GUT ZOOMER DEMO

Name: GUT ZOOMER DEMO Date of Birth: 01-01-1111

Gender: Male Age: 01

Height: Weight:

Fasting: UNKNOWN

Telephone: 000-000-0000

Street Address: Email:

FINAL REPORT

Accession ID: 2310120326

Practice Name: DEMO CLIENT, MD

Provider Name: DEMO CLIENT, MD

Phlebotomist: 0

Telephone: 000-000-0000 Address: 3521 Leonard Ct, Santa

Clara, CA 95054

Report Information

Provider Information

Current Result Previous Result

In Control Moderate Risk

Specimen Information

Sample Type	Collection Time	Received Time	Report	Final Report Date
Stool	2023-10-19 00:00 (PDT)	2023-10-20 14:44 (PDT)	Gut Zoomer - P2	2023-11-02 11:29 (PDT)
Unpreserved Stool	2023-10-19 00:00 (PDT)	2023-10-20 14:44 (PDT)	Gut Zoomer - P2	2023-11-02 11:29 (PDT)





Date of Birth: 01-01-1111 Accession ID: 2310120326

Service Date: 2023-10-20 14:44 (PDT)

Gut Zoomer

INTRODUCTION

Vibrant Wellness is pleased to present to you 'Gut Zoomer' testing to help you make healthy lifestyle choices in consultation with your physician and dietitian. It is intended to be used as a tool to encourage general healthy lifestyle choices. Gut Zoomer 3.0 is a health analytics tool based on the gut microbiome which provides potential risks for intestinal permeability, cardiovascular, metabolic, neurological, intestinal, autoimmune, liver, hormonal, and nutritional health conditions. Additionally, it has panels for detection of gut pathogens and digestive markers. It is intended to be used to improve functions associated with a general state of health, and where it is well understood as well as accepted that healthy lifestyle choices may play an important role in these health outcomes.

Methodology:

Gut Zoomer is split into 3 sections - Gut Pathogens, Gut Commensal, and Digestive Markers. Gut Pathogens, Gut Commensal uses real-time PCR Assay designed for semi-quantitative and qualitative detection of group- specific DNA in clinical stool samples using meta genome unique sequences. The Vibrant Gut Digestive panel test is a quantitative assay that detects Calprotectin, Anti-gliadin, Eosinophil Protein X, Lactoferrin, Zonulin, Lysozyme, MMP 9, Pancreatic Elastase 1, S100A12, and slgA levels with multiplexed sandwich chemiluminescence immunoassay methodology. ELISA (enzyme-linked immunosorbent assay) methodology is used for detecting pH, and Fecal Occult blood. Tandem mass spectrometry methodology (LC-MS/MS) is used for detecting Fatty acids markers and Bile acid markers.

Interpretation of Report:

The following terminologies are used consistently in the report and are explained below.

Gut Diversity is an indicator for the amount of individual bacteria from each of the bacterial species present in your gut microbiome. There are two indices calculated including Shannon's Index (Scale 0-3) and Simpson's Index (Scale 0-1). For both calculations, higher index value represents increased diversity of species. While Shannon's is a better indicator of 'Richness' of the diversity, Simpson's is a better indicator of 'Evenness'. The calculated Index values are surrounded with a risk indicator (Green – high diversity, Yellow – moderate diversity, and Red – low diversity).

Gut Phyla distribution is displayed in a pie chart with each pie representing the % of individual phyla tested.

Key Ratios are calculated and displayed comprising of F/B (Firmicutes to Bacteroidetes ratio) and P/B (Prevotella to Bacteroides ratio), along with the corresponding risk indicator.

Gut Commensal bacteria is represented using relative abundance values. Relative abundance is the percent composition of an organism of a particular kind relative to the total number of organisms in your gut microbiome. The abundance of individual bacterial phylum/family/genus/species is calculated by comparing the relative abundance to the healthy reference range. Reference ranges have been established using results from 200 healthy individuals.

The abundance is always mentioned in the report along with the potential associated risks; however, it is applicable only when indicated in RED. Associated probiotic tests are displayed in each panel with suggestions based on potential associated risks.

Gut Pathogens comprising of pathogenic bacteria, parasites, virus, and fungi are indicated as DETECTED or NOT DETECTED along with the levels in respective units. Worm and antibiotic resistance gene testing are displayed as DETECTED or NOT DETECTED based on the test result.

Inflammation and Digestive Insufficiency markers are displayed along with a risk indicator and the corresponding reference range for each test calculated using results from 200 healthy individuals.

Vibrant Wellness is a personalized health analytics company founded out of our passion to serve patients and providers. The Vibrant Wellness platform provides tools for you to track and analyze your general wellness profile. All testing offered by Vibrant Wellness is performed by Vibrant America, a CLIA certified lab CLIA#:05D2078809 and Vibrant Genomics, a CLIA certified lab CLIA#:05D2098445. Vibrant Wellness provides and makes available this report and any related services pursuant to the Terms of Use Agreement (the "Terms") on its website at www.vibrant-wellness.com. By accessing, browsing, or otherwise using the report or website or any services, you acknowledge that you have read, understood, and agree to be bound by these terms. If you do not agree to these terms, you shall not access, browse, or use the report or website. The statements in this report have not been evaluated by the Food and Drug Administration and are only meant to be lifestyle choices for potential risk mitigation. Please consult your physician for medication, treatment, or lifestyle management. This product is not intended to diagnose, treat, or cure any disease.

Comments provided by Vibrant Wellness are for educational purposes only and are not intended to be used as or substituted for medical advice. We do not treat or cure medical conditions. Vibrant Wellness does not replace the care of a medical practitioner or counselor and does not recommend self- diagnosis or self- medication. Depending on the nature of your testing, if you receive a high risk or moderate risk result, confirmatory testing may be recommended, and you will be encouraged to seek medical attention for additional follow up. Vibrant Wellness shall not be liable to you or anyone else for loss or injury caused in whole or part by procuring, compiling, interpreting, delivering, or reporting information through this report. Also, in no event shall Vibrant Wellness be held liable to you or anyone else for any decisions made or action taken or not taken by you in reliance on such information.

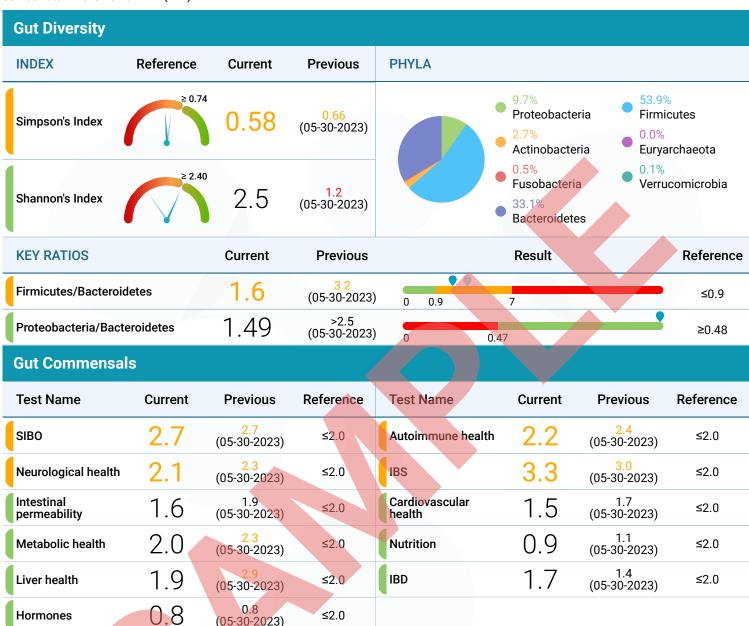
Please note:

Consider all supplements in relation to medical history and symptoms. Not all recommended supplements are appropriate in all individual cases. It is important that you discuss any modifications to your diet, exercise, and nutritional supplementation with your physician before making any changes. Pediatric ranges have not been established for these tests.

Date of Birth: 01-01-1111 Accession ID: 2310120326

Service Date: 2023-10-20 14:44 (PDT)

Gut Zoomer - Summary



COMMENSAL BACTERIA IN IMBALANCE

Acinetobacter, Bacteroides vulgatus, Bifidobacterium animalis, Christensenella minuta, Clostridia clusters IV, Clostridia clusters XVIII, Clostridium, Dorea, Dorea, Enterobacteriaceae, Enterococcus species, Leuconostoc, Mycoplana, Oscillospira, Prevotella copri, Roseburia intestinalis, Staphylococcus pasteuri, Veillonella, Veillonellaceae, Bifidobacterium animalis, Bifidobacterium breve, Bifidobacterium infantis, Saccharomyces boulardii

SUGGESTED PROBIOTICS INCLUDE

Bifidobacterium animalis, Bifidobacterium breve, Bifidobacterium infantis, Saccharomyces boulardii

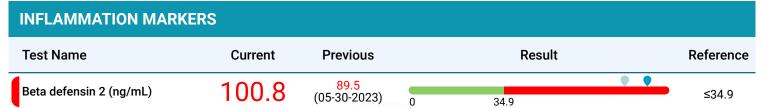
SUGGESTED SUPPLEMENTS INCLUDE:

Berberine, Origanum Vulgare, Wormwood Oil, Lemon Balm Oil, Barberry Root Extract, Glycine, Pantothenic Acid, Riboflavin, Vitamin B6, Folate, Vitamin B12, Betaine, Omega-3 Fatty Acids, Whey Protein Concentrate, Watercress, Green Tea Catechins, Betaine Hcl, Pepsin, Magnesium Citrate, Aloe Leaf Extract, Triphala, L-glutamine, Immunoglobulin G, Zinc Carnosine, Licorice Root Extract, Selenium, Milk Thistle Extract, Alpha-lipoic Acid, N-acetyl-l-cysteine, Vitamin D, Isoflavone, Taurine, Chitin-glucan, Peptidase

Date of Birth: 01-01-1111 Accession ID: 2310120326

Service Date: 2023-10-20 14:44 (PDT)

Gut Zoomer - Summary



Beta-defensin 2 is an antibiotic peptide locally regulated by inflammation in humans. It is produced by a number of epithelial cells and exhibits potent antimicrobial activity against Gram-negative bacteria and Candida, but not Gram-positive bacteria. It has been speculated that beta-defensin 2 may contribute to the infrequency of Gram-negative infections on skin and lung tissue.



Fecal S100A12 is a novel noninvasive marker that has been shown to distinguish active IBD from healthy control subjects in certain populations. S100A12 levels were evenly distributed throughout fecal samples and were stable for 7 days when stored at room temperature. Fecal S100A12 was shown to be elevated in children with IBD compared with healthy control subjects, with levels closely correlated to disease activity and other serum inflammatory markers, particularly lower gut involvement.

DIGESTIVE INSUFFICIENCY AND MALABSORPTION MARKERS ENZYME INSUFFICIENCY Current Previous Result Reference Pancreatic elastase 1 (mcg/g) 106.5 (05-30-2023) 0 100 199 ≥200.0

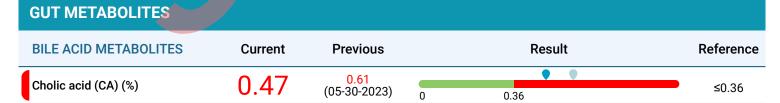
Consider digestive support with betaine HCL. Consider pepsin, plant or pancreatic enzyme supplements, digestive herbs, bile salts, and taurine. Micronutrient evaluation recommended, especially for fat soluble vitamins A, D, E, and K.

FAT MALABSORPTION	Current	Previous		Result	Reference
Total Fecal Fat (mg/g)	41.3	38.6 (05-30-2023)	0 2.5	8 37.5	2.9-37.5

This test measures the amount of fat in a stool sample. Excess fecal fat (termed steatorrhea) in stool is indicative of malabsorption disorder. The absorption of fat can be varied by production of bile in the gallbladder or liver, production of digestive enzymes in the pancreas, and normal functioning of the intestines. Decreased absorption of fat can be a sign of many different illnesses, including celiac disease, crohn's disease, cystic fibrosis, pancreatitis, etc.



Total Phospholipid subfraction

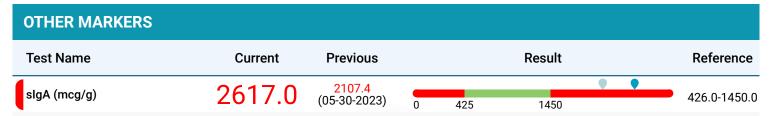


Consider digestive support with betaine HCL. Consider pepsin, plant or pancreatic enzyme supplements, digestive herbs, bile salts, and taurine. Micronutrient evaluation recommended, especially for fat soluble vitamins A, D, E, and K.

Date of Birth: 01-01-1111 Accession ID: 2310120326

Service Date: 2023-10-20 14:44 (PDT)

Gut Zoomer - Summary



Secretory IgA is the primary antibody that is protecting us from pathogens and toxins from penetrating mucosal surfaces. Its role is crucial in protecting the integrity of the intestinal epithelium. The antibody blocks the access to the epithelial receptors and traps pathogens and toxins in the mucus which are then excreated by peristaltic movements. SIgA has been identified to potentially neutralize virulence factors, modulate intestinal microbiota by Fab-dependent and -independent mechanisms, promote dendritic cell (DC) recruitement across the epithelial barrier and also down-regulate pro-inflammatory responses normally associated with the uptake of highly pathogenic bacteria and potentially allergenic antigens. Multiple cytokines, including IL-4, TGF-β, IL-5, IL-6, IL-10 are instrumental in intestinal stimulating SIgA production. A subset of these cytokines, notably TGF-β and IL-10, are also required for maintaining mucosal tolerance, thus establishing one of the many links between SIgA production, immunity and intestinal homeostasis.

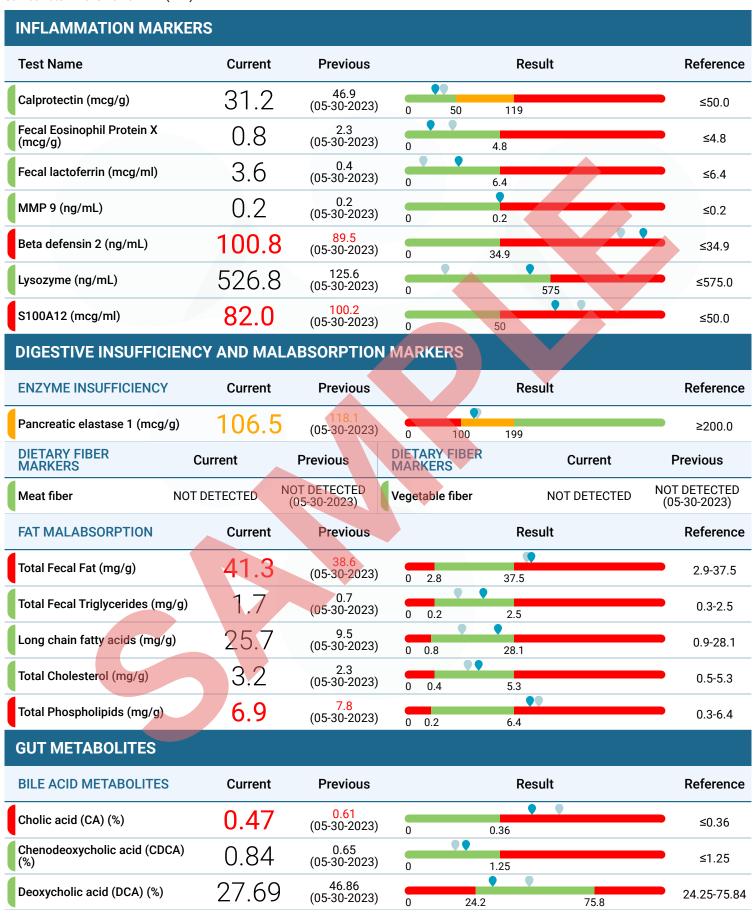
GUT PATHOGENS

No markers are outside the normal reference range



Date of Birth: 01-01-1111 Accession ID: 2310120326

Service Date: 2023-10-20 14:44 (PDT)



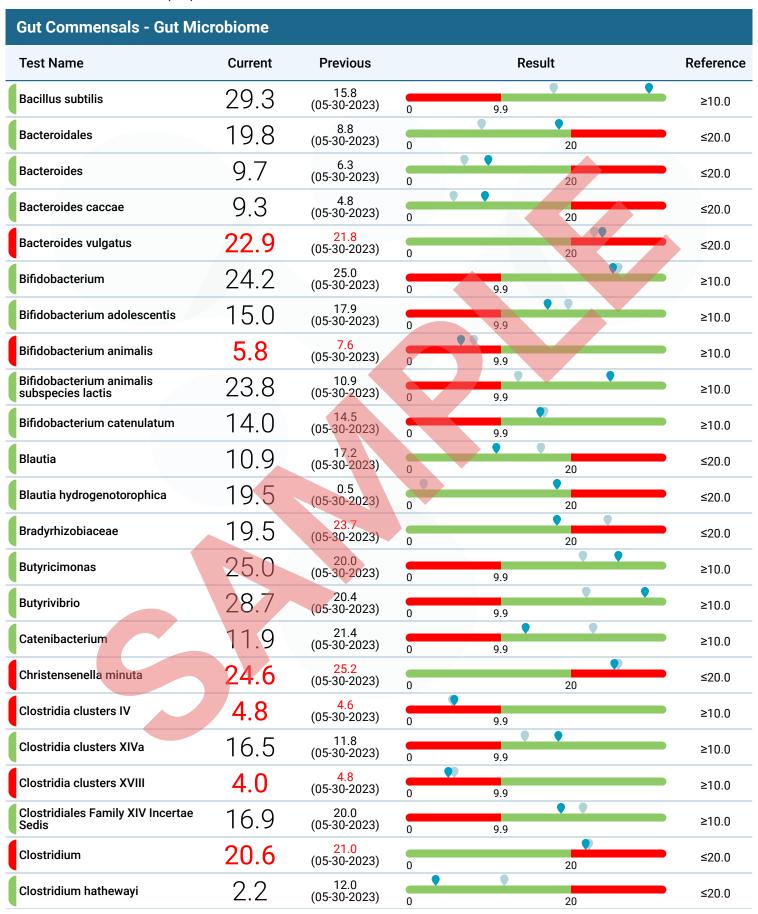
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Service Date: 2023-10-20 14:44 (PDT)



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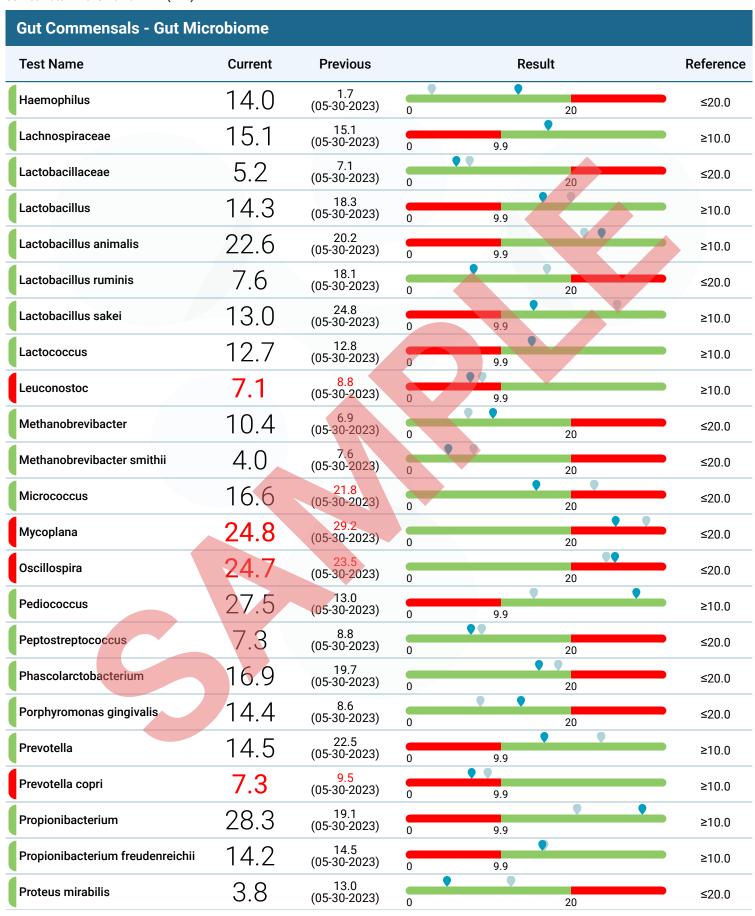
Date of Birth: 01-01-1111 Accession ID: 2310120326

Service Date: 2023-10-20 14:44 (PDT)

Gut Commensals - Gut M	icrobiome			
Test Name	Current	Previous	Result	Reference
Clostridium ramosum	8.3	8.0 (05-30-2023)	0 20	≤20.0
Clostridium symbiosum	19.5	10.1 (05-30-2023)	0 20	≤20.0
Clotridiales Incertae Sedis IV	12.0	19.1 (05-30-2023)	0 20	≤20.0
Collinsella	8.4	3.2 (05-30-2023)	0 20	≤20.0
Coprococcus	13.5	24.4 (05-30-2023)	0 9.9	≥10.0
Desulfovibrio	16.8	0.4 (05-30-2023)	0 20	≤20.0
Desulfovibrio piger	12.8	13.4 (05-30-2023)	0 20	≤20.0
Dialister invisus	27.5	17.0 (05-30-2023)	0 9.9	≥10.0
Dorea	>30	29.0 (05-30-2023)	0 20	≤20.0
Dorea	>30	29.0 (05-30-2023)	0 20	≤20.0
Eggerthella lenta	17.4	1.7 (05-30-2023)	0 20	≤20.0
Enterobacter aerogenes	15.2	16.0 (05-30-2023)	0 20	≤20.0
Enterobacteria	8.5	19.3 (05-30-2023)	0 20	≤20.0
Enterobacteriaceae	28.3	26.9 (05-30-2023)	0 20	≤20.0
Enterococcus	8.4	16.2 (05-30-2023)	0 20	≤20.0
Enterococcus gallinarum	4.9	8.2 (05-30-2023)	0 20	≤20.0
Enterococcus species	24.9	25.2 (05-30-2023)	0 20	≤20.0
Escherichia coli	9.8	9.5 (05-30-2023)	0 20	≤20.0
Eubacterium	30.0	20.0 (05-30-2023)	0 9.9	≥10.0
Eubacterium rectale	29.1	15.1 (05-30-2023)	0 9.9	≥10.0
Faecalibacterium	19.6	22.3 (05-30-2023)	0 9.9	≥10.0
Faecalibacterium prausnitzii	17.4	18.3 (05-30-2023)	0 9.9	≥10.0
Fusobacterium	9.2	2.5 (05-30-2023)	0 20	≤20.0

Date of Birth: 01-01-1111 Accession ID: 2310120326

Service Date: 2023-10-20 14:44 (PDT)



Date of Birth: 01-01-1111 Accession ID: 2310120326

Service Date: 2023-10-20 14:44 (PDT)

	icrobiome			
Test Name	Current	Previous	Result	Reference
Pseudobutyrivibrio	13.3	21.0 (05-30-2023)	0 9.9	≥10.0
Pseudomonas	2.5	0.4 (05-30-2023)	0 20	≤20.0
Roseburia	28.0	27.5 (05-30-2023)	0 9.9	≥10.0
Roseburia intestinalis	0.2	<mark>0.3</mark> (05-30-2023)	0 9.9	≥10.0
Ruminococcaceae	16.5	21.2 (05-30-2023)	0 9.9	≥10.0
Ruminococcus	7.9	7.8 (05-30-2023)	0 20	≤20.0
Ruminococcus bromii	21.0	26.9 (05-30-2023)	0 9.9	≥10.0
Ruminococcus gnavus	15.8	10.1 (05-30-2023)	0 20	≤20.0
Ruminococcus obeum	14.0	1.5 (05-30-2023)	0 20	≤20.0
Solobacterium moorei	16.2	1.5 (05-30-2023)	0 20	≤20.0
ß-galactosidase producing bacteria	13.2	8.4 (05-30-2023)	0 20	≤20.0
ß-glucuronidase producing bacteria	14.8	15.9 (05-30-2023)	0 20	≤20.0
Staphylococcaceae	19.1	6.7 (05-30-2023)	0 20	≤20.0
Staphylococcus epidermidis	4.9	1.3 (05-30-2023)	0 20	≤20.0
Staphylococcus pasteuri	>30	29.2 (05-30-2023)	0 20	≤20.0
Staphylococcus species	0.4	5.3 (05-30-2023)	0 20	≤20.0
Streptococci	14.6	7.8 (05-30-2023)	0 20	≤20.0
Streptococcus species	12.7	0.6 (05-30-2023)	0 20	≤20.0
Tyzzerella	18.8	4.2 (05-30-2023)	0 20	≤20.0
Tyzzerella 4	3.5	1.7 (05-30-2023)	0 20	≤20.0
Veillonella	26.1	20.2 (05-30-2023)	0 20	≤20.0
Veillonellaceae	0.4	0.5 (05-30-2023)	0 9.9	≥10.0

Date of Birth: 01-01-1111 Accession ID: 2310120326

Service Date: 2023-10-20 14:44 (PDT)

Test Name	Current	Previous	Result	Reference
Bacillus coagulans	12.3	9.7 (05-30-2023)	0 9.9	≥10.0
Bifidobacterium	24.2	25.0 (05-30-2023)	0 9.9	≥10.0
Bifidobacterium animalis	5.8	7.6 (05-30-2023)	0 9.9	≥10.0
Bifidobacterium bifidum	24.5	24.2 (05-30-2023)	0 9.9	≥10.0
Bifidobacterium breve	1.4	1.3 (05-30-2023)	0 9.9	≥10.0
Bifidobacterium dentium	16.5	18.1 (05-30-2023)	0 9.9	≥10.0
Bifidobacterium infantis	7.6	6.1 (05-30-2023)	0 9.9	≥10.0
Bifidobacterium lactis	24.7	17.2 (05-30-2023)	0 9.9	≥10.0
Bifidobacterium longum	25.6	20.4 (05-30-2023)	0 9.9	≥10.0
Escherichia coli Nissle	29.8	12.6 (05-30-2023)	0 9.9	≥10.0
Lactobacillus	14.3	1 <mark>8.3</mark> (05-30-2023)	0 9.9	≥10.0
Lactobacillus acidophilus	12.3	21.8 (05-30-2023)	0 9.9	≥10.0
Lactobacillus animalis	22.6	20.2 (05-30-2023)	0 9.9	≥10.0
Lactobacillus brevis	26.6	24.6 (05-30-2023)	0 9.9	≥10.0
Lactobacillus bulgaricus	24.1	24.8 (05-30-2023)	0 9.9	≥10.0
Lactobacillus casei	14.2	23.3 (05-30-2023)	0 9.9	≥10.0
Lactobacillus fermentum	29.1	11.8 (05-30-2023)	0 9.9	≥10.0
Lactobacillus paracasei	14.0	13.2 (05-30-2023)	0 9.9	≥10.0
Lactobacillus plantarum	24.0	23.7 (05-30-2023)	0 9.9	≥10.0
Lactobacillus reuteri	22.4	24.4 (05-30-2023)	0 9.9	≥10.0
Lactobacillus rhamnosus	25.2	21.2 (05-30-2023)	0 9.9	≥10.0
Lactobacillus rhamnosus GG	22.6	15.8 (05-30-2023)	0 9.9	≥10.0
Lactobacillus salivarius	24.8	16.4 (05-30-2023)	0 7.7	≥10.0

Date of Birth: 01-01-1111 Accession ID: 2310120326

Service Date: 2023-10-20 14:44 (PDT)

Gervice Date: 2023-10-2 Gut Commensa	· , ,	c Organisms	6				
Test Name		Current	Previous		Result		Reference
Saccharomyces bou	lardii	7.4	8.8 (05-30-2023)	0 9	.9		≥10.0
Streptococcus		11.4	14.1 (05-30-2023)	0 9	.9		≥10.0
Streptococcus therm	nophilus	24.1	23.1 (05-30-2023)	0 9	.9		≥10.0
GUT PATHOGENS							
Bacteria	Current	Previous	Reference	Bacteria	Current	Previous	Reference
Clostridium difficile Toxin A	<1e2	<1e2 (05-11-2023)	≤1e3	Clostridium difficile Toxin B	<1e2	<1e2 (05-11-2023)	≤1e3
Campylobacter spp	<1e2	1. <mark>4e4</mark> (05-11-2023)	≤1e2	Campylobacter jejuni	<1e1	<1e1 (05-11-2023)	≤1e2
Campylobacter coli	<1e2	<1e2 (05-11-2023)	≤1e2	Campylobacter upsaliensis	<1e2	<1e2 (05-11-2023)	≤1e2
Plesiomonas shigelloides	<3e2	<3e2 (05-11-2023)	≤3e2	Vibrio (parahaemolyticus)	<3e3	<3e3 (05-11-2023)	≤3e3
Enteropathogenic E.coli (EPEC)	<1.5e3	<1.5e3 (05-11-2023)	≤1.5e3	Enterotoxigenic E.coli (ETEC) Lt/St	<2e3	<2e3 (05-11-2023)	≤2e3
E.coli 0157	<1.1e1	<1.1e1 (05-11-2023)	≤1e2	Shiga-Like Toxin Producing E.coli (STEC) Stx1/Stx2	<1e2	<1e2 (05-11-2023)	≤1e2
Shigella/EIEC	<1.3e1	<1.3e1 (05-11-2023)	≤1e2	Helicobacter pylori	<1e2	<1e2 (05-11-2023)	≤1.5e4
Listeria	<3e3	<3e3 (05-11-2023)	≤3e3	Vibrio (cholerae)	<2e2	<2e2 (05-11-2023)	≤2e2
Enteroaggregative E.coli (EAEC)	<1e2	<1e2 (05-11-2023)	≤1e2	Klebsiella pneumoniae	<3.5e3	<3.5e3 (05-11-2023)	≤3.5e3
Edwardsiella tarda	<4.5e3	<4.5e3 (05-11-2023)	≤4.5e3	Yersinia enterocolitica	<2e4	<2e4 (05-11-2023)	≤2e4
Vibrio (vulnificus)	<1e4	<1e4 (05-11-2023)	≤1e4	Salmonella	<2e3	<2e3 (05-11-2023)	≤2e3
Parasites - Protozoans	Current	Previous	Reference	Parasites - Protozoans	Current	Previous	Reference
Cryptosporidium	<1e2	<1e2 (05-11-2023)	≤1e2	Entamoeba histolytica	<1e2	<1e2 (05-11-2023)	≤1e2
Giardia lamblia	<4e2	<4e2 (05-11-2023)	≤4e2	Cyclospora cayetanensis	<1.5e2	<1.5e2 (05-11-2023)	≤2e3
Chilomastix mesnili	<2e3	<2e3 (05-11-2023)	≤2e3	Cyclospora spp.	<2.5e3	<2.5e3 (05-11-2023)	≤2.5e3
Dientamoeba fragilis	<1e3	<1e3 (05-11-2023)	≤1e3	Endolimax nana	<2e3	<2e3 (05-11-2023)	≤2e3
Entamoeba coli	<2e3	<2e3 (05-11-2023)	≤2e3	Pentatrichomonas hominis	<1e3	<1e3 (05-11-2023)	≤1e3
Blastocystis hominis	<1e3	<1e3 (05-11-2023)	≤1e3	Trichomonas hominis	<1e3	<1e3 (05-11-2023)	≤1e3

Date of Birth: 01-01-1111 Accession ID: 2310120326

Service Date: 2023-10-20 14:44 (PDT)

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≤2.1e2
≤2.1e2
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Reference
≤1.1e2
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Previous
OT DETECTED 05-11-2023)

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GUT PATHOGENS					
Antibiotic Resistance Genes	Current	Previous	Antibiotic Resistance Genes	Current	Previous
b-lactamase	NOT DETECTED	NOT DETECTED (05-11-2023)	Fluoroquinolones	NOT DETECTED	NOT DETECTED (05-11-2023)
Macrolides	NOT DETECTED	NOT DETECTED (05-11-2023)	Vancomycin	NOT DETECTED	NOT DETECTED (05-11-2023)



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Gut Zoomer

Risk and Limitations

This test has been developed and its performance characteristics determined by Vibrant America LLC., a CLIA certified lab and Vibrant Genomics, a CLIA and CAP certified lab. These assays have not been cleared or approved by the U.S. Food and Drug Administration. Vibrant Wellness provides additional contextual information on these tests and provides the report in a more descriptive fashion.

Gut Zoomer testing is performed at Vibrant Genomics and Vibrant America utilizing ISO-13485 developed technology. Vibrant America has effective procedures in place to protect against technical and operational problems. However, such problems may still occur. Examples include failure to obtain the result for a specific test due to circumstances beyond Vibrant's control. Vibrant may re-test a sample to obtain these results but upon re-testing the results may still not be obtained. As with all medical laboratory testing, there is a small chance that the laboratory could report incorrect results. A tested individual may wish to pursue further testing to verify any results.

Tested individuals should not change their diet, physical activity, or any medical treatments they are currently using based on the results without consulting their personal health care provider. The information in this report is intended for educational purposes only. While every attempt has been made to provide current and accurate information, neither the author nor the publisher can be held accountable for any errors or omissions. Tested individuals may find their experience is not consistent with Vibrant's selected peer reviewed scientific research findings of relative improvement for study groups. The science in this area is still developing and many personal health factors affect diet and health. Since subjects in the scientific studies referenced in this report may have had personal health and other factors different from those of tested individuals, results from these studies may not be representative of the results experienced by tested individuals. Further, some recommendations may or may not be attainable, depending on the tested individual's physical ability or other personal health factors. A limitation of this testing is that many of these scientific studies may have been performed in selected populations only. The interpretations and recommendations are done in the context of these studies, but the results may or may not be relevant to tested individuals of different or mixed ethnicities. Please note that pediatric ranges have not been established for individuals on immunosuppressive drugs.

Based on test results and other medical knowledge of the tested individual, health care providers might consider additional independent testing, or consult another health care provider or genetic counselor.

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