

Ordering Physician:

Metametrix

3425 Corporate Way
Duluth, GA 30096

0161 Cardiovascular Health Profile

Methodology: Automated Chemistry, Immunometric Assay, Competitive Immunology, HPLC, ICP-MS

Lipoprotein Factors

| Results | Reference Limits |
|--------------------------------|------------------|
| Total Cholesterol 202 H | <= 200 mg/dL |
| HDL Cholesterol 62 | 30 - 85 mg/dL |
| LDL Cholesterol (Direct) 108 | <= 130 mg/dL |
| Triglycerides 91 | 35 - 160 mg/dL |
| Lipoprotein (a) 40 H | <= 37 mg/dL |

Lipoprotein Ratios

| | |
|---------------|--------|
| LDL/HDL 1.7 | <= 3.3 |
| Total/HDL 3.3 | <= 4.5 |

| Male | | Female | | Risk (*) |
|---------|-----------|---------|-----------|-------------|
| LDL/HDL | Total/HDL | LDL/HDL | Total/HDL | |
| 1.0 | 3.4 | 1.5 | 3.3 | 0.5xAverage |
| 3.6 | 5.0 | 3.2 | 4.4 | 1.0xAverage |
| 6.3 | 9.6 | 5.0 | 7.1 | 2.0xAverage |
| 8.0 | 23.4 | 6.1 | 11.0 | 3.0xAverage |

*Adapted from the Framingham Heart Study

Chronic Inflammatory Markers

| | |
|-----------------------------|-----------------|
| Ferritin 45 | 6 - 159 ng/mL |
| Fibrinogen 350 | 175 - 425 mg/dL |
| c-Reactive Protein (HS) 1.9 | <= 3.0 mg/L |

| Cardio CRP value (mg/L) | CHD Risk Level |
|-------------------------|----------------|
| <1 | Low |
| 1-3 | Average |
| >3 (up to 10)* | High |

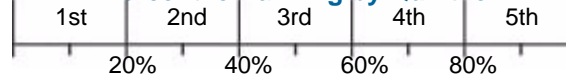
* If the cardio CRP concentration exceeds 10 mg/L after repeat testing, the patient should be evaluated for noncardiovascular etiologies.

Fibrinogen performed by Southern Clinical Laboratory 405 West Pike St., Suite A Lawrenceville, GA 30045 Lab Director: Dr. Robert David

Other Important Indicators

| | |
|---------------------------------|-------------------|
| Insulin 15 H | 2.0 - 12.0 uIU/mL |
| Testosterone 69 | <= 81 ng/dL |
| Sex Hormone Binding Globulin 47 | 18 - 114 nmol/L |
| Free Androgen Index (calc.) 5.1 | 1.0 - 6.6 |

Percentile Ranking by Quintile



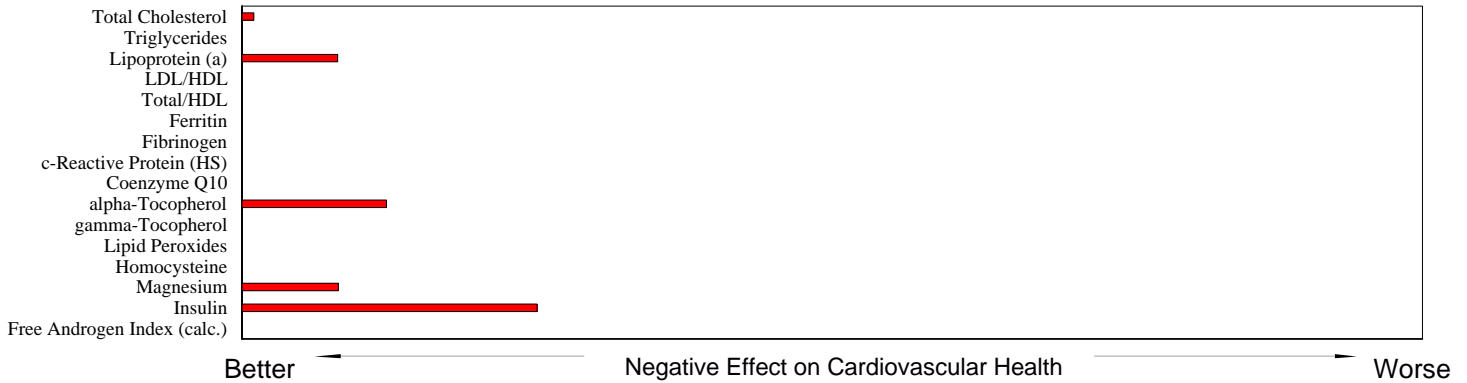
95% Reference Interval

| | |
|---------------------------|--------------------------|
| RBC Magnesium 45 L | 36 - 70 ppm packed cells |
|---------------------------|--------------------------|

Oxidant Stress Factors

| | |
|-------------------------------|--------------------|
| Homocysteine 9.7 | 3.0 - 14.0 nmol/mL |
| Coenzyme Q10 1.03 | 0.48 - 3.04 mg/L |
| Lipid Peroxides 1.25 | <= 2.60 nmol/mL |
| alpha-Tocopherol 8.6 L | 6.8 - 31.7 mg/L |
| gamma-Tocopherol 0.77 | 0.06 - 2.99 mg/L |

0161 Cardiovascular Health Profile



Most of the nutritional and metabolic measurements included in the Cardio/ION profile are associated to some degree with your cardiovascular health. However, those shown on the previous page of this report are ones that most strongly and specifically affect your cardiovascular health. Some factors are favorable for cardiac health when they are high, while others should be low. The chart above helps you to see where the most significant abnormalities are; the longest bars on the chart show the most abnormal results on a scale of increasing negative effects on cardiovascular health.

The "Cardiovascular Index" chart below shows your test results with all of the factors summarized as a single index. Depending on your results, some steps that your doctor may want you to take to improve your cardiovascular health are shown in the tables of recommendations at the end of these pages. It is important that you follow your doctor's instructions to achieve the lowest index.



Your Supplementation Recommendations

| <u>Slight Indication</u> | | <u>Moderate Indication</u> | | <u>Strong Indication</u> |
|--------------------------|-------------------|----------------------------|----------------|--------------------------------|
| Garlic | 500 mg twice/day | Calcium | 500 mg/day | Avoid Sugars and Starchy Foods |
| Vitamin C | 1000 mg twice/day | Magnesium | 500 mg/day | |
| | | Mixed Tocopherols | 200 - 800 I.U. | |
| | | Niacin | 3 g/day | |

· These guidelines are intended as a starting point for the clinician who requested the test and are based only on the laboratory results included in this report. Final recommendations should be implemented by the clinician with consideration of medical history and current clinical observations.
 · These tests are not intended for the diagnosis of specific disorders.