Ether (MTBE) is a common gasoline additive used to increase octane ratings, and has been found to contaminate ground water supplies where gasoline is stored. Inhalation of MTBE may cause nose and throat irritation, as well as headaches, nausea, dizziness and mental confusion. Animal studies suggest that drinking MTBE may cause gastrointestinal irritation, liver and kidney damage and nervous system effects.
- Styrene is classified by the US EPA as a "potential human carcinogen," and is found widely distributed in commercial products such as rubber, plastic, insulation, fiberglass, pipes, food containers and carpet backing.
- Levels of these toxic substances should be examined within the context of the body's functional capacity for methylation and need for glutathione.

Need for Methylation

- Methylation is an enzymatic process that is critical for both synthesis and inactivation. DNA, estrogen and neurotransmitter metabolism are all dependent on appropriate methylation activity.
- B vitamins and other nutrients (methionine, magnesium, selenium) functionally support catechol-O-methyltransferase (COMT), the enzyme responsible for methylation.

Krebs Cycle At-A-Glance



ABBREVIATION KEY

Al - Aluminum
As - Arsenic
Fe - Iron
Fl - Fluoride
GSH - Glutathione
Hg - Mercury
Mg - Magnesium
Mn - Manganese
Sb - Antimony
Zn - Zinc

Electron Transport and Oxidative Phosphorylation

(2) H +1/2 O_2 → H_2O

KEY

Green = cofactor

Red = inhibitor

Metabolic Analysis Markers

All biomarkers reported in mmol/mol creatinine unless otherwise noted.

Malabsorption and Dysbiosis Markers

Malabsorption Markers

	Reference Range
Indoleacetic Acid (IAA) 4.0	<= 4.2
Phenylacetic Acid (PAA) <dl	<= 0.15

Bacterial Dysbiosis Markers

Dihydroxyphenylpropionic Acid (DHPPA) 18.9	<= 12.3
3-Hydroxyphenylacetic Acid 5.8	<= 9.2
4-Hydroxyphenylacetic Acid 19	<= 37
Benzoic Acid 0.10	<= 0.10
Hippuric Acid 340	<= 921

Yeast / Fungal Dysbiosis Markers

Arabinose 150	<= 132
Citramalic Acid 2.6	<= 5.3
Tartaric Acid 5	<= 20

Cellular Energy & Mitochondrial Metabolites

Carbohydrate Metabolism

	Reference Range
Lactic Acid 10.8	3.7-14.6
Pyruvic Acid 21	12-39
β-OH-Butyric Acid (BHBA) 1.4	<= 3.4

Energy Metabolism

Citric Acid 760	62-648
Cis-Aconitic Acid 50	13-33
Isocitric Acid 100	38-97
α-Ketoglutaric Acid (AKG) 100	12-55
Succinic Acid 3.7	0.8-10.4
Malic Acid 3.2	<= 2.7
β-OH-β-Methylglutaric Acid (HMG) 9	<= 19

Fatty Acid Metabolism

Adipic Acid 1.3	<= 5.0
Suberic Acid 2.5	<= 4.2

Creatinine Concentration

	Reference Range
Creatinine ◆ 4.1	3.1-19.5 mmol/L

Neurotransmitter Metabolites

	Reference Range
Vanilmandelic Acid 4.2	1.5-5.0
Homovanillic Acid 14.7	1.8-8.6
5-OH-indoleacetic Acid 24.2	6.4-24.3
3-Methyl-4-OH-phenylglycol 0.13	0.07-0.41
Kynurenic Acid 8.7	<= 9.2
Quinolinic Acid 4.2	<= 11.6
Kynurenic / Quinolinic Ratio 2.07	>= 0.46

Vitamin Markers

	Reference Range
α-Ketoadipic Acid 1.9	<= 2.1
α-Ketoisovaleric Acid <dl	<= 0.85
α-Ketoisocaproic Acid <dl	<= 0.91
α-Keto-β-Methylvaleric Acid <dl	<= 2.3
Formiminoglutamic Acid (FIGlu) 0.6	<= 1.8
Glutaric Acid 0.97	<= 0.92
Isovalerylglycine 1.8	<= 5.4
Methylmalonic Acid 2.7	<= 2.2
Xanthurenic Acid 0.59	<= 1.07
3-Hydroxypropionic Acid 15	6-23
3-Hydroxyisovaleric Acid 25	<= 38

Toxin & Detoxification Markers

	Reference Range
α-Ketophenylacetic Acid (from Styrene) 0.33	<= 0.50
α-Hydroxyisobutyric Acid (from MTBE) 7.5	<= 8.7
Orotic Acid 0.81	0.38-0.91
Pyroglutamic Acid 68	22-64

Tyrosine Metabolism

	Reference Range
Homogentisic Acid <dl	<= 33
2-Hydroxyphenylacetic Acid 0.96	<= 0.99

Metabolic Analysis Reference Ranges are Age Specific

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

Step 3:

Ship the specimen to the lab

Specimen must be returned in the Genova Diagnostics kit box for correct delivery to the lab. Not following these instructions may result in a shipping charge.

- Plan to ship the specimen Monday – Friday overnight delivery.
- Call 1.800.GoFedEx (**1.800.463.3339**) to schedule shipping. When the automated system asks *"How may I help you?"* say *"Return a Package"*. Tell the FedEx representative *"I am using a billable stamp"* and they will walk you through the process and make it easy.
- **Make sure the tube is tightly closed.** Seal the tube in the Biohazard bag.
- **Place the Biohazard bag on top of the freezer brick** in the foam box. Secure the foam box lid with the rubber band.
- **Place the polyfoam container in the test kit box.** Place the completed and signed requisition between the foam box and the test kit box at the back of the kit box. **Do not** place requisition on top of polyfoam box.
- **Print your name and address** in the section marked "From" on the prepaid shipping envelope label. *DO NOT mark or write in any other sections.*
- Put the kit box into the envelope and seal the envelope.
- Keep your shipment and tracking numbers for future reference and tracking purposes.

Genova Diagnostics
Innovative Testing for Optimal Health

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Metabolic Analysis Profile

IS-1085

Patient Collection Instructions

Check Your Kit

A - 1 Foam Insulator Box
B - 1 Freezer Brick
C - 1 Blue-top Amber tube
D - 1 Glove
E - 1 Rubber Band
F - 1 Biohazard bag with absorbant pad
G - 1 Urine collection cup
H - 1 Pipette
I - 1 Requisition (to be completed and signed)
J - 1 Prepaid mailing envelope

- *If any items are missing or expired, call Client Services at 800.522.4762 and press "1".*
- Keep the kit box for shipping your specimen to the lab.

Step 1:

Important things to know and consider

- Abnormal kidney function or use of diuretics may influence test results. This test should not be performed on individuals with kidney disorders. In addition, certain medicines may impact test results [e.g. cephalosporins (e.g. Cefoxitin), cimetidine (Tagamet), fibrates (e.g. Ciprofibrate) and trimethoprim-sulfamethoxazole (Bactrim)]. Let your physician know about your use of these medications. Do not change use of medications unless instructed to do so by your healthcare provider.
- **4 Days before the test** discontinue all of the following (unless instructed otherwise by your physician): Non-essential vitamins, minerals, amino acids, and herbal supplements taken regularly – including enhanced sports drinks, energy drinks, and vitamin waters.
- **2 days before the test:** *(unless instructed otherwise by your physician)* Discontinue creatine, alpha-ketoglutarate, and malic acid supplements, as well as citrate, malate, or orotate forms of minerals.
- **24 hrs before the test:** Avoid eating or drinking any products containing aspartame (Nutra-Sweet, Equal, Spoonful) and monosodium glutamate (MSG), and avoid over-consuming any single food. Otherwise, eat your usual diet. Limit fluid intake to eight 8-ounce glasses of fluid over a 24 hour period.

Schedule & Prepare for the urine collection

- **Schedule the collection accordingly**
  - Female patients should not collect urine during a menstrual period.
  - Specimens must be received by the laboratory within 4 days of collection.
- **Contact FedEx and schedule to ship the specimen overnight delivery** Monday - Friday. *Sample MUST be stored frozen at least 2 hours before shipping.*
- **Freeze the enclosed freezer brick** a minimum of 8 hours before shipping.
- **Complete the Requisition Form** with all patient and billing information. Be sure it is signed by the Patient/Responsible Party and the healthcare provider.

Step 2:

Collecting your urine specimen

Not following these instructions may affect your test results.

CAUTIONS: *Do not discard tube fluid. Avoid contact of the eyes or skin with the liquid in the tubes. For contact with eyes, wash thoroughly for 15 minutes. For skin contact, wash thoroughly with soap and water. Do not inhale or ingest liquid. For accidental ingestion, contact your healthcare provider at once.*

1 **Write your name, time, and date of collection** on the tube using a ballpoint pen or pencil only.

2 After awakening for the day (after 6 to 8 hours sleep), **collect your first morning urine** in the collection cup. *After filling the cup, pass any additional urine into the toilet.* *(Note: If you wake up to urinate during the night within six hours before your rising time, collect your urine and refrigerate it; then add that refrigerated sample to the urine you collect when you rise for the day.)*

3 Use the pipette to **transfer urine from the collection cup into the tube** until nearly full.

4 Recap the tube tightly and shake the tube to **mix thoroughly.**

5 Place the filled tube into the biohazard bag and **freeze a minimum of 2 hours** prior to shipment.

6 Complete the Requisition, including required signatures and the **date of collection.**

Consult your healthcare provider if you have any questions at any time during this test.