

DEMO DEMO

Name: DEMO DEMO
Date of Birth: 01-16-1977
Biological Sex: Female
Age: 49
Height: 70 inches
Weight: 150 lbs
Fasting:

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

FINAL REPORT

Accession ID: 2147735971

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

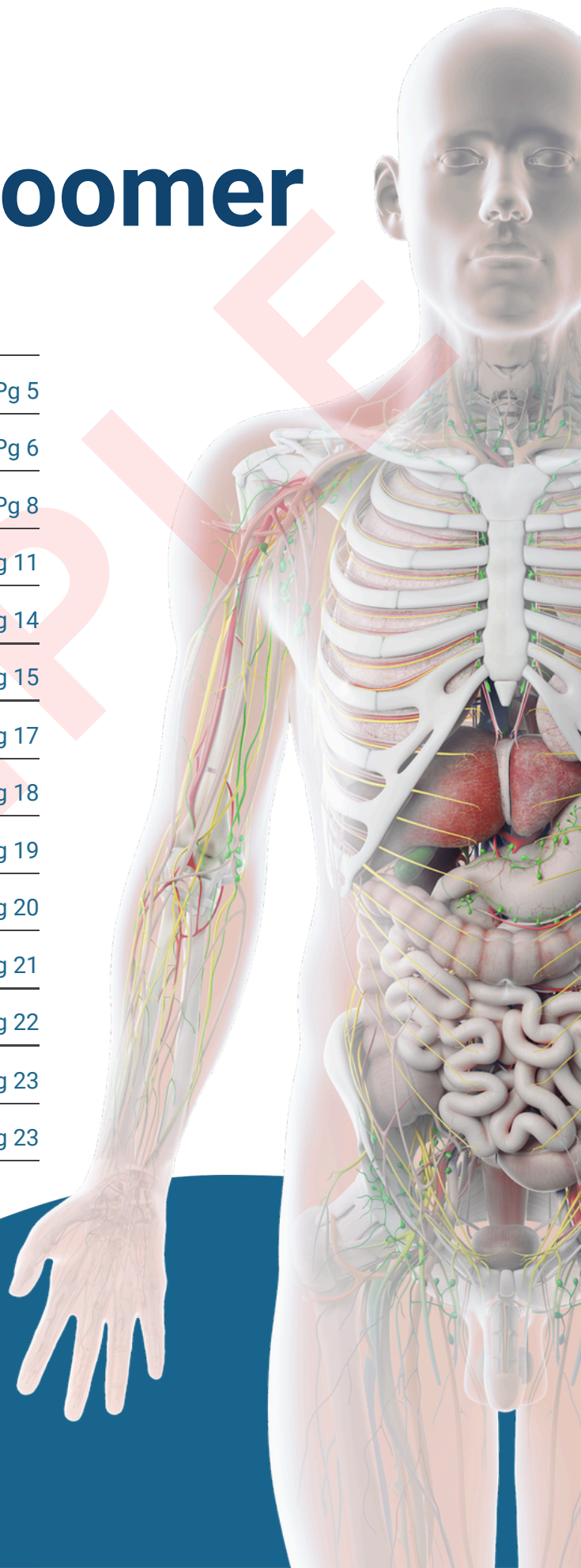
Specimen Information

Sample Type	Collection Time	Received Time	Report	Final Report Date
Serum	Local 2026-03-29 17:00	2026-03-30 14:54 (PDT)	Foundation Zoomer - P2	2026-04-21 10:31 (PDT)
EDTA	Local 2026-03-29 17:00	2026-03-30 14:54 (PDT)	Foundation Zoomer - P2	2026-04-21 10:31 (PDT)
Plasma	Local 2026-03-29 17:00	2026-03-30 14:54 (PDT)	Foundation Zoomer - P2	2026-04-21 10:31 (PDT)

Foundation Zoomer

Your Foundation Health Report

Foundation Zoomer - Summary	Pg 5
Nutrition Health	Pg 6
Hormone Health	Pg 8
Blood Cell Health	Pg 11
Metabolic Health	Pg 14
Kidney Health	Pg 15
Liver Health	Pg 17
Cardiovascular Health	Pg 18
Musculoskeletal Health	Pg 19
Neural Health	Pg 20
Gut Health	Pg 21
Immune Health	Pg 22
Skin and Hair Health	Pg 23
Energy Health	Pg 23



INTRODUCTION

Wellness is pleased to present to you Foundation Zoomer testing to support healthy lifestyle choices in consultation with your healthcare provider. The Foundation Zoomer evaluates biomarkers across key wellness domains, including Nutrition Status, Adrenal and Stress Response, Sex Hormones, Thyroid Function, Hematologic Health (RBC, WBC, Platelets), Kidney and Liver Function, Pancreatic and Metabolic Health, Cardiovascular Risk, Bone Integrity, Lung and Muscle Function, Neural and Cognitive Support, Gut Barrier Integrity, Immune Activation, Skin and Hair Health, and Energy Regulation. Results are intended to be interpreted by healthcare providers to support a systems-based understanding of overall health and to guide personalized wellness strategies.

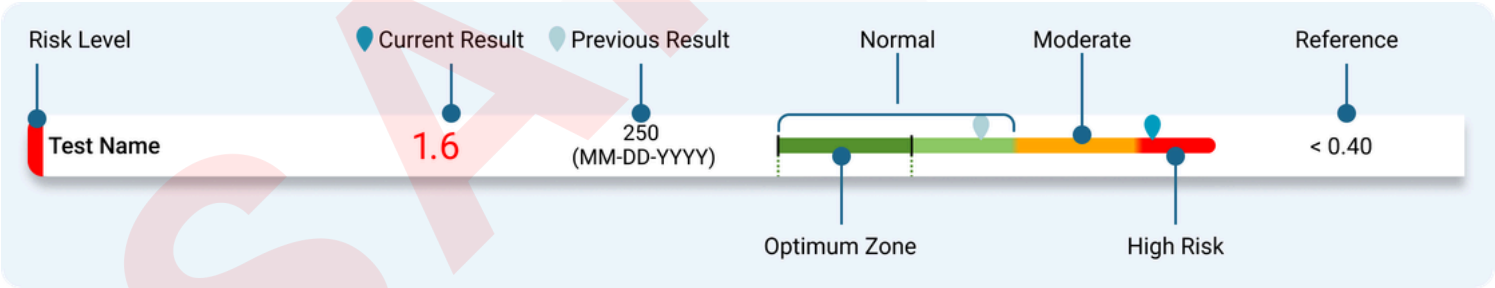
Methodology

The Foundation Zoomer uses liquid chromatography tandem mass spectrometry (LC-MS/MS) for detecting Reverse T3. The Foundation Zoomer is a semiquantitative assay that detects IgG, IgA, and IgM antibodies in human serum for gut barrier integrity antigens with multiplexed chemiluminescence immunoassay (CLIA) methodology. For Anti-CCP, uses the ELISA methodology. The testing method for ANA is an indirect immuno uorescence assay (IFA) manufactured by EUROIMMUN and performed on the EUOPattern system. For markers under Nutrition Status, Adrenal and Stress Response, Sex Hormones, Thyroid Function, Hematologic Health (RBC, WBC, Platelets), Kidney and Liver Function, Pancreatic and Metabolic Health, Cardiovascular Risk, Bone Integrity, Lung and Muscle Function, Neural and Cognitive Support, Immune Activation, Skin and Hair Health, and Energy Regulation, uses FDA approved Roche Cobas platform.

Interpretation of Report

The Foundation Zoomer report begins with a comprehensive summary page that provides an integrated overview of the patient’s overall health status across core physiological systems. The summary highlights system-level health scores on a standardized 100-point scale, categorizing results into risk tiers to help prioritize clinical attention. Key domains assessed include Energy, Neural, Cardio, Hormonal, Metabolic, Immune, Gut, Nutrition, Blood Cell, Skin and Hair, Musculoskeletal, and Organ Function (Kidney, Liver, and Pancreas). These scores are visually mapped onto a full-body anatomical illustration, allowing for intuitive visualization of system-speci c imbalances and their relative severity.

This integrative presentation supports rapid risk strati cation and helps guide targeted follow-up testing, lifestyle interventions, and personalized care planning based on the cumulative impact of underlying biochemical, hormonal, in ammatory, and metabolic markers. Reference ranges have been established based on cohorts of 500 relatively healthy adults over 18 years of age. Reference populations and age strati cation may vary by analyte for FDA-approved tests included in this panel. This is followed by critical values if applicable and follow-up recommendations of additional testing and a complete list of all biomarkers tested with quantitative results to enable a full overview along with the corresponding reference ranges, with results displayed in a quantile-style format using horizontal bars segmented into dark green (optimum), green (in control), yellow (moderate), and red (risk) zones , positioning the patient’s value as a dot to intuitively convey relative risk levels. The patient’s value is considered normal if it falls within the dark green (optimum) or green (in control) zone. The current result and previous result are listed to the left of the reference range. The reference metric, used to establish where a patient’s result lies in the reference range, is listed to the right of the reference range. See the image below for an example of a visual representation of the results.



The Nutrition Health illustration depicts the integrated pathways of dietary intake, absorption, transport, storage, and cellular utilization of key micronutrients essential for metabolic and hematologic function. It highlights iron handling from intestinal absorption through transferrin-mediated transport and ferritin storage, vitamin D metabolism from intake to hepatic activation and its role in bone marrow erythropoiesis, and folate–vitamin B12 interactions supporting DNA synthesis and methylation. Homocysteine is presented as a functional marker re ecting methylation e ciency and nutrient su ciency, while the overall pathway emphasizes how micronutrient balance directly in uences red blood cell production and systemic energy status.

The Hormone Health illustration maps the hierarchical regulation of the endocrine system, beginning with hypothalamic and anterior pituitary signaling and extending to downstream glandular targets including the thyroid, adrenal glands, and gonads. It outlines key feedback loops involving thyroid hormones (T3, T4), adrenal hormones (cortisol, DHEA-S), and sex hormones (testosterone, estradiol, progesterone), while highlighting the modulatory role of binding proteins such as SHBG. This systems-level visualization supports interpretation of hormonal imbalances by demonstrating how central signaling, peripheral conversion, and tissue responsiveness collectively in uence metabolic regulation, reproductive health, stress adaptation, and overall physiological balance.

Continued on Next page

INTRODUCTION

Please note: It is important that you discuss any modifications to your diet, exercise, drug, and/or nutritional supplementation with your healthcare provider before making any changes.

Regulatory Disclaimer: This test was performed by America Clinical Laboratory at 3521 Leonard Ct, Santa Clara, CA 95054 (CLIA No. 05D2078809, CAP No. 8970308). This test¹ was developed, and its performance characteristics determined, by America Clinical Laboratory. This test has not been cleared or approved by the U.S. Food and Drug Administration (FDA).

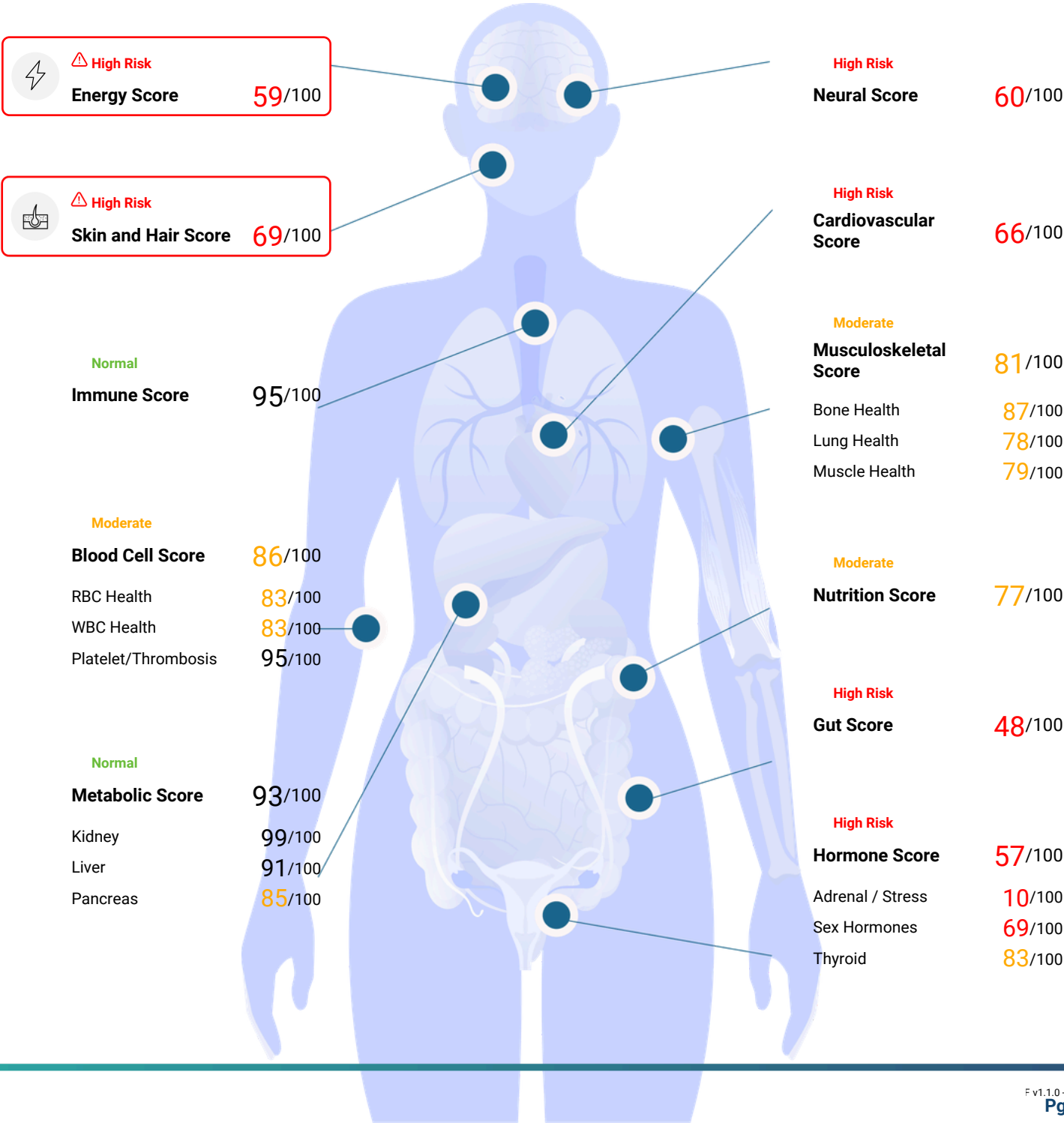
Test¹: Reverse T3 (rT3), adiponectin, leptin, small dense LDL (sdLDL), myeloperoxidase (MPO), zonulin, anti-zonulin IgG, anti-zonulin IgA, anti-actin IgG, anti-actin IgA, anti-LPS IgG+IgM, anti-LPS IgA, interleukin-6 (IL-6), and tumor necrosis factor- α (TNF- α).

Summary

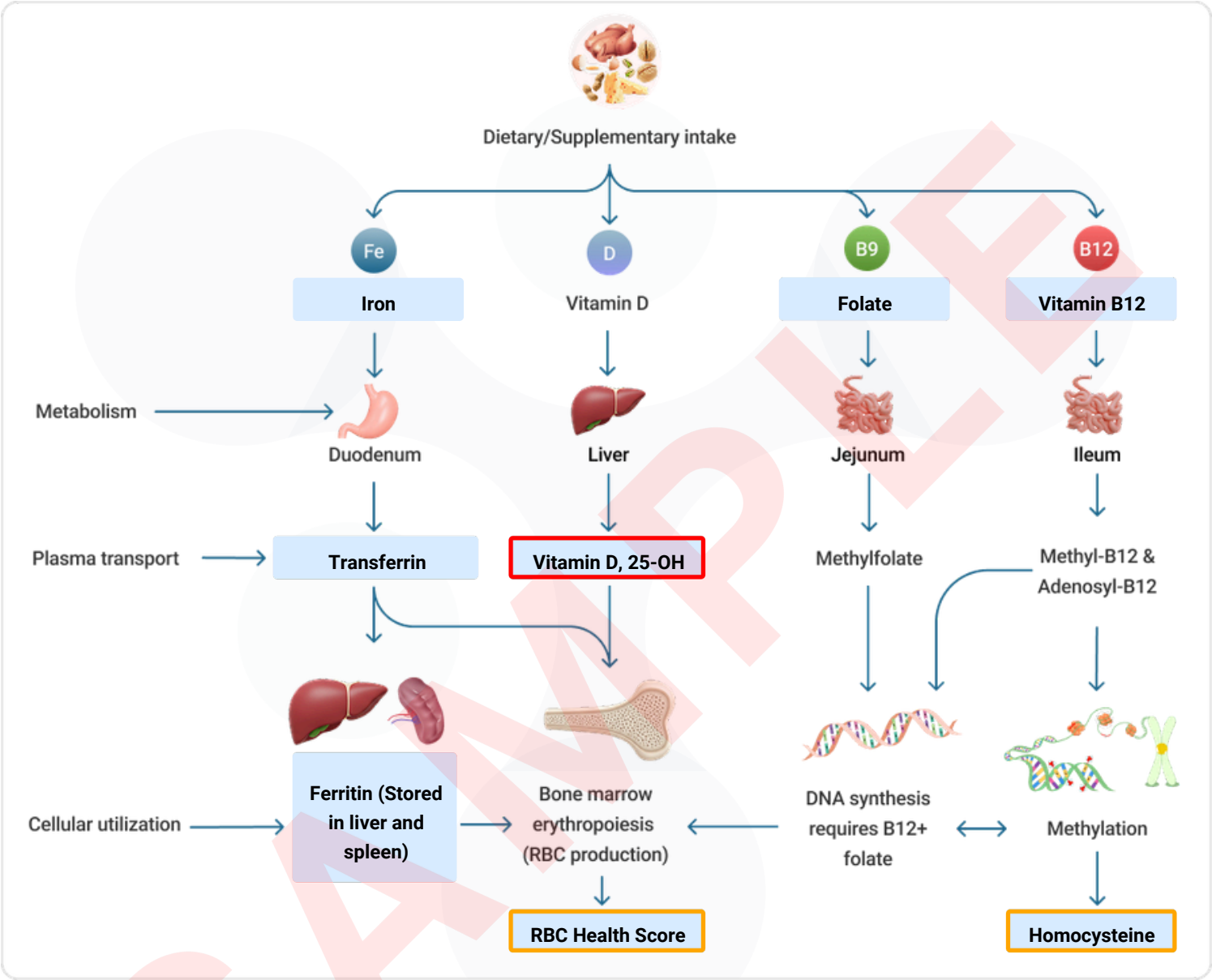
Critical Values: N/A

Test Recommendation: Gut Zoomer

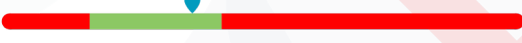
Bundle Recommendation: Gut Zoomer, Food Zoomer, Toxin Zoomer



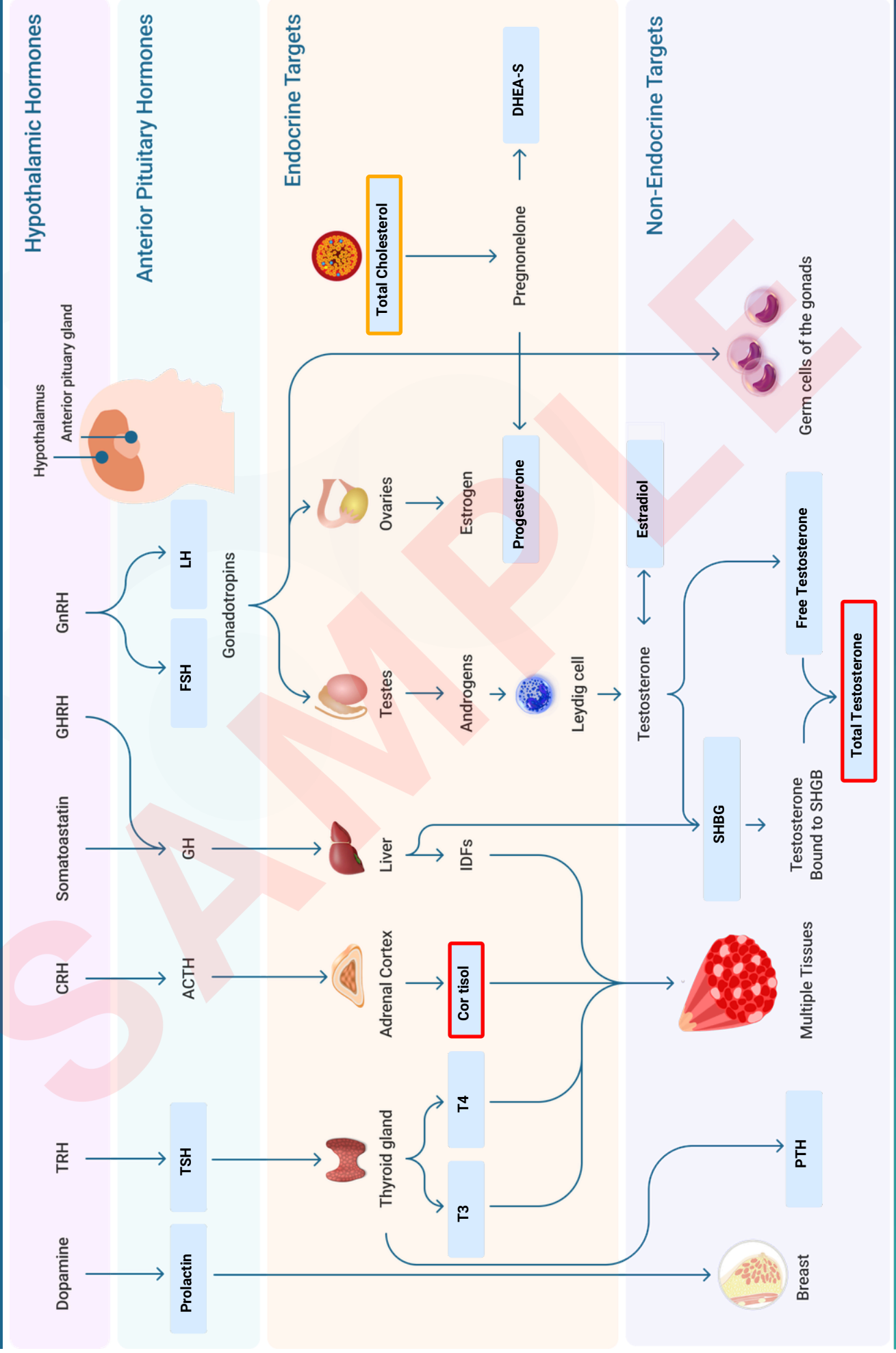
Nutrition Health



Test Name	Current	Previous	Result	Reference
Vitamin D, 25-OH (ng/mL)	24.0		<div><div></div></div>	30-108
Vitamin D, 25-OH is the primary indicator of vitamin D status, and low levels impair calcium absorption, bone mineralization, and immune regulation, increasing the risk of skeletal and metabolic disorders.				
Homocysteine (μmol/L)	12.8		<div><div></div></div>	≤9
Vitamin B12 (pg/mL)	315.0		<div><div></div></div>	232-1245
Folate (ng/mL)	7.4		<div><div></div></div>	≥4.6

Nutrition Health				
Test Name	Current	Previous	Result	Reference
Ferritin (ng/mL)	42.0			13-150
Serum Iron (ug/dL)	72.0			37-145
Transferrin (mg/dL)	318.0			203-362
Transferrin Saturation (%)	17.2			12-45
TIBC (µg/dL)	418.0			149-492
UIBC (µg/dL)	346.0			112-347

Hormone Health



Hormone Health

Adrenal / Stress	Current	Previous	Result	Reference
------------------	---------	----------	--------	-----------

Cortisol (µg/dL)	21.4		<div><div></div><div></div><div></div></div>	6.2-19.4
------------------	------	--	--	----------

Cortisol is the primary stress hormone regulating stress response, metabolism, and immune function, and elevated levels reflect chronic stress or hypercortisolism, which can suppress immune function and contribute to metabolic and cardiovascular dysregulation.

Dehydroepiandrosterone Sulfate (DHEA-S) (µg/dL)	64.0		<div><div></div><div></div><div></div></div>	35.4-256
---	------	--	--	----------

Sex Hormones	Current	Previous	Result	Reference
--------------	---------	----------	--------	-----------

Free Testosterone (ng/dL)	0.19		<div><div></div><div></div><div></div></div>	0.03-2.56
---------------------------	------	--	--	-----------

Total Testosterone (ng/dL)	3.0		<div><div></div><div></div><div></div></div>	4.5-269.2
----------------------------	-----	--	--	-----------

Total testosterone reflects overall testosterone production in the body, with low levels often associated with reduced energy, muscle mass, bone density, and impaired sexual function.

Estradiol (pg/mL)	40.0			
-------------------	------	--	--	--

Progesterone (ng/mL)	0.600			
----------------------	-------	--	--	--

LH (Luteinizing Hormone) (mIU/mL)	13.0			
-----------------------------------	------	--	--	--

FSH (Follicle-Stimulating Hormone) (mIU/mL)	19.0			
---	------	--	--	--

Sex Hormone-Binding Globulin (SHBG) (nmol/L)	56.0		<div><div></div><div></div><div></div></div>	24.6-122
--	------	--	--	----------

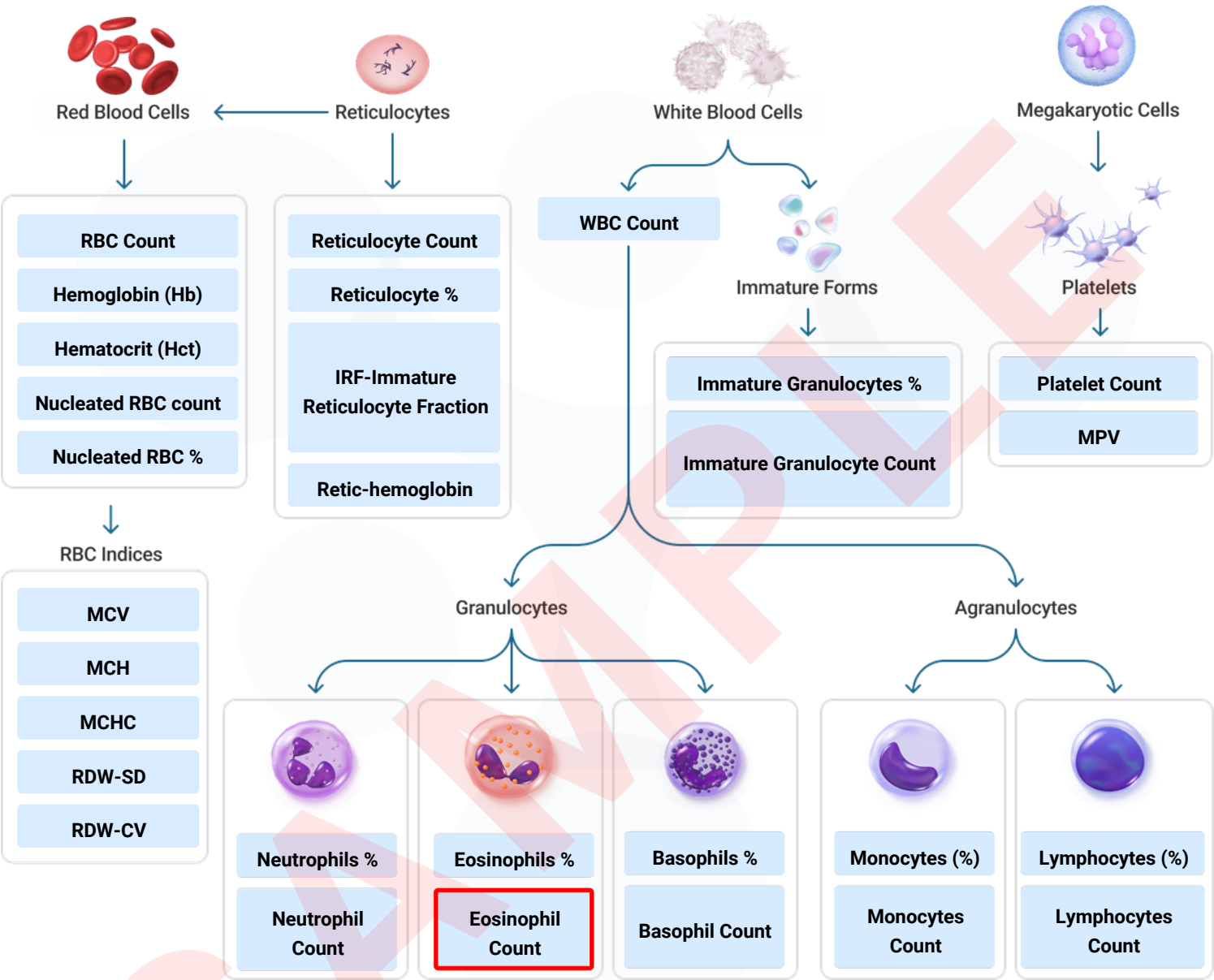
Prolactin (ng/mL)	11.00		<div><div></div><div></div><div></div></div>	4.79-23.3
-------------------	-------	--	--	-----------

Estradiol		FSH		LH		Progesterone	
Phase	Reference Range	Phase	Reference Range	Phase	Reference Range	Phase	Reference Range
FOLLICULAR	12.4 - 233 pg/mL	FOLLICULAR	3.5 - 12.5 mIU/mL	FOLLICULAR	2.4 - 12.6 mIU/ml	FOLLICULAR	0.057 - 0.893 ng/mL
OVULATION	41.0 - 398 pg/mL	OVULATION	4.7 - 21.5 mIU/mL	OVULATION	14 - 95.6 mIU/mL	OVULATION	0.121 - 12.0 ng/mL
LUTEAL	22.3 - 341 pg/mL	LUTEAL	1.7 - 7.7 mIU/mL	LUTEAL	1 - 11.4 mIU/mL	LUTEAL	1.83 - 23.9 ng/mL
Postmenopause	<5 - 138 pg/mL	Postmenopause	25.8-134.8 mIU/mL	Postmenopause	7.7-58.5 mIU/mL	Postmenopause	0 - 0.126 ng/mL
PREGNANCY 1st trimester	154 - 3243 pg/ml						
PREGNANCY 2nd trimester	1561 - 21280 pg/ml						
PREGNANCY 3rd trimester	8525 - > 30000 pg/ml						

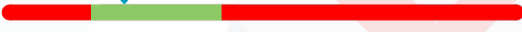
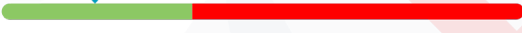
Hormone Health

Thyroid	Current	Previous	Result	Reference
TSH (Thyroid-Stimulating Hormone) (µIU/mL)	3.100			0.111-4.91
Free T4 (ng/dL)	1.1			0.9-1.7
Free T3 (pg/mL)	2.4			2-4.4
Total T3 (Triiodothyronine) (ng/mL)	1.5			0.8-2
Total T4 (Thyroxine) (µg/dL)	7.2			4.5-9.8
Reverse T3 (ng/dL)	24.0			7-23
Reverse T3 is an inactive form of triiodothyronine (T3) that competes with active T3, and high levels indicate stress- or illness-mediated T3 inhibition, non-thyroidal illness syndrome, severe illness, or corticosteroid use.				
Anti-TPO (IU/mL)	<12			≤34
Anti-TG (IU/mL)	15.0			≤115

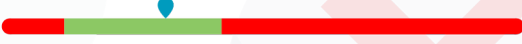
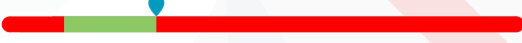
Blood Cell Health



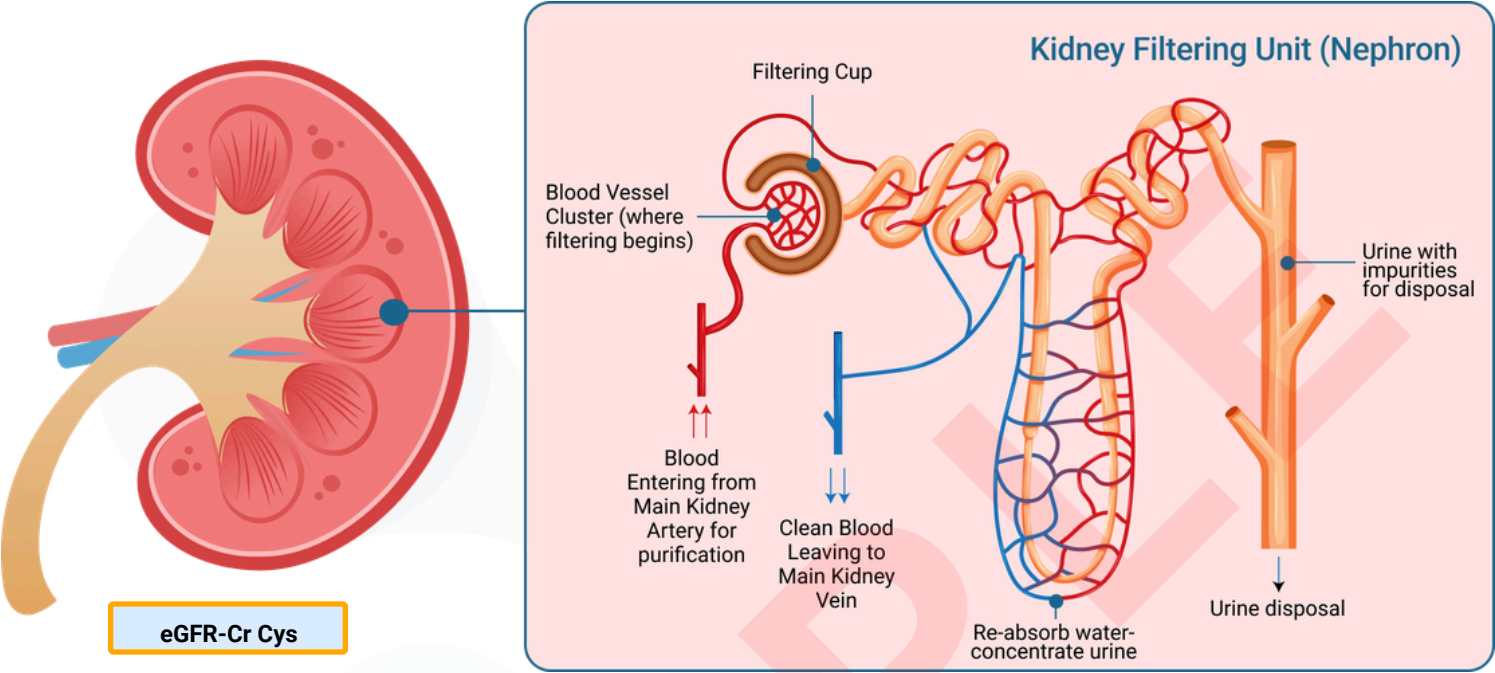
RBC Health	Current	Previous	Result	Reference
Hemoglobin (g/dL)	11.4		<div><div></div></div>	11.2-15.7
Hematocrit (%)	37.8		<div><div></div></div>	34.1-44.9
MCV (x 10 ³ /μL)	88.0		<div><div></div></div>	79.4-94.8
MCH (pg)	29.0		<div><div></div></div>	25.6-32.2
MCHC (g/dL)	33.0		<div><div></div></div>	32.2-35.5

Blood Cell Health				
RBC Health	Current	Previous	Result	Reference
RDW - SD (fL)	44.0			36.4-46.3
RDW - CV (%)	14.1			11.7-14.4
Ferritin (ng/mL)	42.0			13-150
Reticulocyte Count (x 10 ⁶ /μL)	0.0700			0.0444-0.1451
Reticulocyte Percentage (Reticulocyte %) (%)	1.4			≤3
IRF (Immature Reticulocyte Fraction) (%)	8.6			3-15.9
Reticulocyte Hemoglobin Content (Retic-Hemoglobin) (pg)	30.0			28.2-35.7
Nucleated RBC% (/100WBC)	0.0			≤0.2
Nucleated RBC count (x 10 ³ /μL)	<0.01			≤0.012
WBC Health	Current	Previous	Result	Reference
Total WBC (x 10 ³ /μL)	4.50			3.98-10.04
Neutrophils (%)	52.0			34-71.1
Lymphocytes (%)	38.0			19.3-51.7
Monocytes (%)	8.0			4.7-12.5
Eosinophils (%)	1.5			0.7-5.8
Basophils (%)	0.5			0.1-1.2
Immature Granulocytes (%)	0.2			≤2.1
Neutrophil count (x 10 ³ /μL)	2.34			1.56-6.13
Lymphocyte count (x 10 ³ /μL)	1.71			1.18-3.74
Monocyte count (x 10 ³ /μL)	0.36			0.2-0.82

Blood Cell Health				
WBC Health	Current	Previous	Result	Reference
Eosinophil count (x 10 ³ /μL)	0.58			≤0.36
Eosinophil count measures the number of eosinophils in the blood, which are involved in allergic reactions and parasite defense, and a high count indicates eosinophilic disorders, reflecting increased immune activity and inflammation.				
Basophil count (x 10 ³ /μL)	<0.03			≤0.08
Immature Granulocyte count (x 10 ³ /μL)	<0.03			≤0.1
Platelet/Thrombosis	Current	Previous	Result	Reference
Platelet Count (x 10 ³ /μL)	268.0			154-374
MPV (Mean Platelet Volume) (fL)	10.2			9.4-12.3
Homocysteine (μmol/L)	12.8			≤9
Homocysteine is a sulfur containing amino acid involved in methylation pathways. Elevated levels damage blood vessels and promote platelet activation, increasing the risk of thrombosis and cardiovascular disease.				
Lp(a) (Lipoprotein(a)) (mg/dL)	18.0			≤29
ox-LDL (U/L)	82.0			≤99.1

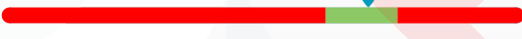
Metabolic Health				
Pancreas	Current	Previous	Result	Reference
Hemoglobin A1c (HbA1c) (%)	5.7			≤5.6
Hemoglobin A1c (HbA1c) reflects average blood glucose over 2–3 months, enabling diagnosis and monitoring of diabetes independent of fasting or short-term fluctuations. High HbA1c levels indicate poor blood sugar control and are associated with an increased risk of diabetes-related complications.				
Fasting Insulin (μU/mL)	17.0			2.6-24.9
Fasting Glucose (mg/dL)	100.0			70-100
HOMA-IR (calculated)	4.2			0.7-2
HOMA-IR (Homeostatic Model Assessment for Insulin Resistance) assesses insulin resistance, with high levels indicating that the pancreas produces insulin but the body's cells are less responsive to it.				
Adiponectin (ug/mL)	5.8			4.5-58.5
Leptin (ng/mL)	28.0			4.7-23.7
Leptin is a hormone that regulates energy balance and insulin sensitivity, and high levels are associated with obesity, insulin resistance, and metabolic syndrome.				
GlycatedSerum Protein (fructosamine) (umol/L)	288.0			≤285
Glycated serum protein (GSP) shows blood sugar control over the past 2–3 weeks, and high levels indicate poor blood sugar control and are seen in conditions like type 2 diabetes and pancreatic cancer.				

Kidney Health



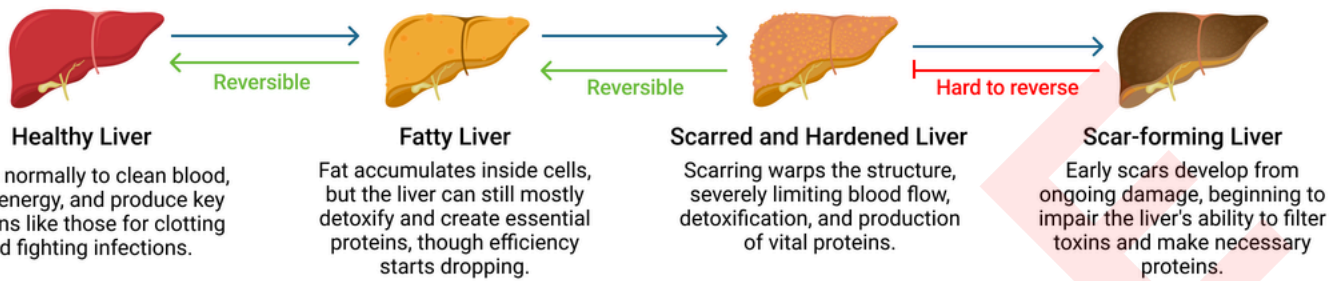
Test Name	Current	Previous	Result	Reference
eGFR (non-AfricanAmerican) (mL/min/1.73m ²)	79.3		<div><div></div></div>	≥60
eGFR (AfricanAmerican) (mL/min/1.73m ²)	>90		<div><div></div></div>	≥60
eGFR- Cr Cys	90.7		<div><div></div></div>	≥96
eGFR–Cr Cys is a combined kidney function marker using both creatinine and cystatin C to estimate glomerular filtration, offering improved accuracy over single-marker estimates. High eGFR–Cr Cys levels suggest normal or preserved kidney filtration, indicating healthy renal function and lower risk of kidney disease.				
Creatinine (mg/dL)	0.86		<div><div></div></div>	0.5-0.9
Cystatin C (mg/L)	0.86		<div><div></div></div>	0.61-0.95
BUN (Blood Urea Nitrogen) (mg/dL)	16.0		<div><div></div></div>	6-20
Serum Osmolality (mOsm/kg)	297.9		<div><div></div></div>	285-315
Albumin (g/dL)	4.4		<div><div></div></div>	3.5-5.2
BUN/Creatinine Ratio	19.0		<div><div></div></div>	10-20

Foundation Zoomer[®] Summary

Test Name	Current	Previous	Result	Reference
Uric Acid (mg/dL)	5.9			2.4-5.7
Uric acid is a metabolic waste product eliminated from the blood by kidney filtration. Elevated levels indicate kidney dysfunction such as reduced filtration or renal failure.				
Sodium (mmol/L)	139.0			136-145
Potassium (mmol/L)	4.3			3.5-5.1
Chloride (mmol/L)	103.0			98-107
Carbon Dioxide (CO2) (mmol/L)	24.0			18-29

Liver Health

Stages of Liver Disease



Test Name	Current	Previous	Result	Reference
ALT (Alanine Aminotransferase) (U/L)	34.0			≤33
ALT is a liver enzyme involved in amino acid metabolism within liver cells, and high levels indicate liver-related issues such as liver damage or inflammation.				
AST (Aspartate Aminotransferase) (U/L)	29.0			≤32
GGT (Gamma-glutamyl transferase) (U/L)	66.0			≤40
GGT is a liver enzyme involved in glutathione (major antioxidant) metabolism and bile flow, and high levels indicate liver-related issues such as hepatitis, cirrhosis, liver cancer, or blocked bile ducts.				
Bilirubin Direct (mg/dL)	<0.2			≤0.3
Bilirubin Total (mg/dL)	0.2			≤1.2
Alkaline Phosphatase (ALP) (U/L)	92.0			35-104
Total Protein (g/dL)	6.9			6.2-8
Albumin (g/dL)	4.4			3.5-5.2
LDH (Lactate dehydrogenase) (U/L)	178.0			135-214
Total CK (U/L)	108.0			30-223

Cardiovascular Health

Test Name	Current	Previous	Result	Reference
Apo B (mg/dL)	96.0			≤89
Apo B is the primary protein component of LDL cholesterol, crucial for lipid transport, and high levels indicate an increased risk of heart disease and related conditions.				
Low-Density LipoproteinDirect (LDLDirect) (mg/dL)	140.0			≤99
Direct LDL cholesterol is a marker of cardiovascular risk, reflecting the amount of LDL cholesterol circulating in the blood and its potential to contribute to atherosclerosis. High direct LDL cholesterol levels are linked to increased risk of atherosclerosis, heart attack, and stroke, signaling the need for intervention to lower cardiovascular risk.				
LDL - Friedewald	>50			≤30
LDL (calculated or direct) by Friedewald method is a cardiovascular risk marker that estimates LDL cholesterol, with higher levels indicating increased risk of heart attack and stroke.				
LDL - Martin Hopkins	>100			≥96
Lp(a) (Lipoprotein(a)) (mg/dL)	18.0			≤29
Triglycerides (mg/dL)	152.0			≤149
Triglycerides are the main form of fat circulating in the blood and reflect energy storage and lipid metabolism. Elevated levels increase atherosclerotic risk and are associated with cardiovascular disease.				
HDL Direct (mg/dL)	45.0			≥66
HDL Direct measures high-density lipoprotein (HDL) cholesterol, known as good cholesterol, which helps remove excess cholesterol from the bloodstream and low levels indicate normal and healthy state.				
ox-LDL (U/L)	82.0			≤99.1
hs-CRP (mg/L)	3.2			≤0.9
High-sensitivity C-reactive protein (hsCRP) is an inflammatory marker, and elevated levels indicate active inflammation, correlating with Rheumatoid Arthritis (RA) disease activity and cardiovascular risk.				
Interleukin-6 (IL-6) (pg/mL)	3.2			≤6.9
Tumor necrosis factor-α (TNF-α) (pg/ml)	3.8			≤8
Homocysteine (μmol/L)	12.8			≤9
Homocysteine is a sulfur-containing amino acid involved in methylation pathways and vascular health, and elevated levels increase the risk of cardiovascular disease, thrombosis, and vascular inflammation.				

Cardiovascular Health

Test Name	Current	Previous	Result	Reference
Apo A-1 (mg/dL)	124.0			≥140
Apolipoprotein A-1 (Apo A-1) is the primary protein component of HDL cholesterol involved in reverse cholesterol transport, and low levels are associated with increased cardiovascular risk.				
sdLDL (Small Dense LDL) (mg/dL)	36.0			≤50
MPO (Myeloperoxidase) (pmol/L)	420.0			≤599.9
PLAC (Lp-PLA2) (nmol/min/mL)	192.0			≤224
Apo B/Apo A-1 Ratio	0.77			≤0.59
The Apo B:Apo A-1 ratio is a marker of cholesterol balance and heart disease risk, with higher ratios indicating an increased risk of atherosclerosis and cardiovascular disease.				
Cholesterol/HDL Ratio	4.7			≤3.5
The Cholesterol/HDL Ratio compares total cholesterol to good HDL cholesterol, with a higher ratio indicating higher heart disease risk.				
Total Cholesterol (mg/dL)	212.0			≤199
Total cholesterol measures the combined amount of cholesterol in the blood, including LDL, HDL, and VLDL. High total cholesterol levels indicate increased risk of plaque formation, raising the likelihood of atherosclerosis and cardiovascular disease.				

Musculoskeletal Health

Bone Health	Current	Previous	Result	Reference
Vitamin D, 25-OH (ng/mL)	24.0			30-108
Vitamin D, 25-OH reflects circulating vitamin D status essential for calcium absorption and bone mineralization. Low levels impair bone strength and increase the risk of bone loss and fractures.				
Parathyroid Hormone (PTH) (pg/mL)	52.0			15-65
Inorganic phosphate (mg/dL)	3.5			2.5-4.5
Calcium (mg/dL)	9.4			8.9-10.6
Alkaline Phosphatase (ALP) (U/L)	92.0			35-104

Musculoskeletal Health

Lung Health	Current	Previous	Result	Reference
Hemoglobin (g/dL)	11.4			11.2-15.7
Hematocrit (%)	37.8			34.1-44.9
RBC Count (x 10^6/μL)	4.28			3.93-5.22
RDW - SD (fL)	44.0			36.4-46.3
RDW - CV (%)	14.1			11.7-14.4
Transferrin Saturation (%)	17.2			12-45

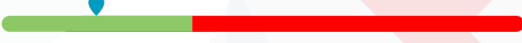
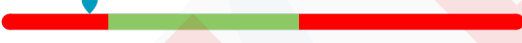
Muscle Health	Current	Previous	Result	Reference
Free Testosterone (ng/dL)	0.19			0.03-2.56
Vitamin D, 25-OH (ng/mL)	24.0			30-108
Vitamin D, 25-OH is a marker of vitamin D levels, and low levels disrupt bone strength, calcium balance, and immune health, increasing the risk of bone problems.				
IGF-1 (ng/mL)	110.0			53-215
Total CK (U/L)	108.0			30-223
AST (Aspartate Aminotransferase) (U/L)	29.0			≤32
Albumin (g/dL)	4.4			3.5-5.2

Neural Health

Test Name	Current	Previous	Result	Reference
Vitamin B12 (pg/mL)	315.0			232-1245
Folate (ng/mL)	7.4			≥4.6
Homocysteine (μmol/L)	12.8			≤9

Homocysteine is an amino acid, and high levels are associated with a greater risk of mobility issues, such as slower gait velocity, increased falls, and eventual mobility disability in older adults.

Neural Health

Test Name	Current	Previous	Result	Reference
hs-CRP (mg/L)	3.2			≤0.9
High-sensitivity C-reactive protein (hsCRP) is an inflammatory marker, and high levels indicate systemic inflammation that can contribute to brain structure changes, cognitive decline, and neurological dysfunction, particularly in Alzheimer's disease.				
Interleukin-6 (IL-6) (pg/mL)	3.2			≤6.9
Tumor necrosis factor-α (TNF-α) (pg/ml)	3.8			≤8
Vitamin D, 25-OH (ng/mL)	24.0			30-108
Vitamin D is a fat-soluble hormone that regulates calcium balance and supports neuronal function and brain health. Low levels are associated with increased risk of cognitive decline, neurodegenerative disorders, and impaired neurodevelopment.				

Gut Health

Test Name	Current	Previous	Result	Reference
Zonulin (ng/mL)	78.0			≤45.3
Zonulin is a regulator of epithelial and endothelial barrier function, and high levels indicate increased gut permeability, contributing to chronic gut inflammation.				
Anti-Zonulin IgG	2.30			≤0.89
Anti-Zonulin IgG is a gut barrier antibody that indicates an immune response to zonulin, and high levels suggest chronic gut barrier dysfunction and intestinal inflammation.				
Anti-Zonulin IgA	1.10			≤0.89
Anti-Zonulin IgA is a gut permeability antibody that signals an immune response to zonulin, and high levels indicate compromised gut barrier function and intestinal inflammation.				
Anti-Actin IgG	1.60			≤0.89
Anti-actin IgG is a cytoskeletal antibody marker, and high levels indicate gut inflammation and mucosal damage, often seen in active autoimmune intestinal disorders.				
Anti-Actin IgA	0.98			≤0.89
Anti-actin IgA is an antibody marker for gut lining damage, and high levels indicate increased gut inflammation and mucosal injury, often seen in active autoimmune intestinal disorders.				
Anti-LPS IgG+IgM (U/ml)	358.0			≤281
Anti-LPS IgG+IgM in gut is a marker for immune response to bacterial endotoxins, with higher levels indicating increased exposure and potential gut barrier dysfunction.				

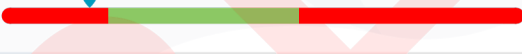
Gut Health

Test Name	Current	Previous	Result	Reference
Anti-LPS IgA (U/ml)	9.0			≤30
hs-CRP (mg/L)	3.2			≤0.9
High-sensitivity C-reactive protein (hs-CRP) reflects immune activity, and elevated levels indicate active gut inflammation, correlating with intestinal tissue damage and disease severity in conditions such as colitis.				
Interleukin-6 (IL-6) (pg/mL)	3.2			≤6.9
Tumor necrosis factor-α (TNF-α) (pg/ml)	3.8			≤8

Immune Health

Test Name	Current	Pattern	Titer	Previous	Pattern	Titer
ANA	1.1					
<div> LabNotes</div> <div>ANA: The testing method is an indirect immuno uorescence assay (IFA) manufactured by EUROIMMUN and performed on the EUROPattern system.</div>						
Test Name	Current	Previous	Result	Reference		
hs-CRP (mg/L)	3.2		<div><div></div><div></div><div></div></div>	≤0.9		
High-sensitivity C-reactive protein (hs-CRP) re ects immune activity, and high levels indicate systemic in ammation and impaired immune regulation.						
Interleukin-6 (IL-6) (pg/mL)	3.2		<div><div></div><div></div><div></div></div>	≤6.9		
Tumor necrosis factor-α (TNF-α) (pg/ml)	3.8		<div><div></div><div></div><div></div></div>	≤8		
Total IgG (mg/dL)	1320.0		<div><div></div><div></div><div></div></div>	767-1590		
Total IgM (mg/dL)	142.0		<div><div></div><div></div><div></div></div>	45-281		
RF IgM (IU/mL)	12.0		<div><div></div><div></div><div></div></div>	≤14		
Anti-CCP3 IgG + IgA (U)	7.0		<div><div></div><div></div><div></div></div>	≤19		

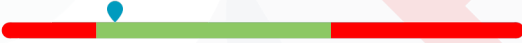
Skin and Hair Health

Test Name	Current	Previous	Result	Reference
Ferritin (ng/mL)	42.0			13-150
Transferrin Saturation (%)	17.2			12-45
Free Testosterone (ng/dL)	0.19			0.03-2.56
Sex Hormone-Binding Globulin (SHBG) (nmol/L)	56.0			24.6-122
Dehydroepiandrosterone Sulfate (DHEA-S) (µg/dL)	64.0			35.4-256
Free T3 (pg/mL)	2.4			2-4.4
Vitamin D, 25-OH (ng/mL)	24.0			30-108
Vitamin D supports healthy skin and hair growth, and low levels are linked to hair thinning, increased shedding, skin are-ups, and slower wound healing.				
Estradiol (pg/mL)	40.0			
Cortisol (µg/dL)	21.4			6.2-19.4
Cortisol helps regulate skin barrier function and hair follicle cycles, and high levels associated with stress can reduce skin element synthesis, causing slow wound healing, fragile skin, decreased hair density, and increased hair shedding.				
Vitamin B12 (pg/mL)	315.0			232-1245
Folate (ng/mL)	7.4			≥4.6
Prolactin (ng/mL)	11.00			4.79-23.3

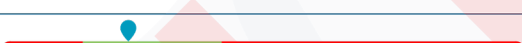
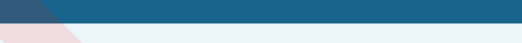
Energy Health

Test Name	Current	Previous	Result	Reference
Free T3 (pg/mL)	2.4			2-4.4
Cortisol (µg/dL)	21.4			6.2-19.4
Morning cortisol is a measurement of the stress hormone cortisol taken, early in the morning because it peaks upon waking to stimulate energy production, and excessively high levels lead to energy depletion due to constant stress activation.				
Free Testosterone (ng/dL)	0.19			0.03-2.56

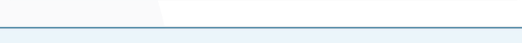
Energy Health

Test Name	Current	Previous	Result	Reference
Total Testosterone (ng/dL)	3.0			4.5-269.2
Total testosterone is a key energy-related hormone that reflects androgen status and metabolic drive, uniquely important for evaluating fatigue, muscle strength, and vitality, as low levels are associated with reduced energy, decreased muscle mass, and impaired metabolic function.				
Ferritin (ng/mL)	42.0			13-150
Vitamin B12 (pg/mL)	315.0			232-1245
TSH (Thyroid-Stimulating Hormone) (µIU/mL)	3.100			0.111-4.91
Anti-TPO (IU/mL)	<12			≤34
Reverse T3 (ng/dL)	24.0			7-23
Reverse T3 is an inactive thyroid hormone that blocks active T3, and high levels indicate poor thyroid hormone conversion, leading to low energy, fatigue, and a slow metabolism.				
Dehydroepiandrosterone Sulfate (DHEA-S) (µg/dL)	64.0			35.4-256
Hemoglobin (g/dL)	11.4			11.2-15.7
Transferrin Saturation (%)	17.2			12-45

Nutrition Health

Test Name	Current	Previous	Result	Reference
Vitamin D, 25-OH (ng/mL)	24.0			30-108
Homocysteine (μmol/L)	12.8			≤9
Vitamin B12 (pg/mL)	315.0			232-1245
Folate (ng/mL)	7.4			≥4.6
Ferritin (ng/mL)	42.0			13-150
Serum Iron (ug/dL)	72.0			37-145
Transferrin (mg/dL)	318.0			203-362
Transferrin Saturation (%)	17.2			12-45
TIBC (μg/dL)	418.0			149-492
UIBC (μg/dL)	346.0			112-347

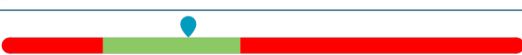
Hormone Health

Adrenal / Stress	Current	Previous	Result	Reference
Cortisol (μg/dL)	21.4			6.2-19.4
Dehydroepiandrosterone Sulfate (DHEA-S) (μg/dL)	64.0			35.4-256
Sex Hormones	Current	Previous	Result	Reference
Free Testosterone (ng/dL)	0.19			0.03-2.56
Total Testosterone (ng/dL)	3.0			4.5-269.2

Hormone Health

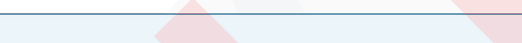
Sex Hormones	Current	Previous	Result	Reference
Estradiol (pg/mL)	40.0			
Progesterone (ng/mL)	0.600			
LH (Luteinizing Hormone) (mIU/mL)	13.0			
FSH (Follicle-Stimulating Hormone) (mIU/mL)	19.0			
Sex Hormone-Binding Globulin (SHBG) (nmol/L)	56.0			24.6-122
Prolactin (ng/mL)	11.00			4.79-23.3

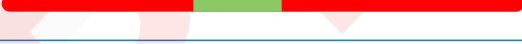
Estradiol		FSH		LH		Progesterone	
Phase	Reference Range	Phase	Reference Range	Phase	Reference Range	Phase	Reference Range
FOLLICULAR	12.4 - 233 pg/mL	FOLLICULAR	3.5 - 12.5 mIU/mL	FOLLICULAR	2.4 - 12.6 mIU/ml	FOLLICULAR	0.057 - 0.893 ng/mL
OVULATION	41.0 - 398 pg/mL	OVULATION	4.7 - 21.5 mIU/mL	OVULATION	14 - 95.6 mIU/mL	OVULATION	0.121 - 12.0 ng/mL
LUTEAL	22.3 - 341 pg/mL	LUTEAL	1.7 - 7.7 mIU/mL	LUTEAL	1 - 11.4 mIU/mL	LUTEAL	1.83 - 23.9 ng/mL
Postmenopause	<5 - 138 pg/mL	Postmenopause	25.8-134.8 mIU/mL	Postmenopause	7.7-58.5 mIU/mL	Postmenopause	0 - 0.126 ng/mL
PREGNANCY 1st trimester	154 - 3243 pg/ml						
PREGNANCY 2nd trimester	1561 - 21280 pg/ml						
PREGNANCY 3rd trimester	8525 - > 30000 pg/ml						

Thyroid	Current	Previous	Result	Reference
TSH (Thyroid-Stimulating Hormone) (µIU/mL)	3.100			0.111-4.91
Free T4 (ng/dL)	1.1			0.9-1.7
Free T3 (pg/mL)	2.4			2-4.4
Total T3 (Triiodothyronine) (ng/mL)	1.5			0.8-2
Total T4 (Thyroxine) (µg/dL)	7.2			4.5-9.8
Reverse T3 (ng/dL)	24.0			7-23
Anti-TPO (IU/mL)	<12			≤34
Anti-TG (IU/mL)	15.0			≤115

Blood Cell Health				
RBC Health	Current	Previous	Result	Reference
Hemoglobin (g/dL)	11.4			11.2-15.7
Hematocrit (%)	37.8			34.1-44.9
MCV (x 10 ³ /μL)	88.0			79.4-94.8
MCH (pg)	29.0			25.6-32.2
MCHC (g/dL)	33.0			32.2-35.5
RDW - SD (fL)	44.0			36.4-46.3
RDW - CV (%)	14.1			11.7-14.4
Ferritin (ng/mL)	42.0			13-150
Reticulocyte Count (x 10 ⁶ /μL)	0.0700			0.0444-0.1451
Reticulocyte Percentage (Reticulocyte %) (%)	1.4			≤3
IRF (Immature Reticulocyte Fraction) (%)	8.6			3-15.9
Reticulocyte Hemoglobin Content (Retic-Hemoglobin) (pg)	30.0			28.2-35.7
Nucleated RBC% (/100WBC)	0.0			≤0.2
Nucleated RBC count (x 10 ³ /μL)	<0.01			≤0.012
WBC Health	Current	Previous	Result	Reference
Total WBC (x 10 ³ /μL)	4.50			3.98-10.04
Neutrophils (%)	52.0			34-71.1
Lymphocytes (%)	38.0			19.3-51.7
Monocytes (%)	8.0			4.7-12.5
Eosinophils (%)	1.5			0.7-5.8
Basophils (%)	0.5			0.1-1.2
Immature Granulocytes (%)	0.2			≤2.1
Neutrophil count (x 10 ³ /μL)	2.34			1.56-6.13

Blood Cell Health

WBC Health	Current	Previous	Result	Reference
Lymphocyte count (x 10 ³ /μL)	1.71			1.18-3.74
Monocyte count (x 10 ³ /μL)	0.36			0.2-0.82
Eosinophil count (x 10 ³ /μL)	0.58			≤0.36
Basophil count (x 10 ³ /μL)	<0.03			≤0.08
Immature Granulocyte count (x 10 ³ /μL)	<0.03			≤0.1

Platelet/Thrombosis	Current	Previous	Result	Reference
Platelet Count (x 10 ³ /μL)	268.0			154-374
MPV (Mean Platelet Volume) (fL)	10.2			9.4-12.3
Homocysteine (μmol/L)	12.8			≤9
Lp(a) (Lipoprotein(a)) (mg/dL)	18.0			≤29
ox-LDL (U/L)	82.0			≤99.1

Metabolic Health

Pancreas	Current	Previous	Result	Reference
Hemoglobin A1c (HbA1c) (%)	5.7			≤5.6
Fasting Insulin (μU/mL)	17.0			2.6-24.9
Fasting Glucose (mg/dL)	100.0			70-100
HOMA-IR (calculated)	4.2			0.7-2
Adiponectin (ug/mL)	5.8			4.5-58.5
Leptin (ng/mL)	28.0			4.7-23.7
Glycated Serum Protein (fructosamine) (umol/L)	288.0			≤285

Kidney Health

Test Name	Current	Previous	Result	Reference
eGFR (non-African American) (mL/min/1.73m ²)	79.3			≥60

Kidney Health

Test Name	Current	Previous	Result	Reference
eGFR (African American) (mL/min/1.73m ²)	>90			≥60
eGFR- Cr Cys	90.7			≥96
Creatinine (mg/dL)	0.86			0.5-0.9
Cystatin C (mg/L)	0.86			0.61-0.95
BUN (Blood Urea Nitrogen) (mg/dL)	16.0			6-20
Serum Osmolality (mOsm/kg)	297.9			285-315
Albumin (g/dL)	4.4			3.5-5.2
BUN/Creatinine Ratio	19.0			10-20
Uric Acid (mg/dL)	5.9			2.4-5.7
Sodium (mmol/L)	139.0			136-145
Potassium (mmol/L)	4.3			3.5-5.1
Chloride (mmol/L)	103.0			98-107
Carbon Dioxide (CO2) (mmol/L)	24.0			18-29

Liver Health

Test Name	Current	Previous	Result	Reference
ALT (Alanine Aminotransferase) (U/L)	34.0			≤33
AST (Aspartate Aminotransferase) (U/L)	29.0			≤32
GGT (Gamma-glutamyl transferase) (U/L)	66.0			≤40
Bilirubin Direct (mg/dL)	<0.2			≤0.3
Bilirubin Total (mg/dL)	0.2			≤1.2
Alkaline Phosphatase (ALP) (U/L)	92.0			35-104
Total Protein (g/dL)	6.9			6.2-8
Albumin (g/dL)	4.4			3.5-5.2

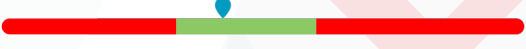
Liver Health

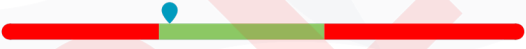
Test Name	Current	Previous	Result	Reference
LDH (Lactate dehydrogenase) (U/L)	178.0			135-214
Total CK (U/L)	108.0			30-223

Cardiovascular Health

Test Name	Current	Previous	Result	Reference
Apo B (mg/dL)	96.0			≤89
Low-Density Lipoprotein Direct (LDL Direct) (mg/dL)	140.0			≤99
LDL - Friedewald	>50			≤30
LDL - Martin Hopkins	>100			≥96
Lp(a) (Lipoprotein(a)) (mg/dL)	18.0			≤29
Triglycerides (mg/dL)	152.0			≤149
HDL Direct (mg/dL)	45.0			≥66
ox-LDL (U/L)	82.0			≤99.1
hs-CRP (mg/L)	3.2			≤0.9
Interleukin-6 (IL-6) (pg/mL)	3.2			≤6.9
Tumor necrosis factor-α (TNF-α) (pg/ml)	3.8			≤8
Homocysteine (μmol/L)	12.8			≤9
Apo A-1 (mg/dL)	124.0			≥140
sdLDL (Small Dense LDL) (mg/dL)	36.0			≤50
MPO (Myeloperoxidase) (pmol/L)	420.0			≤599.9
PLAC (Lp-PLA2) (nmol/min/mL)	192.0			≤224
Apo B/Apo A-1 Ratio	0.77			≤0.59
Cholesterol/HDL Ratio	4.7			≤3.5
Total Cholesterol (mg/dL)	212.0			≤199

Musculoskeletal Health

Bone Health	Current	Previous	Result	Reference
Vitamin D, 25-OH (ng/mL)	24.0			30-108
Parathyroid Hormone (PTH) (pg/mL)	52.0			15-65
Inorganic phosphate (mg/dL)	3.5			2.5-4.5
Calcium (mg/dL)	9.4			8.9-10.6
Alkaline Phosphatase (ALP) (U/L)	92.0			35-104

Lung Health	Current	Previous	Result	Reference
Hemoglobin (g/dL)	11.4			11.2-15.7
Hematocrit (%)	37.8			34.1-44.9
RBC Count (x 10 ⁶ /μL)	4.28			3.93-5.22
RDW - SD (fL)	44.0			36.4-46.3
RDW - CV (%)	14.1			11.7-14.4
Transferrin Saturation (%)	17.2			12-45

Muscle Health	Current	Previous	Result	Reference
Free Testosterone (ng/dL)	0.19			0.03-2.56
Vitamin D, 25-OH (ng/mL)	24.0			30-108
IGF-1 (ng/mL)	110.0			53-215
Total CK (U/L)	108.0			30-223
AST (Aspartate Aminotransferase) (U/L)	29.0			≤32
Albumin (g/dL)	4.4			3.5-5.2

Neural Health

Test Name	Current	Previous	Result	Reference
Vitamin B12 (pg/mL)	315.0			232-1245
Folate (ng/mL)	7.4			≥4.6

Neural Health

Test Name	Current	Previous	Result	Reference
Homocysteine (μmol/L)	12.8			≤9
hs-CRP (mg/L)	3.2			≤0.9
Interleukin-6 (IL-6) (pg/mL)	3.2			≤6.9
Tumor necrosis factor-α (TNF-α) (pg/ml)	3.8			≤8
Vitamin D, 25-OH (ng/mL)	24.0			30-108

Gut Health

Test Name	Current	Previous	Result	Reference
Zonulin (ng/mL)	78.0			≤45.3
Anti-Zonulin IgG	2.30			≤0.89
Anti-Zonulin IgA	1.10			≤0.89
Anti-Actin IgG	1.60			≤0.89
Anti-Actin IgA	0.98			≤0.89
Anti-LPS IgG+IgM (U/ml)	358.0			≤281
Anti-LPS IgA (U/ml)	9.0			≤30
hs-CRP (mg/L)	3.2			≤0.9
Interleukin-6 (IL-6) (pg/mL)	3.2			≤6.9
Tumor necrosis factor-α (TNF-α) (pg/ml)	3.8			≤8

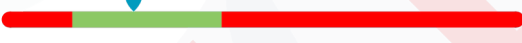
Immune Health

Test Name	Current	Pattern	Titer	Previous	Pattern	Titer
ANA	1.1					

LabNotes

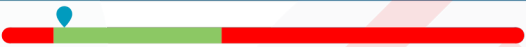
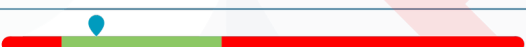
ANA: The testing method is an indirect immuno uorescence assay (IFA) manufactured by EUROIMMUN and performed on the EUROPattern system.

Immune Health

Test Name	Current	Previous	Result	Reference
hs-CRP (mg/L)	3.2			≤0.9
Interleukin-6 (IL-6) (pg/mL)	3.2			≤6.9
Tumor necrosis factor-α (TNF-α) (pg/ml)	3.8			≤8
Total IgG (mg/dL)	1320.0			767-1590
Total IgM (mg/dL)	142.0			45-281
RF IgM (IU/mL)	12.0			≤14
Anti-CCP3 IgG + IgA (U)	7.0			≤19

Skin and Hair Health

Test Name	Current	Previous	Result	Reference
Ferritin (ng/mL)	42.0			13-150
Transferrin Saturation (%)	17.2			12-45
Free Testosterone (ng/dL)	0.19			0.03-2.56
Sex Hormone-Binding Globulin (SHBG) (nmol/L)	56.0			24.6-122
Dehydroepiandrosterone Sulfate (DHEA-S) (µg/dL)	64.0			35.4-256
Free T3 (pg/mL)	2.4			2-4.4
Vitamin D, 25-OH (ng/mL)	24.0			30-108
Estradiol (pg/mL)	40.0			
Cortisol (µg/dL)	21.4			6.2-19.4
Vitamin B12 (pg/mL)	315.0			232-1245
Folate (ng/mL)	7.4			≥4.6
Prolactin (ng/mL)	11.00			4.79-23.3

Energy Health				
Test Name	Current	Previous	Result	Reference
Free T3 (pg/mL)	2.4			2-4.4
Cortisol (µg/dL)	21.4			6.2-19.4
Free Testosterone (ng/dL)	0.19			0.03-2.56
Total Testosterone (ng/dL)	3.0			4.5-269.2
Ferritin (ng/mL)	42.0			13-150
Vitamin B12 (pg/mL)	315.0			232-1245
TSH (Thyroid-Stimulating Hormone) (µIU/mL)	3.100			0.111-4.91
Anti-TPO (IU/mL)	<12			≤34
Reverse T3 (ng/dL)	24.0			7-23
Dehydroepiandrosterone Sulfate (DHEA-S) (µg/dL)	64.0			35.4-256
Hemoglobin (g/dL)	11.4			11.2-15.7
Transferrin Saturation (%)	17.2			12-45

Risk and Limitations

Test results reflect biological and analytical findings at the time of specimen collection and may vary between individuals. Reference ranges for most of laboratory-developed tests (LDT) were established using a healthy adult population and may not be representative of other specific populations (e.g. pediatric, pregnant, individuals with chronic conditions or from all ethnic backgrounds). They do not provide absolute levels at which the symptoms may occur and hence clinical correlation by the provider is recommended.

Results may be affected by pre-analytical variables related to specimen collection, handling, transport, storage, and inherent biological variability. Specimens including urine, saliva, stool, and blood-based samples (serum, plasma, EDTA whole blood, TES, and dried blood spots) may be impacted by improper collection technique, contamination, insufficient sample volume, delayed shipment or processing, temperature excursions, or improper storage conditions. Additional factors such as hemolysis; anticoagulant effects; clotting, centrifugation, or mixing parameters; incomplete mixing with transport media; and variability in dried blood spot application or saturation may further affect analyte stability or result accuracy. Specimen-specific factors, including urine dilution or concentration, variability in saliva composition or flow rate, and intermittent microbial shedding in stool, may also contribute to result variability. These factors may impact result accuracy and, in some cases, lead to a Test Not Performed (TNP). When clinically appropriate, repeat testing may be recommended; however, repeat testing may still fail to produce a reportable result if the underlying limitations persist.

All laboratory testing methodologies are subject to inherent analytical limitations related to instrument performance, assay design, methodological variability, and the specifications of FDA-approved and laboratory-developed analytes included in a test panel. As with all clinical laboratory testing, there is a small possibility of incorrect results due to technical errors, sample misidentification, contamination, rare genetic variants, or software-related issues.

Genetic testing is helpful in analyzing risks to various diseases. However, it is important to note that genetic risk determinants are neither necessary nor sufficient for the development of disease. Environmental and lifestyle risk factors could also affect the risk of disease development. Genetic risk does not indicate how common a health condition or variant is within the population; a risk-associated variant may be common or uncommon. Interpretation of genetic results should consider individual health context, as population-based reference frameworks may not fully represent all age groups, ethnic backgrounds, or health profiles. Genetic testing evaluates only the genotypes indicated and does not assess other genetic abnormalities found elsewhere in the genome. Different laboratories may test different variants when evaluating genetic risk for a given condition; therefore, genetic risk results may not be directly comparable between laboratories.

Some individuals may experience anxiety related to their genetic test results. We encourage any concerned individual to consult with a qualified healthcare professional prior to sample collection for a genetic test. Users of the test are encouraged to discuss their test results with a genetic counselor, board-certified clinical molecular geneticist, or equivalent health care professional. In some cases, the identification of risk-associated genetic variants may prompt discussion with a healthcare provider about additional testing or follow-up.

The reported analytes, SNPs, and associated informational content are informed by scientific knowledge at the time of reporting, including peer-reviewed scientific publications, publicly available research, and guidance from recognized scientific and public health organizations. Interpretive content may be updated as scientific knowledge continues to evolve. The informational content included in this report is derived from publicly available scientific literature and is provided for educational and informational purposes only. This content does not replace medical advice from a qualified healthcare professional. Any wellness, nutritional, or dietary recommendations, diagnoses of medical conditions, or treatment decisions based on these results are made at the discretion and responsibility of the ordering healthcare professional.

Foundation Zoomer 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 testing, individuals who receive moderate- or high-risk results may be advised to pursue confirmatory testing and appropriate medical follow-up. Foundation Zoomer assumes no liability for any loss, injury, or damages arising from the procurement, compilation, interpretation, delivery, or reporting of information contained in this report, nor from any decisions made or actions taken based on these results.

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. Foundation Zoomer disclaims any liability for adverse effects, outcomes, or consequences arising from the use of these suggestions.