

# DEMO DEMO

FINAL REPORT

Accession ID: 2140298417

Name: DEMO DEMO  
Date of Birth: 03-24-1962  
Biological Sex: Male  
Age: 63  
Height:  
Weight:  
Fasting: UNKNOWN

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

## Provider Information

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

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

## Report Information

Current Result Previous Result In Control Moderate Risk

## Specimen Information

Sample Type	Collection Time	Received Time	Report	Final Report Date
EDTA	2024-04-22 00:00 (PST)	2024-04-23 13:05 (PST)	Nutrients - P	2024-10-08 23:46 (PST)



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1-866-364-0963 | support@vibrant-america.com | www.vibrant-wellness.com

TNP Test not performed

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

Notes Refer to Lab notes at the end of the table

## INTRODUCTION

Vibrant Wellness is pleased to present "Nutrient Intracellular" to help you make healthy lifestyle, dietary and treatment choices in consultation with your healthcare provider. It is intended to be used as a tool to encourage a general state of health and well-being. The Vibrant Nutrient Cellularis a test to enable direct measurement of both intracellular nutrient status of common vitamins, minerals, co-factors, amino acids, and essential fatty acids. This provides the most complete and accurate picture of a patient's micronutrient status and both short and long-term nutritional status. Based on the current levels, personalized diet and supplement suggestions are offered to enable the provider and patient to make informed decisions to optimize nutrition.

The Vibrant Nutrient Intracellular report begins with the Summary which provides concise information on the abnormal cellular analytes along with corresponding results from previous testing (if applicable). This is followed by a complete list of all analytes tested with quantitative results to enable a full overview along with the corresponding reference ranges. Reference ranges have been established using a cohort of 1000 apparently healthy individuals. The classification of Red indicates a result that is outside the reference range, and the classification of Green denotes a result that is within the reference range. The Vibrant Wellness platform provides tools for you to track and analyze your general wellness profile. Testing for the Nutrient Cellular panel is performed by Vibrant America, a CLIA certified lab CLIA#:05D2078809.

### Methodology:

The Vibrant Nutrient Intracellular panel uses tandem mass spectrometry methodology (LC-MS/MS) for quantitative detection of the Intracellular (WBC) Micronutrients markers and uses Inductively Coupled Plasma Mass Spectrometry (ICP-MS) for quantitative detection metals in WBC (intracellular)

### Interpretation of Report:

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All laboratory testing is performed by CLIA-certified and CAP-accredited clinical laboratories upon the order of a licensed healthcare professional, using biological specimens obtained from patients by, or at the direction of, the ordering healthcare professional. This test has not been reviewed or approved by the U.S. Food and Drug Administration (FDA). The test is a laboratory-developed test (LDT) that has been designed, manufactured, and validated by a CLIA-certified and CAP-accredited clinical laboratory, and is performed in accordance with applicable federal and state laboratory regulations. While certain individual analytes within this test may be measured using FDA-cleared or FDA-approved assays.

### Please note:


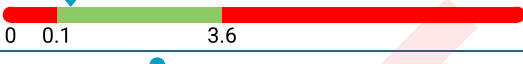
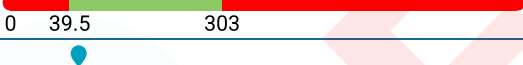
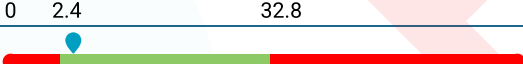
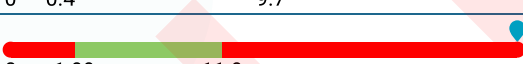
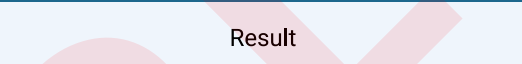
Consider all supplements in relation to medical history and symptoms. Not all recommended supplements are appropriate in all individual cases. It is important that you discuss any modifications to your diet, exercise, and nutritional supplementation with your healthcare provider before making any changes.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

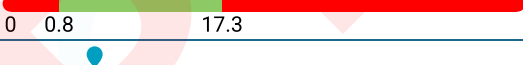

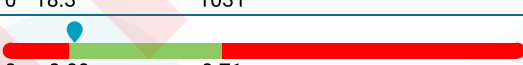

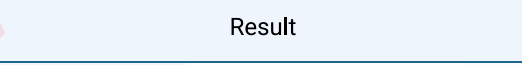




## Nutrient Intracellular - Summary

Test Name	Reference	Current	Previous	Abnormal
Bone, Joint and Muscle Health		36/100		High:  Vitamin B12 (Cobalamin)
Cardiovascular Health		36/100		High:  Vitamin B12 (Cobalamin)  Neutrophil Count
Gastrointestinal Barrier		36/100		High:  Vitamin B12 (Cobalamin)
Liver Detoxification		36/100		High:  Vitamin B12 (Cobalamin)  Neutrophil Count
Mitochondrial Function		36/100		
Skin and Anti-Aging		36/100		
Neurological, Cognitive Function and Mood		36/100		High:  Vitamin B12 (Cobalamin)





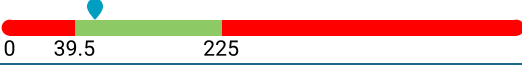
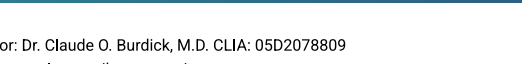
## VITAMINS

B-COMPLEX	Current	Previous	Result	Reference
Vitamin B1 (Thiamine diphosphate) (pg/MM WBC)	0.17			0.1-7.0
Vitamin B2 (Riboflavin 5-Phosphate) (pg/MM WBC)	0.4			0.2-3.6
Vitamin B3 (Nicotinic acid) (pg/MM WBC)	191.4			39.6-303.5
Vitamin B5 (Pantothenic acid) (pg/MM WBC)	4.1			2.5-32.8
Vitamin B6, Pyridoxal 5-Phosphate (pg/MM WBC)	1.0			0.5-9.7
Vitamin B12 (Cobalamin) (pg/mL)	<b>35.94</b>			2.0-11.99

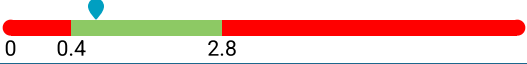

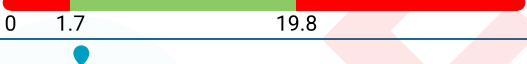


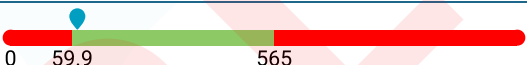

FAT SOLUBLE	Current	Previous	Result	Reference
Vitamin A (Retinol) (pg/MM WBC)	2.0			0.9-17.3
Vitamin D3 (Cholecalciferol) (pg/MM WBC)	47.9			25.9-246.6
Vitamin E (Alpha Tocopherol) (pg/MM WBC)	31.9			18.4-1031.1
Vitamin K1 (Phylloquinone) (pg/MM WBC)	0.11			0.1-0.71
Vitamin K2 (Menaquinone-MK-7) (pg/MM WBC)	0.25			0.1-0.89

WATER-SOLUBLE	Current	Previous	Result	Reference
Vitamin C (L-Ascorbic acid) (ng/MM WBC)	0.6			0.5-9.7
Myo-Inositol (Inositol) (ng/MM WBC)	0.29			0.1-2.5

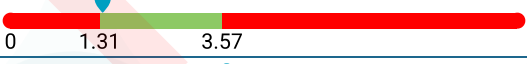
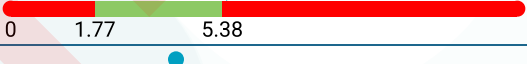

## MINERALS

Test Name	Current	Previous	Result	Reference
Calcium (Ca) (ng/MM WBC)	43			15.0-120.0
Zinc (Zn) (ng/MM WBC)	4			4.0-15.0
Copper (Cu) (ng/MM WBC)	2			2.0-15.0
Selenium (Se) (pg/MM WBC)	360			234.0-1050.0
Manganese (Mn) (pg/MM WBC)	20			2.0-75.0
Coenzyme Q10 (Ubiquinone + Ubiquinol) (pg/MM WBC)	65.5			39.6-225.3


## AMINO ACIDS

Test Name	Current	Previous	Result	Reference
L-Asparagine (ng/MM WBC)	0.8			0.5-2.8
L-Glutamine (ng/MM WBC)	1.8			1.4-7.0
L-Serine (ng/MM WBC)	2.0			1.8-19.8
Free Carnitine (ng/MM WBC)	0.3			0.3-1.5
Choline (ng/MM WBC)	0.3			0.2-1.5
Glutathione (pg/MM WBC)	193.5			98.7-1163.0
Cysteine (pg/MM WBC)	73.9			60.0-565.0

## BLOOD CELL COUNT

Test Name	Current	Previous	Result	Reference
Lymphocyte Count (x 10 <sup>3</sup> /μL)	1.38			1.32-3.57
Neutrophil Count (x 10 <sup>3</sup> /μL)	<b>5.53</b>			1.78-5.38
White Blood Cell (WBC) (x 10 <sup>3</sup> /μL)	7.52			4.23-9.07

## VITAMINS

B-COMPLEX	Current	Previous	Result	Reference
Vitamin B12 (Cobalamin) (pg/mL)	35.94			2.0-11.99

### HOW IT GETS DEPLETED

Age is a risk factor for deficiency of B12 due to a natural decline in intrinsic factor. Chronic use of PPIs may reduce HCl and lead to sub-clinical deficiencies. Some genetic SNPs (such as MTHFR) may lead to deficiencies in active B12 (methylcobalamin).

### CLINICAL MANIFESTATIONS OF DEPLETION

Deficiency of B12 can appear as pernicious anemia, usually due to lack of intrinsic factor. Another form of anemia associated with B12 deficiency is megaloblastic anemia, when folate is in excess and insufficient B12 is present, which creates a 'folate trap.' Another symptom of B12 deficiency is dementia due to degeneration of myelin. In B12 deficiency, methylmalonyl CoA will be metabolized to methylmalonic acid (MMA), which is why MMA is considered the definitive marker for B12 deficiency. Achlorhydria (insufficient stomach acid) can lead to B12 deficiency because HCl is required to cleave B12 from intrinsic factor.

### FOOD SOURCES

Vitamin B12 is synthesized by bacteria and exists in all animal foods. Vitamin B12 is only available from animal sources. The B12 synthesized by gut bacteria may not be a significant source for humans, as it is not absorbed in the colon.

### SUPPLEMENT OPTIONS

The RDA for B12 is 6 mcg/day. Consider the upper limit of folate supplementation as a factor for the supplementation of B12, due to potential for folate trap. Vitamin B12 is extremely safe. No toxicity from high doses of vitamin B12 has ever been reported. Intramuscular injections are often used, particularly in the elderly to bypass intrinsic factor. Humans store large amounts of B12 in the liver so larger doses can be given at 6 month intervals. Supplementation is highly encouraged on a vegan diet. Due to high storage capacity in the liver, it may take years to deplete the body of B12 after adopting a vegan diet. Consider MTHFR genetic, and methyl cobalamin supplementation, particularly with hyperhomocysteinemia. Methylcobalamin is the recommended form of supplementation, but may be poorly absorbed in people taking antacids or those with very poor absorption (celiac, intestinal permeability, etc). Cyanocobalamin is not recommended for patients with MTHFR mutations. Hydroxocobalamin is recommended for patients with autoimmune diseases and elevated nitric oxide levels. Glutathione is also required for methylcobalamin to be bound for transport adequately. Vitamin B12 supplementation may help manage anemia, asthma, fatigue, hepatitis, dementia, epilepsy, depression, psychosis, irritability, ataxia, numbness, tingling, neuropathy, AIDS, multiple sclerosis, tinnitus, and infertility. Supplemental B12 is commonly given in 1000 to 5000 mcg doses.


## MINERALS

No markers are outside the normal reference range

## AMINO ACIDS

No markers are outside the normal reference range

## BLOOD CELL COUNT

Test Name	Current	Previous	Result	Reference
Neutrophil Count (x 10 <sup>3</sup> /μL)	5.53			1.78-5.38

### HOW IT GETS DEPLETED

Not applicable

### CLINICAL MANIFESTATIONS OF DEPLETION

Not applicable

### FOOD SOURCES

Not applicable

### SUPPLEMENT OPTIONS

Not applicable



## Risk and Limitations

Results may vary between individuals and reflect biological and analytical findings at the time of specimen collection. Interpretation should consider individual health context, as population-based reference frameworks may not fully represent all age groups, ethnic backgrounds, or health profiles.

Results obtained from stool specimens may be affected by factors outside the control of Vibrant, including specimen collection technique, transport, storage, and timing relative to diet, medication use, or supplementation, as well as intermittent shedding of microorganisms that can lead to variability between samples collected at different time points. Detection of microbial DNA or RNA dependent on appropriate specimen collection, handling, transport, storage, and preparation. False-negative results may occur due to sequence variability or genetic rearrangements in assay target regions. According to information provided by the test manufacturer, Cary-Blair transport media used for stool dilution and processing is screened for viable organisms but may not be specifically evaluated for microbial nucleic acids. The presence of detectable nucleic acids in the transport medium may result in false-positive findings in nucleic acid-based assays.

Results generated using RT-PCR, immunoassay, LC-MS/MS, and microarray methodologies are subject to inherent analytical limitations related to instrument performance, manufacturer specifications, and methodological variability.

Vibrant 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 retesting 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.

Vibrant does not diagnose, treat, or cure medical conditions and does not replace the care of a licensed medical practitioner or counselor, nor does it recommend self-diagnosis or self-medication. Depending on the nature of the testing, individuals who receive moderate- or high-risk results may be advised to pursue confirmatory testing and seek appropriate medical follow-up with a healthcare professional. Vibrant shall not be liable to any individual or third party for any loss, injury, or damages arising in whole or in part from the procurement, compilation, interpretation, delivery, or reporting of information contained in this report, nor for any decisions made or actions taken or not taken in reliance on such information.

The supplement recommendations and dosage guidelines provided are intended for general informational purposes only and should not replace professional medical advice; final dosage decisions must be made in consultation with your healthcare provider. Vibrant disclaims any liability for adverse effects, outcomes, or consequences arising from the use of these suggestions.