



# Wellness Screening

**vital  
Check-up**





Sample Report  
**Vital Wellness**  
Sunday, Jan 1, 2021

**“A comprehensive screening report that helped guide me to better health”**

**Daniel T**

**DNA Health Client**

**“approach is proactive and  
entive, giving you control of  
health throughout your life.”**



# The Growing Impact of Lifestyle on Health

In today's face-paced world, more than ever, people are increasingly susceptible to lifestyle diseases such as obesity, cancer, heart disease, diabetes, autoimmune diseases and dementia. Collectively, these chronic diseases are the leading causes of disability and premature death worldwide.

## About

**20%**

Of the adult population in the UAE smoke



**9/10**

People in the UAE are at risk of cardiovascular disease



## Nearly

**30%**

Of the population suffer from generative spine disease



**60%**

UAE residents suffer from work-related stress



## An average of

**19%**

Of the UAE population suffer from diabetes



**70% MEN  
60% WOMEN**

Over the age of 15 are considered over weight



Health is the most vital investment an individual can make. Preventing disease by identifying warning signs in the earliest stages is the cornerstone of any effective screening programme.

Unlike other health screenings, the DNA Health's screening uses powerful software based on the latest medical research, designed to prevent and detect disease at the earliest stages

Blood test biomarkers are interpreted using ground-breaking analysis by combining a collection of rules, scoring, weighting, probability, uncertainty, and inference to produce a powerful interpretive "Functional Health Report".

The Functional Health Report succinctly outlines the dysfunction that exists in various physiological systems in the body from the digestion of the food you eat to the health of your liver and the strength of your immune system – which are all key factors in maintaining optimal health.

# The most comprehensive, detailed and accurate Health & Screening Report

Use The Latest Health & Wellness Analytical Software



We use your health data to put together a unique treatment plan designed to bring your body back into a state of functional health, wellness and energy. Your plan will address many aspects of your life, from physical needs, including nutrition, exercise and sleep, to mental and emotional stressors related to social, work and community life.

**Current Screening Date**

**Next Screening Date**

A close-up photograph of a person's hands forming a heart shape on a white ribbed shirt. The hands are positioned with the thumbs at the top and fingers pointing downwards to create the outline of a heart. The background is a solid light blue.

# REALISE YOUR POTENTIAL

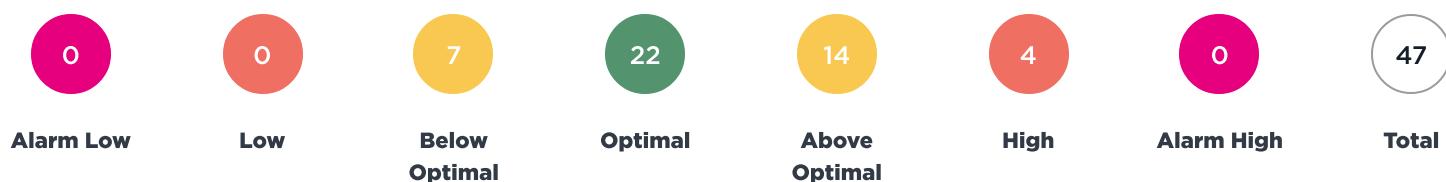
## HEALTH REPORT

Blood Glucose  
Liver and GB  
VitaminsRenal  
Lipids  
CBCMetabolic  
Cardiometabolic  
WBCsMinerals  
Inflammation

# Blood Test Results

The Blood Test Results Report lists the results of your patient's Chemistry Screen and CBC and shows you whether or not an individual biomarker is optimal, outside of the optimal range, or outside of the standard range. The biomarkers are grouped into their most common categories.

Some biomarkers in the Blood Test Results Report that are above or below the Optimal or marked Low or High may be hyperlinked into the "Out of Optimal Range Report", so you can read some background information on those biomarkers and why they may be high or low.



## BLOOD GLUCOSE

Blood glucose regulation markers provide a comprehensive assessment of metabolic health, insulin sensitivity, and pancreatic function, offering insights that extend beyond traditional fasting glucose measurements. Advanced glycemic markers and calculated indices enable you to detect metabolic dysfunction at earlier stages, assess beta cell function, and evaluate insulin resistance patterns, allowing for more precise and personalized interventions.

Glucose Fasting  
94.00 mg/dL



Hemoglobin A1C  
4.80 %



eAG

91.06 mg/dL



Triglyceride-Glucose Index (TyG)

4.48 Index



## RENAL

Kidney and renal biomarkers offer a comprehensive view of glomerular filtration efficiency, protein metabolism, and overall excretory function. Evaluating these indicators helps detect subtle declines in renal performance long before overt pathology arises. Early detection allows for proactive interventions—such as optimizing hydration, adjusting dietary protein intake, and reducing potential nephrotoxic exposures—to preserve renal health. Integrative strategies may also address systemic factors, including inflammation and metabolic imbalances, ensuring the kidneys can continue to effectively filter waste and maintain electrolyte balance.

BUN

9.44 mg/dL



Creatinine

0.64 mg/dL



BUN : Creatinine

14.75 Ratio



## METABOLIC

Metabolic biomarkers allow you to evaluate metabolic efficiency, assess tissue breakdown, and identify potential metabolic acidosis or inflammatory states.

Uric Acid

3.90 mg/dL



## MINERALS

Mineral biomarker analysis provides comprehensive insights into both extracellular and intracellular mineral status, including crucial mineral ratios and interactions. These markers enable you to evaluate mineral balance, assess cellular mineral status, and identify potential mineral interactions that may affect enzymatic function and metabolism.



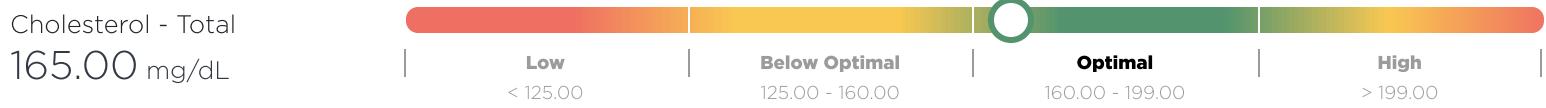
## LIVER AND GB

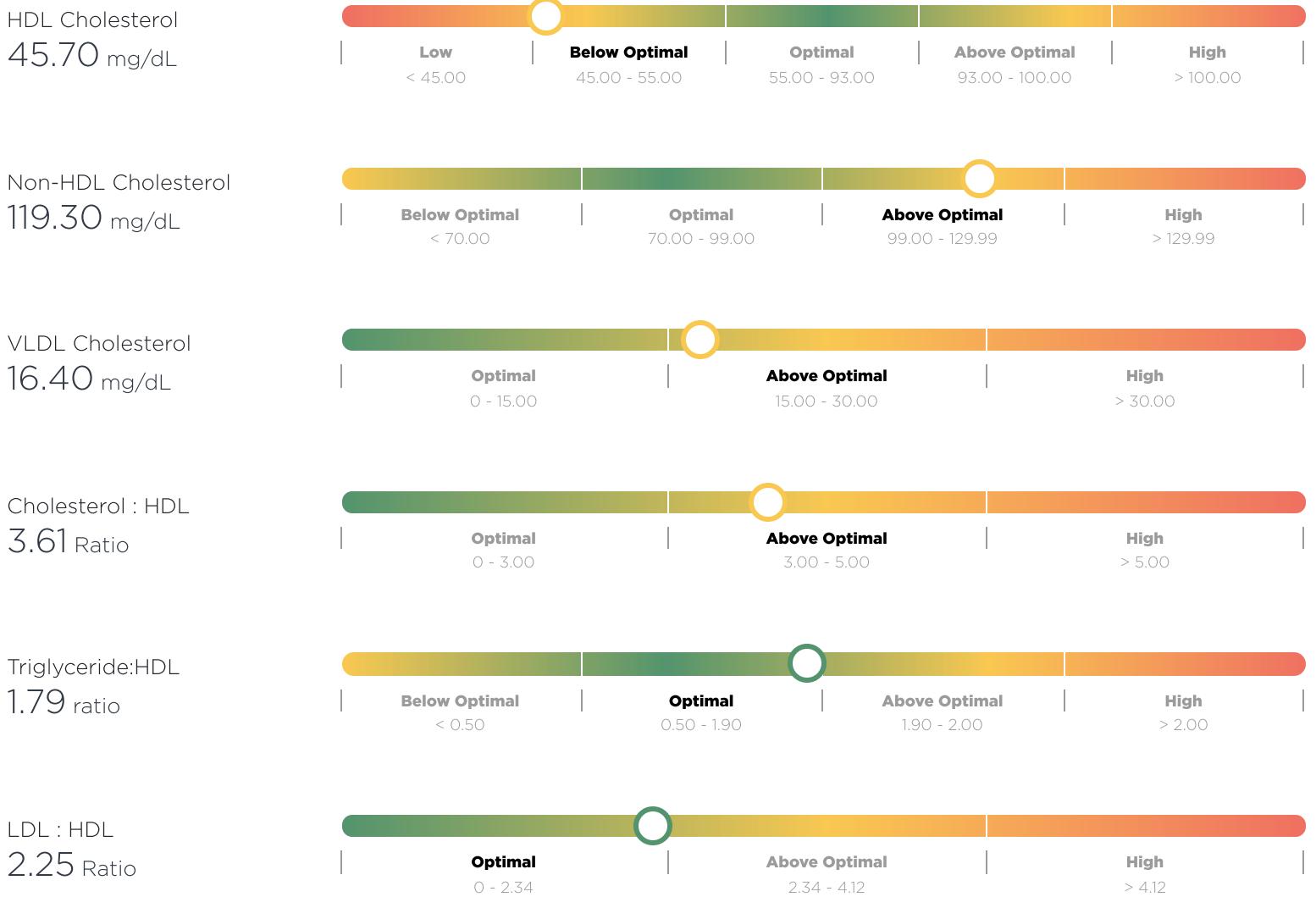
Liver and gallbladder biomarkers provide insights into hepatobiliary function, detoxification capacity, and bile acid metabolism. These enzymes and metabolites enable you to evaluate liver cell integrity, cholestasis, biliary function, and potential inflammatory processes, helping you assess both acute and chronic liver stress.



## LIPIDS

Lipid biomarkers assess the distribution and ratios of various lipid fractions. These markers enable you to evaluate lipid metabolism and dyslipidemia and assess the role lipids play in atherogenic risk patterns.





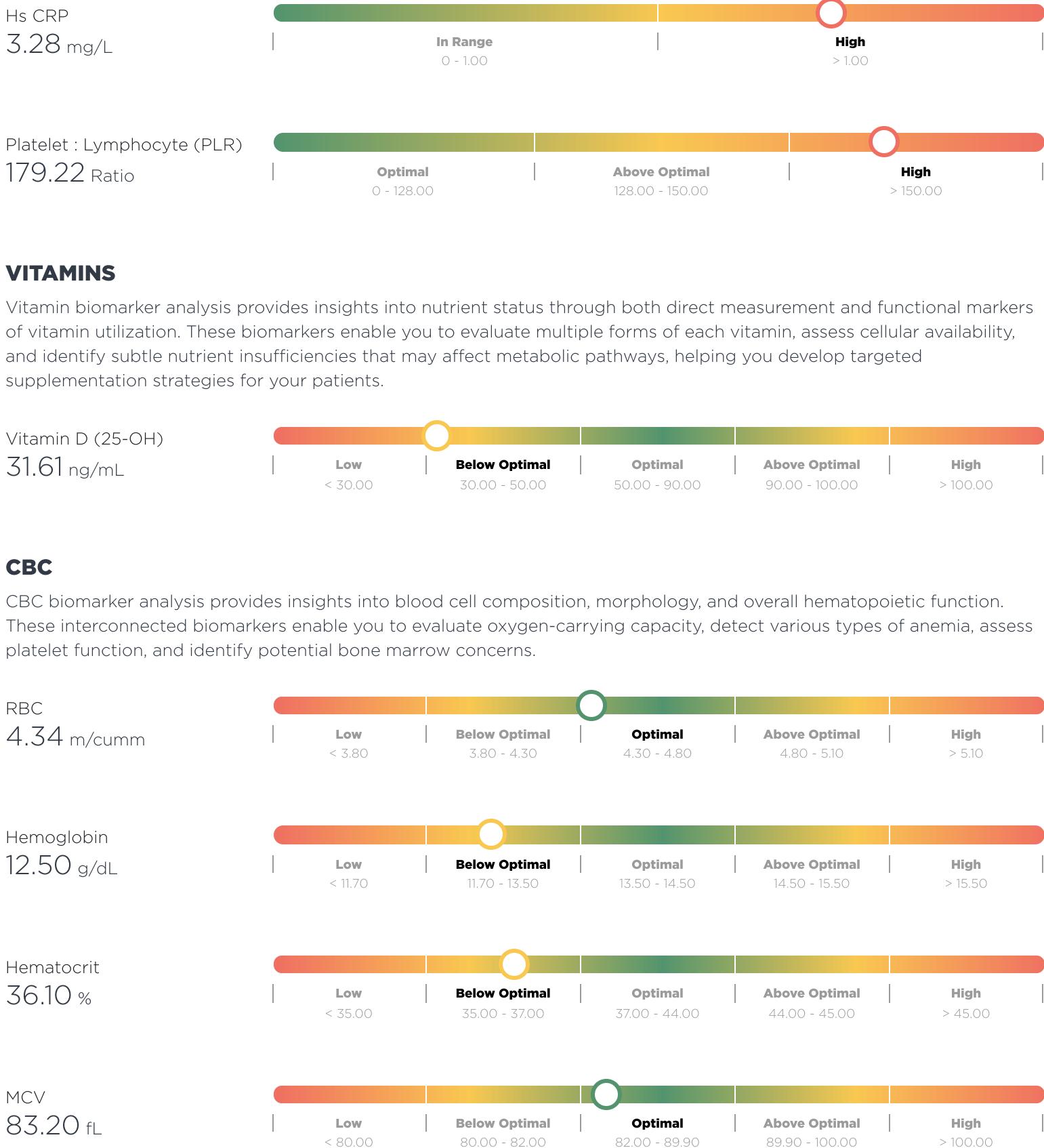
## CARDIOMETABOLIC

Cardiometabolic biomarker analysis provides a detailed assessment of cardiovascular and metabolic function. This comprehensive approach aids in the early detection of endothelial dysfunction, subtle myocardial stress, and metabolic irregularities, empowering targeted interventions that address root causes before they evolve into overt clinical conditions.



## INFLAMMATION

Inflammatory biomarkers provide data points for evaluating both acute and chronic systemic inflammation, offering insights into cardiovascular risk, autoimmune activity, and overall immune system activation. Beyond standard markers, advanced testing options allow you to assess specific inflammatory pathways, oxidative stress levels, and tissue repair processes, enabling more precise intervention strategies and monitoring of therapeutic effectiveness.



MCH

28.80 pg



MCHC

34.60 g/dL



Platelets

276.00 10E3/uL



MPV

9.70 fL



RDW

13.00 %



## WBCS

White blood cell analysis provides insights into immune system composition and activity through both absolute counts and relative percentages of each cell type. These markers enable you to evaluate immune system balance, assess specific immune responses, and identify patterns of inflammation or infection, helping you develop targeted therapeutic strategies for your patients.

Total WBCs

5.40 k/cumm



Neutrophils - %

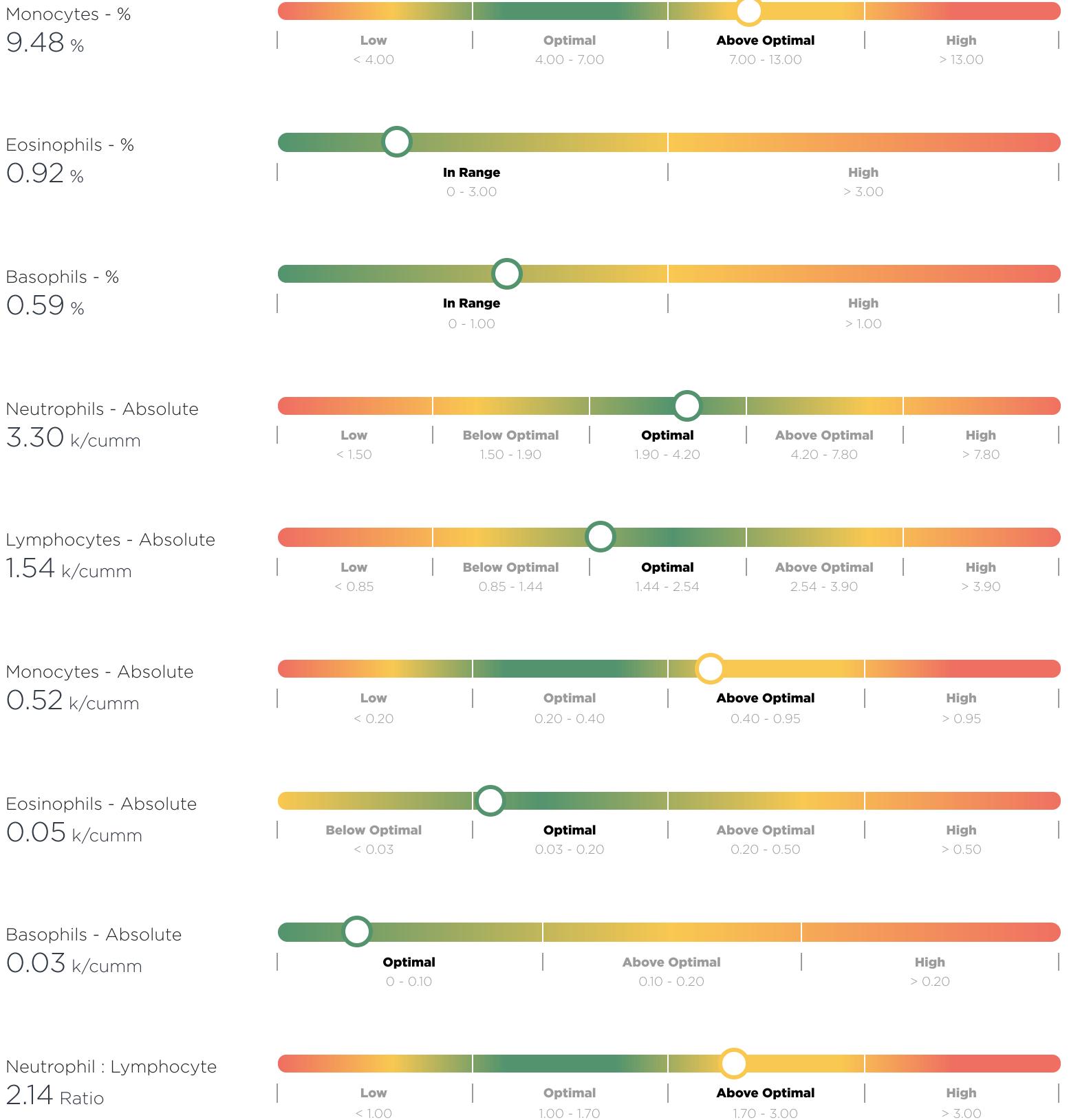
60.67 %



Lymphocytes - %

28.34 %

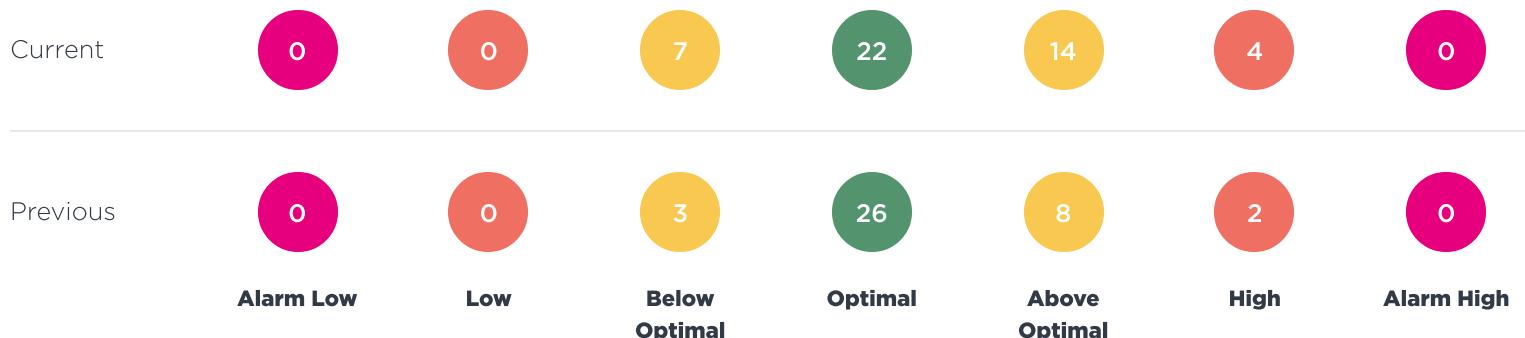




# Blood Test Results Comparative

The Blood Test Results Comparative Report lists the results of your patient's latest and previous Chemistry Screen and CBC and shows you whether or not an individual biomarker is optimal, outside of the optimal range, or outside of the standard range.

## A comparison of the total number of biomarkers by optimal range



Biomarker	Quest	Unilabs			Standard Range	Units
	Previous Mar 19 2024	Current May 16 2025	Optimal Range	Standard Range		

## BLOOD GLUCOSE

Glucose Fasting	<span style="color: green;">👍</span>	96.20 ↑	94.00 ↑	75.00 - 86.00	65.00 - 99.00	mg/dL
Hemoglobin A1C		5.27	4.80	4.60 - 5.30	0 - 5.70	%
eAG		104.55	91.06	85.00 - 105.00	82.00 - 154.00	mg/dL
Triglyceride-Glucose Index (TyG)	<span style="color: green;">👍</span>	4.57 ↑↑	4.48 ↑	0 - 4.40	0 - 4.50	Index

## RENAL

BUN		<span style="color: green;">👍</span>	9.44 ↓	10.00 - 16.00	7.00 - 25.00	mg/dL
Creatinine	<span style="color: green;">👍</span>	0.61 ↓	0.64 ↓	0.80 - 1.10	0.40 - 1.50	mg/dL
BUN : Creatinine			14.75	10.00 - 16.00	6.00 - 22.00	Ratio

## METABOLIC

Uric Acid		3.61	3.90	3.00 - 4.70	2.50 - 7.00	mg/dL
-----------	--	------	------	-------------	-------------	-------

## MINERALS

Calcium		9.50	8.90 - 9.50	8.60 - 10.40	mg/dL
---------	--	------	-------------	--------------	-------

Biomarker	Quest	Unilabs	Optimal Range	Standard Range	Units
	Previous Mar 19 2024	Current May 16 2025			
<strong>LIVER AND GB</strong>					
AST	19.20	28.00 ↑	10.00 - 26.00	10.00 - 35.00	IU/L
ALT	25.60	56.00 ↑↑	10.00 - 26.00	6.00 - 29.00	IU/L
GGT	28.00 ↑	31.00 ↑	10.00 - 17.00	3.00 - 85.00 *	IU/L
AST : ALT	0.75	0.50	0 - 1.00	0 - 1.50	Ratio
<strong>LIPIDS</strong>					
Cholesterol - Total	169.00	165.00	160.00 - 199.00	125.00 - 199.00	mg/dL
Triglycerides	96.80 ↑	82.00 ↑	70.00 - 80.00	0 - 149.99	mg/dL
LDL Cholesterol	91.80	102.90 ↑↑	80.00 - 99.99	0 - 99.99	mg/dL
HDL Cholesterol	57.80	45.70 ↓	55.00 - 93.00	45.00 - 100.00 *	mg/dL
Non-HDL Cholesterol	111.20 ↑	119.30 ↑	70.00 - 99.00	0 - 129.99	mg/dL
VLDL Cholesterol	19.40 ↑	16.40 ↑	0 - 15.00	0 - 30.00	mg/dL
Cholesterol : HDL	2.90	3.61 ↑	0 - 3.00	0 - 5.00	Ratio
Triglyceride:HDL	1.67	1.79	0.50 - 1.90	0 - 2.00	ratio
LDL : HDL	1.59	2.25	0 - 2.34	0 - 4.12	Ratio
<strong>CARDIOMETABOLIC</strong>					
Atherogenic Index of Plasma (AIP)	-0.11			-0.50 - 0.11	Index
<strong>INFLAMMATION</strong>					
Hs CRP	1.38 ↑↑	3.28 ↑↑		0 - 1.00	mg/L
Platelet : Lymphocyte (PLR)	133.52 ↑	179.22 ↑↑	0 - 128.00	0 - 150.00	Ratio
<strong>VITAMINS</strong>					
Vitamin D (25-OH)	38.80 ↓	31.61 ↓	50.00 - 90.00	30.00 - 100.00	ng/mL
<strong>CBC</strong>					
RBC		4.34	4.30 - 4.80	3.80 - 5.10	m/cumm
Hemoglobin	13.40 ↓	12.50 ↓	13.50 - 14.50	11.70 - 15.50	g/dL
Hematocrit	39.90	36.10 ↓	37.00 - 44.00	35.00 - 45.00	%
MCV	89.10	83.20	82.00 - 89.90	80.00 - 100.00	fL
MCH	29.90	28.80	28.00 - 31.90	27.00 - 33.00	pg
MCHC		34.60	34.00 - 36.00	32.00 - 36.00	g/dL
Platelets	239.00	276.00	190.00 - 300.00	140.00 - 400.00	10E3/uL
MPV		9.70 ↑	7.50 - 8.20	7.50 - 11.50	fL
RDW		13.00 ↑	11.00 - 12.60	11.00 - 15.00	%
<strong>WBCS</strong>					
Total WBCs	4.95	5.40	3.80 - 6.00	3.80 - 10.80	k/cumm

Biomarker	Quest	Unilabs		Optimal Range	Standard Range	Units
	Previous Mar 19 2024	Current May 16 2025				
Neutrophils - % 	<span style="color: red;">!</span> 54.14	60.67 ↑	50.00 - 60.00	38.00 - 74.00		%
Lymphocytes - % 	36.20 ↑	28.34 ↓	30.00 - 35.00	14.00 - 46.00		%
Monocytes - % 	8.10 ↑	9.48 ↑	4.00 - 7.00	4.00 - 13.00		%
Eosinophils - % 	1.21	0.92		0 - 3.00		%
Basophils - % 	0.40	0.59		0 - 1.00		%
Neutrophils - Absolute 	2.68	3.30	1.90 - 4.20	1.50 - 7.80	k/cumm	
Lymphocytes - Absolute 	1.79	1.54	1.44 - 2.54	0.85 - 3.90	k/cumm	
Monocytes - Absolute 	0.40	0.52 ↑	0.20 - 0.40	0.20 - 0.95	k/cumm	
Eosinophils - Absolute 	0.06	0.05	0.03 - 0.20	0 - 0.50	k/cumm	
Basophils - Absolute 	0.02	0.03	0 - 0.10	0 - 0.20	k/cumm	
Neutrophil : Lymphocyte 	1.50	2.14 ↑	1.00 - 1.70	1.00 - 3.00	Ratio	

\* The 2 blood tests used in this Comparative Report come from 2 different labs. The optimal and standard ranges used in the table are from Unilabs, the lab used for this blood test. There may be situations where the standard and optimal ranges vary between the labs, which causes the result values to be different from each other. This is indicated with an asterisk (\*). In these situations, you may not be able to make direct one-to-one comparisons between the biomarker results.

# Blood Test History

The Blood Test History Report lists the results of your patient's Chemistry Screen and CBC tests side by side with the latest test listed on the right-hand side. This report allows you to compare results over time and see where improvement has been made and allows you to track progress.

## Key

- Optimal
- Above / Below Optimal
- High/ Low
- Alarm High / Alarm Low

Biomarker	Latest 3 Test Results		
	Quest	Quest	Unilabs
	Jul 05 2023	Mar 19 2024	May 16 2025

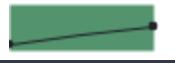
## BLOOD GLUCOSE

Glucose Fasting	 101.70 ↑↑	96.20 ↑	94.00 ↑
Hemoglobin A1C	5.10	5.27	4.80
eAG	99.67	104.55	91.06
Insulin - Fasting	11.88 ↑	8.72 ↑	
HOMA2-%B	100.50	90.80	
HOMA2-%S	63.40 ↓↓	87.00	
HOMA2-IR	1.57 ↑	1.14	
QUICKI	0.32 ↓↓	0.34 ↓	
Triglyceride-Glucose Index (TyG)	4.49 ↑	4.57 ↑↑	4.48 ↑

## RENAL

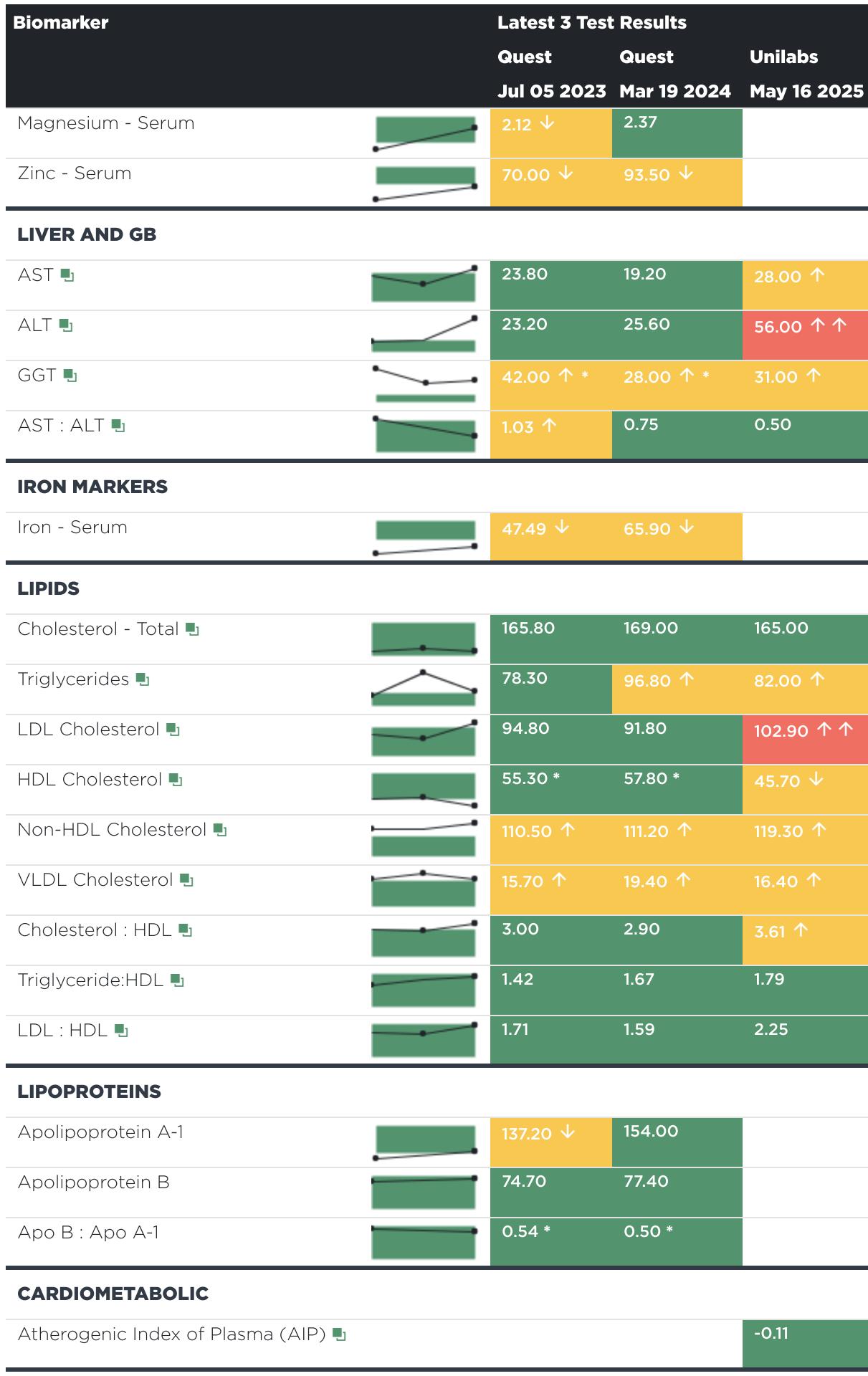
BUN			9.44 ↓
Creatinine	0.60 ↓	0.61 ↓	0.64 ↓
BUN : Creatinine			14.75

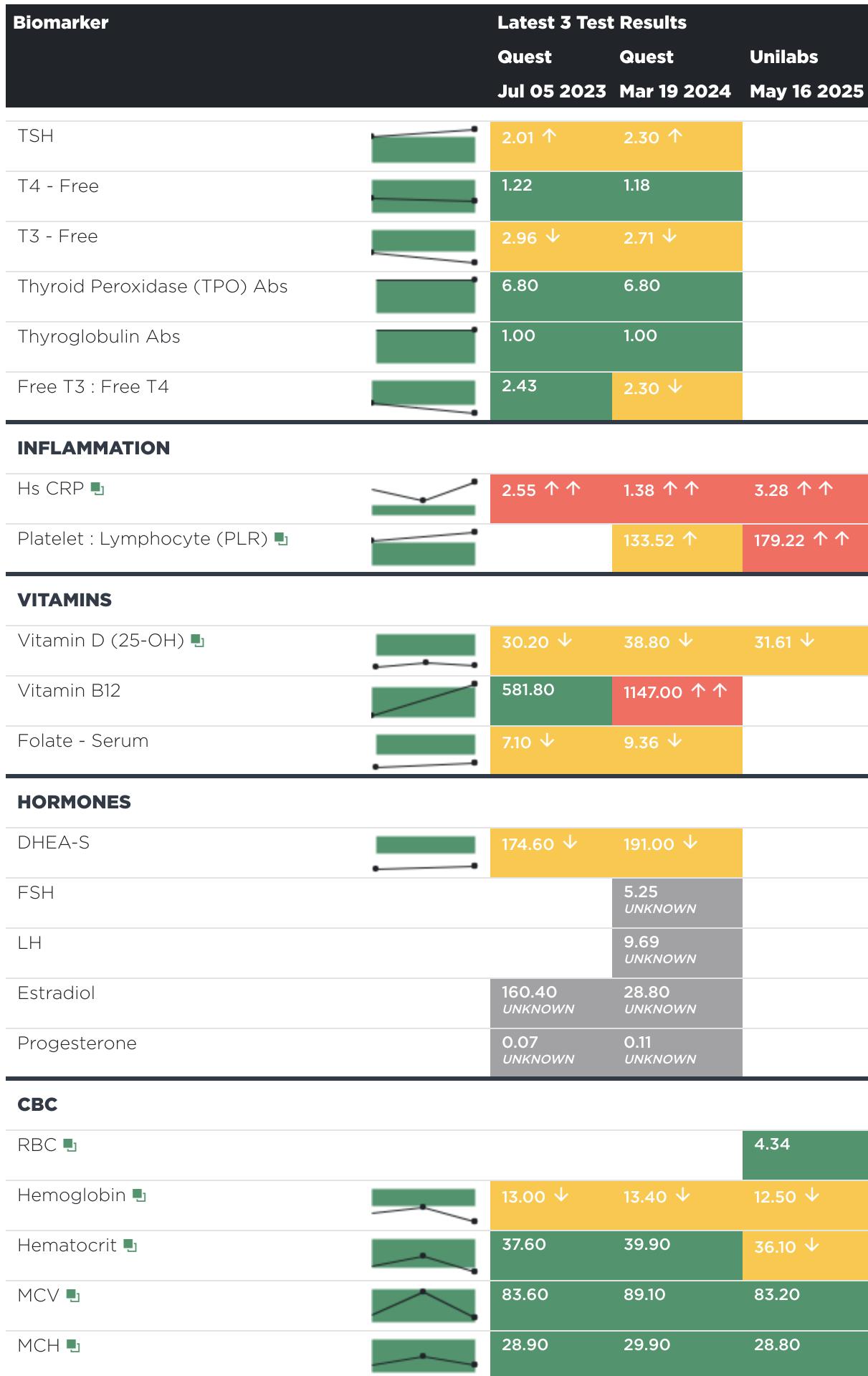
## METABOLIC

Uric Acid	 3.20	3.61	3.90
-----------	---	------	------

## MINERALS

Calcium		9.50
---------	--	------





Biomarker	Latest 3 Test Results		
	Quest	Quest	Unilabs
	Jul 05 2023	Mar 19 2024	May 16 2025
MCHC			34.60
Platelets	 236.00	239.00	276.00
MPV			9.70 ↑
RDW			13.00 ↑

## WBCS

Total WBCs	 6.18 ↑	4.95	5.40
Neutrophils - %	 60.19 ↑	54.14	60.67 ↑
Lymphocytes - %	 31.70	36.20 ↑	28.34 ↓
Monocytes - %	 7.10 ↑	8.10 ↑	9.48 ↑
Eosinophils - %	0.49	1.21	0.92
Basophils - %	0.49	0.40	0.59
Neutrophils - Absolute	3.72	2.68	3.30
Lymphocytes - Absolute	1.96	1.79	1.54
Monocytes - Absolute	0.44 ↑	0.40	0.52 ↑
Eosinophils - Absolute	0.03	0.06	0.05
Basophils - Absolute	0.03	0.02	0.03
Neutrophil : Lymphocyte	1.90 ↑	1.50	2.14 ↑

\* The blood tests used in this History Report come from different labs. The optimal and standard ranges used in the table are from Unilabs, the lab used for this blood test. There may be situations where the standard and optimal ranges vary between the labs, which causes the result values to be different from each other. This is indicated with an asterisk (\*). In these situations, you may not be able to make direct one-to-one comparisons between the biomarker results.

# Functional Body Systems

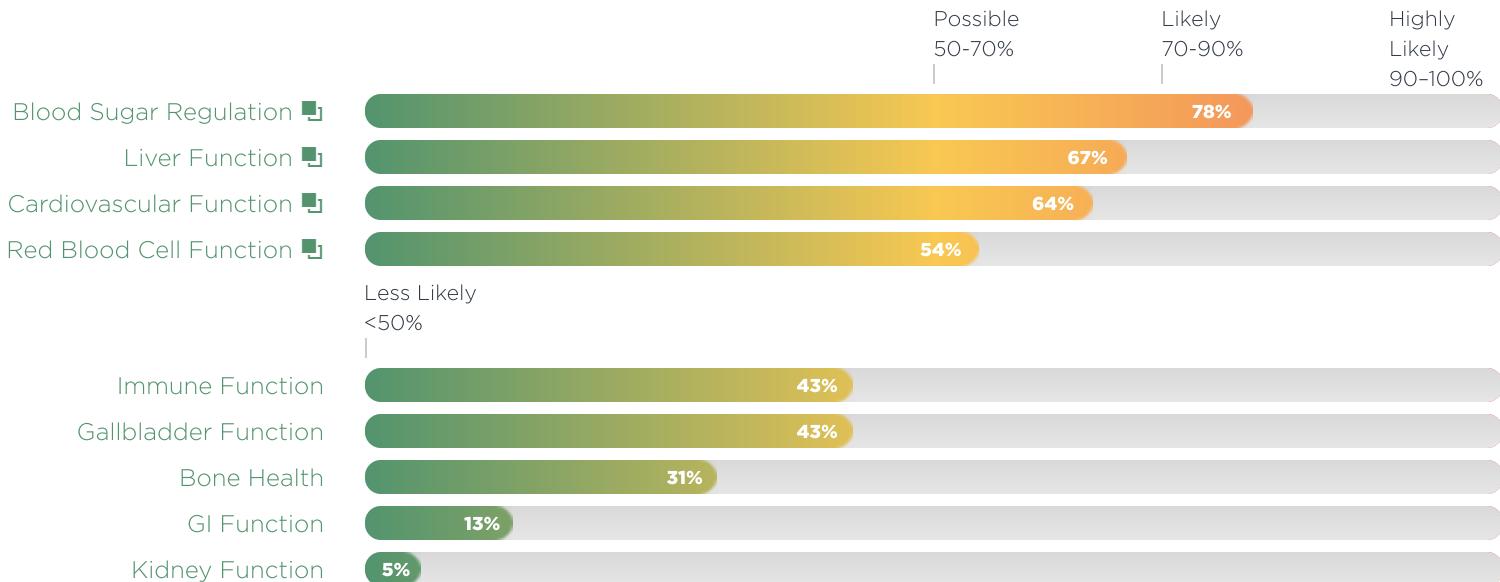
The Functional Body System results represent an algorithmic analysis of this blood test. These results have been converted into your client's individual Functional Body Systems Report based on our latest research.

This report gives you an indication of the level of dysfunction that exists in the various physiological systems in the body.

Please use this report in conjunction with the "Practitioner's Only Clinical Dysfunctions Report" to identify which dysfunctions and conditions are causing changes in the Functional Body Systems.

Each Body System that has a probability of dysfunction above 50% is included in the section that follows so you can read a detailed description and individual explanation of the results shown in this report.

## PROBABILITY OF DYSFUNCTION



# Functional Body Systems Details

This section contains detailed descriptions and explanations of the results presented in the Functional Body Systems Report including all the biomarkers considered in the algorithmic analysis and the rationale behind the interpretation.



Dysfunction Likely  
Improvement required.

## BLOOD SUGAR REGULATION

It is likely that your patient is trending towards blood sugar dysregulation. This could be emerging hypoglycemia, early stages of dysglycemia, metabolic syndrome, or insulin resistance. Please refer to the "Clinical Dysfunctions" report to get a sense of the probability of dysfunction in these "conditions".

### Rationale

Glucose Fasting ↑, HDL Cholesterol ↓, LDL Cholesterol ↑

### Biomarkers considered

Glucose Fasting, Cholesterol - Total, Triglycerides, HDL Cholesterol, Hemoglobin A1C, LDL Cholesterol

### Biomarkers not available in this test - consider running in future tests:

HOMA2-IR, LDH, Insulin - Fasting, C-Peptide, DHEA-S, Fructosamine



Dysfunction Possible  
There may be improvement needed in certain areas.

## LIVER FUNCTION

It is possible that your patient is in the early stages of liver dysfunction, which is causing an increase in their Liver Function score. While this may not require immediate attention, you may want to keep an eye on this on future blood tests.

### Rationale

ALT ↑, BUN ↓, AST ↑, GGT ↑

### Biomarkers considered

ALT, BUN, AST, Cholesterol - Total, GGT, AST : ALT

### Biomarkers not available in this test - consider running in future tests:

Albumin, Globulin - Total, Albumin : Globulin, Alk Phos, LDH, Bilirubin - Total, Iron - Serum, Ferritin, Bilirubin - Direct, Protein - Total



Dysfunction Possible  
There may be improvement needed in certain areas.

## CARDIOVASCULAR FUNCTION

It is possible that your patient is in the early stages of increased cardiovascular risk. While this may not require immediate attention, you may want to keep an eye on this on future blood tests.

### Rationale

Glucose Fasting ↑, Triglycerides ↑, LDL Cholesterol ↑, HDL Cholesterol ↓, Hs CRP ↑, Vitamin D (25-OH) ↓

### Biomarkers considered

Triglyceride:HDL, Glucose Fasting, Cholesterol - Total, Triglycerides, LDL Cholesterol, HDL Cholesterol, Hs CRP, Hemoglobin A1C, Vitamin D (25-OH)

### Biomarkers not available in this test - consider running in future tests:

Lipoprotein (a), LDH, Ferritin, Fibrinogen Activity, Homocysteine, Testosterone Free, Insulin - Fasting, Omega 3 Index



Dysfunction Possible  
There may be improvement needed in certain areas.

## RED BLOOD CELL FUNCTION

It is possible that your patient is in the early stages of anemia, which is causing an increase in their RBC Function score. While this may not require immediate attention, you may want to keep an eye on their nutrient status and keep monitoring this on future blood tests.

### Rationale

Hemoglobin ↓, Hematocrit ↓, RDW ↑

### Biomarkers considered

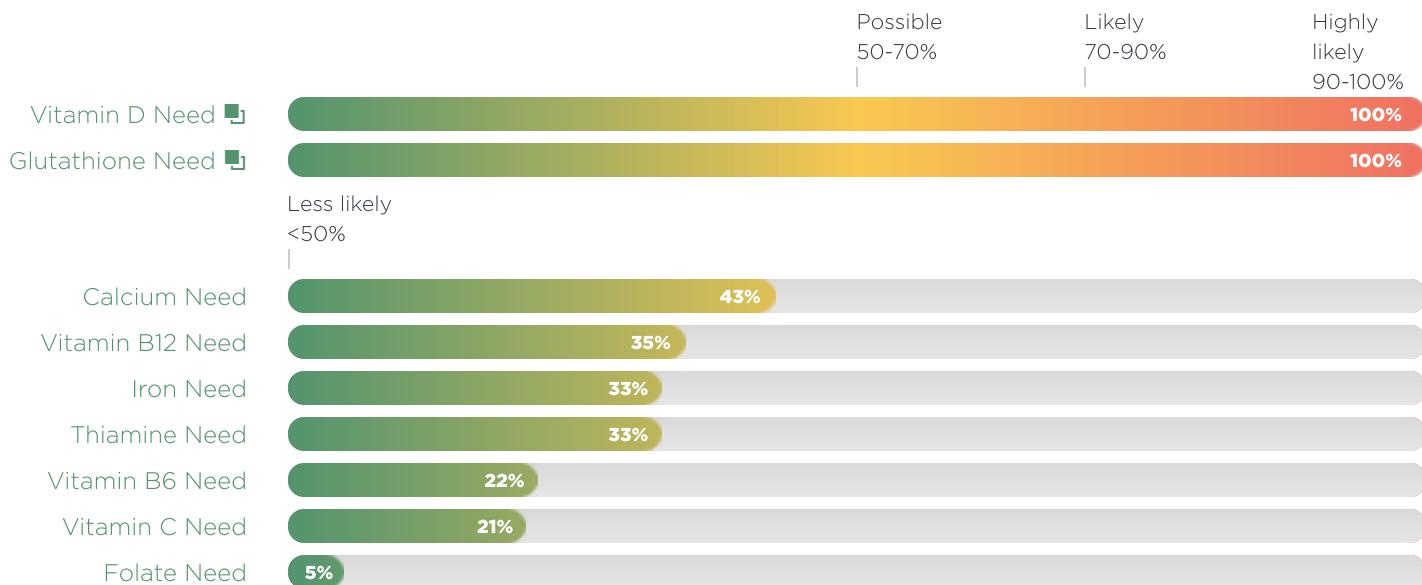
RBC, Hemoglobin, Hematocrit, MCV, MCHC, RDW, MCH

# Individual Nutrient Deficiencies

The scores represent the degree of deficiency for individual nutrients based on your patient's blood results. The status of an individual nutrient is based on a number of factors such as actual dietary intake, digestion, absorption, assimilation and cellular uptake of the nutrients themselves. All of these factors must be taken into consideration before determining whether or not your patient actually needs an individual nutrient.

Each individual Nutrient Deficiency that has a probability of dysfunction above 50% is included in the section that follows so you can read a detailed description and individual explanation of the results shown in this report.

## PROBABILITY OF DEFICIENCY



# Individual Nutrient Deficiency Details

This section contains detailed descriptions and explanations of the results presented in the Nutrient Deficiencies report including all the biomarkers considered in the algorithmic analysis and the rationale behind the interpretation.



Deficiency Highly Likely.  
Much improvement  
required.

## VITAMIN D NEED

Your patient has a high Vitamin D Need score, indicating a significant likelihood of vitamin D deficiency. Indicators of vitamin D deficiency include low serum 25-hydroxyvitamin D levels, elevated parathyroid hormone (PTH) levels, and symptoms such as bone pain, muscle weakness, frequent infections, and fatigue. It is essential to evaluate your patient's dietary intake and exposure to sunlight, as well as absorption of vitamin D. Factors such as poor dietary intake, limited sun exposure, darker skin pigmentation, obesity, and certain gastrointestinal disorders (e.g., Crohn's disease, celiac disease) can contribute to reduced vitamin D levels. Before considering vitamin D supplementation, review your patient's diet for vitamin D-rich foods (e.g., fatty fish, fortified dairy products, egg yolks) and evaluate potential factors that may impair absorption or increase its utilization.

### Rationale

Vitamin D (25-OH) ↓

### Biomarkers considered

Vitamin D (25-OH)



Deficiency Highly Likely.  
Much improvement  
required.

## GLUTATHIONE NEED

Your patient has a high Glutathione Need score, indicating a significant likelihood of glutathione deficiency. Low serum glutathione levels, combined with elevated oxidative stress markers, decreased antioxidant capacity, and symptoms of chronic fatigue or immune dysfunction, suggest a high risk of deficiency. It's important to evaluate your patient's overall antioxidant status and assess factors such as chronic illness, poor diet, excessive toxin exposure, and oxidative stress that may contribute to reduced glutathione levels. Before considering glutathione supplementation, review lifestyle factors, including diet, detoxification capacity, and exposure to environmental toxins, as these can significantly impact glutathione levels.

### Rationale

GGT ↑

### Biomarkers considered

GGT

### Biomarkers not available in this test - consider running in future tests:

Glutathione - Total

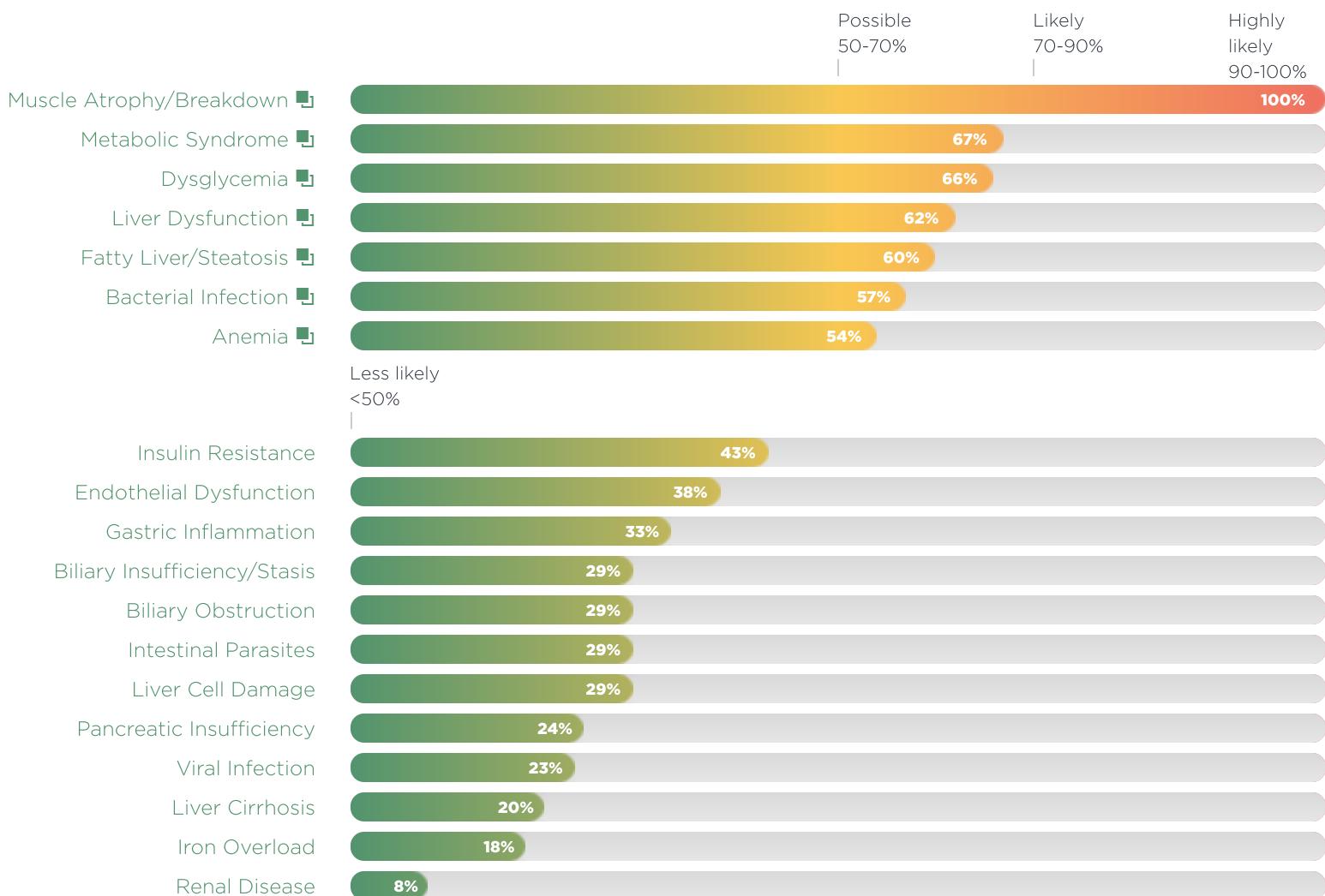
# Clinical Dysfunctions

## Advanced practitioner only report

The Clinical Dysfunctions Report shows a list of likely Health Concerns that your client may be suffering from based on an analysis of their Chemistry Screen and CBC results.

Each Clinical Dysfunction that has a probability of dysfunction above 50% is included in the section that follows so you can read a detailed description and individual explanation of the results shown in this report.

### PROBABILITY OF DYSFUNCTION



# Clinical Dysfunctions Details

This section contains detailed descriptions and explanations of the results presented in the Clinical Dysfunctions report including all the biomarkers considered in the algorithmic analysis and the rationale behind the interpretation.



Dysfunction Highly Likely.  
Much improvement  
required.

## MUSCLE ATROPHY/BREAKDOWN

Consider muscle atrophy or muscle breakdown with a decreased serum **creatinine** along with an increased **SGPT/ALT** and **SGOT/AST**.

### Rationale

Creatinine ↓, AST ↑, ALT ↑

### Biomarkers considered

Creatinine, AST, ALT

### Biomarkers not available in this test - consider running in future tests:

Creatine Kinase (CK)



Dysfunction Possible.  
There may be  
improvement needed in  
certain areas.

## METABOLIC SYNDROME

Consider metabolic syndrome with an increased **triglyceride**, an increased **total cholesterol**, an increased **LDL** cholesterol, a decreased **HDL**, an increased fasting **blood glucose** and an increased **hemoglobin A1C**. Additional elements that may be out of range with metabolic syndrome include an increased fasting **insulin**, an increased **uric acid** and decreased **DHEA**.

### Rationale

Glucose Fasting ↑, Triglycerides ↑, HDL Cholesterol ↓, LDL Cholesterol ↑

### Biomarkers considered

Glucose Fasting, Triglycerides, Cholesterol - Total, HDL Cholesterol, Hemoglobin A1C, LDL Cholesterol

### Biomarkers not available in this test - consider running in future tests:

Insulin - Fasting, DHEA-S, Sex Hormone Binding Globulin



Dysfunction Possible.

There may be improvement needed in certain areas.



Dysfunction Possible.

There may be improvement needed in certain areas.

## DYSGLYCEMIA

Dysglycemia is an imbalance in the ability of the body to regulate blood glucose levels causing unhealthy blood glucose levels that can lead to Diabetes, Metabolic Syndrome, Obesity, Insulin Resistance and Hyperinsulinemia. Consider dysglycemia with an **elevated blood glucose level** and an **elevated hemoglobin A1C level**.

### Rationale

Glucose Fasting ↑, HDL Cholesterol ↓, LDL Cholesterol ↑, Triglycerides ↑

### Biomarkers considered

Hemoglobin A1C, Glucose Fasting, HDL Cholesterol, LDL Cholesterol, Triglycerides

## LIVER DYSFUNCTION

Suspect liver dysfunction if **SGPT/ALT is increased** along with an **increased SGOT/AST** and an **increased GGTP**. The likelihood of liver dysfunction increases with a **decreased serum albumin**, an **increased serum alkaline phosphatase**, an **increased serum bilirubin**, a **decreased cholesterol**, an **increased globulin** and an **increased LDH**. Additional biomarkers that may be out of range with liver dysfunction are an **increased ferritin**, an **increased serum iron**, a **decreased total protein**, an **increased MCV** and a **decreased triglyceride**.

### Rationale

ALT ↑, AST ↑, GGT ↑, BUN ↓

### Biomarkers considered

ALT, AST, GGT, Cholesterol - Total, BUN, AST : ALT

### Biomarkers not available in this test - consider running in future tests:

Albumin, Ferritin, Alk Phos, Bilirubin - Total, LDH, Globulin - Total, Bilirubin - Direct, Albumin : Globulin, Protein - Total, Iron - Serum



Dysfunction Possible.

There may be improvement needed in certain areas.

## FATTY LIVER/STEATOSIS

Steatosis or fatty liver is caused by the accumulation of fat in the functional units of the liver. Non Alcoholic Steatotic Hepatitis is one of the most common causes of elevated liver enzymes. Fatty liver will cause extensive liver cell damage, so early detection is essential. Consider steatosis/fatty liver if the **SGPT/ALT** is increased above the **SGOT/AST** and **GGTP** levels, which may be elevated. Advanced steatosis will cause the **SGPT/ALT** to be elevated as much as 4 times the upper limit of normal. Consider it more likely if the **LDH** and **alkaline phosphatase** levels are also increased.

### Rationale

ALT ↑, GGT ↑, AST ↑, Glucose Fasting ↑

### Biomarkers considered

ALT, GGT, AST, Glucose Fasting, Triglycerides

### Biomarkers not available in this test - consider running in future tests:

LDH, Ferritin



Dysfunction Possible.

There may be improvement needed in certain areas.

## BACTERIAL INFECTION

Consider a bacterial infection if theres an **increased total WBC count** along with an **increased Neutrophil count**, a **normal or decreased Lymphocyte count**. **Increased Monocytes** indicate the recovery period of the infection. Additional elements that may be out of range with a bacterial infection include an **increased bands** and an **increased serum iron**. Expect to see increased Band cells in the acute phase as the body is pumping out immature neutrophils to cope with the infection. If you are running H. pylori antibodies, you may see an increase in **Helicobacter pylori, IgG**. Elevated levels of H. pylori IgG indicate that there is either an active infection or that there was an H. pylori infection in the past.

### Rationale

Neutrophils - % ↑, Monocytes - % ↑, Lymphocytes - % ↓

### Biomarkers considered

Neutrophils - %, Total WBCs, Neutrophils - Absolute, Monocytes - %, Lymphocytes - %

### Biomarkers not available in this test - consider running in future tests:

Helicobacter pylori IgG, Iron - Serum



Dysfunction Possible.

There may be improvement needed in certain areas.

## ANEMIA

Anemia is a condition in which there is a decreased amount of hemoglobin, a decreased number of circulating RBCs, and a decrease in the hematocrit. Anemia is a symptom not a disease, and the cause of an anemia must be sought out. Some of the common causes of anemia include deficiencies of iron and certain vitamins (B12, folate, B6, copper), blood loss and increased destruction of red blood cells. If anemia shows high on this report, the underlying cause must be ruled out and treated.

### Rationale

Hemoglobin ↓, Hematocrit ↓, RDW ↑

### Biomarkers considered

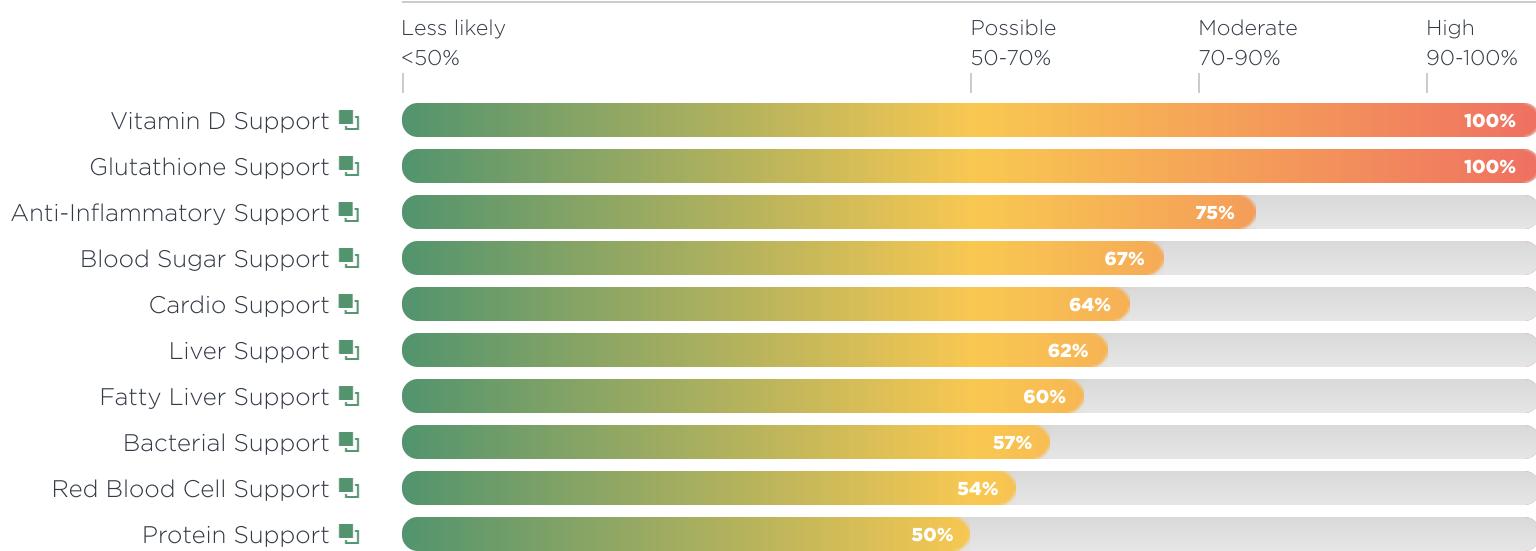
RBC, Hemoglobin, Hematocrit, MCV, MCHC, RDW, MCH

# Health Concerns Report

The Health Concerns Report takes all the information in this report and focuses on the top areas that need the most support.

Each health concern is included in the following section so you can read an explanation of the results shown in this report.

## NEED OF SUPPORT



# Health Concerns Details

This section contains an explanation of the results presented in the Health Concerns Report including all the biomarkers considered in the analysis and the rationale behind the interpretation.

## VITAMIN D SUPPORT

The results of this blood test indicate that this patient's vitamin D levels might be lower than optimal and shows a need for vitamin D supplementation.

### Rationale

Vitamin D (25-OH) ↓



## GLUTATHIONE SUPPORT

The results of this blood test indicate that this patient's glutathione levels might be lower than optimal and may show a need for glutathione supplementation.

### Rationale

GGT ↑



## ANTI-INFLAMMATORY SUPPORT

Test The results of this blood test indicate a tendency towards inflammation and show a need for anti-inflammatory support.

### Rationale

Hs CRP ↑, RDW ↑, Neutrophil : Lymphocyte ↑, Vitamin D (25-OH) ↓, ALT ↑, Platelet : Lymphocyte (PLR) ↑



## BLOOD SUGAR SUPPORT

The results of this blood test indicate a tendency towards metabolic syndrome and a need for blood sugar support.

### Rationale

Glucose Fasting ↑, Triglycerides ↑, HDL Cholesterol ↓, LDL Cholesterol ↑



## CARDIO SUPPORT

The results of this blood test indicate a higher than optimal cardiovascular risk for this patient and shows a need for cardiovascular support.

### Rationale

Glucose Fasting ↑, Triglycerides ↑, LDL Cholesterol ↑, HDL Cholesterol ↓, Hs CRP ↑, Vitamin D (25-OH) ↓



## LIVER SUPPORT

The results of this blood test indicate a tendency towards liver dysfunction and a need for liver support.

### Rationale

ALT ↑, AST ↑, GGT ↑, BUN ↓



## FATTY LIVER SUPPORT

The results of this blood test indicate a tendency towards this patient developing fatty liver or steatosis and shows a need for liver support.

### Rationale

ALT ↑, GGT ↑, AST ↑, Glucose Fasting ↑



## BACTERIAL SUPPORT

The results of this blood test indicate a tendency towards a bacterial infection and a need for immune support.

### Rationale

Neutrophils - % ↑, Monocytes - % ↑, Lymphocytes - % ↓



## RED BLOOD CELL SUPPORT

The results of this blood test indicate a tendency towards anemia and a need for red blood cell support.

### Rationale

Hemoglobin ↓, Hematocrit ↓, RDW ↑



## PROTEIN SUPPORT

The results of this blood test indicate that this patient's protein levels might be lower than optimal and shows a need for protein supplementation.

### Rationale

BUN ↓, Creatinine ↓, Hs CRP ↑, ALT ↑, AST ↑, GGT ↑





**YOUR HEALTH  
IS YOUR WEALTH**

## Disclaimer

This Report contains information for the exclusive use of the above-named recipient only, and contains confidential, and privileged information. If you are not the above-named recipient or have not been given permission by the person, you are prohibited from reading or utilizing this report in any way, and you are further notified that any distribution, dissemination, or copying of this Report is strictly prohibited.

All information provided in this Report is provided for general information purposes only, including, without limitation, the ‘optimal ranges’ set forth in this Report. Neither this Report, nor any of the information contained in this Report, is intended for, or should be used for the purpose of, medical diagnosis, prevention, or treatment, including self-diagnosis, prevention, or treatment. This Report should not be used as a substitute for professional medical care, and should not be relied upon as an alternative to medical advice from your doctor or other professional healthcare provider or in diagnosing or treating a medical condition, ailment, or disease.

DNA Health LLC makes no representations or warranties of any kind, express or implied about the completeness, accuracy, reliability or suitability of this Report for any purpose. Neither DNA Health LLC nor any director, employee, agent or affiliate of DNA Health LLC undertakes responsibility arising in any way from reliance placed on this Report. Any reliance you place on this Report is therefore strictly at your own risk. Nothing in this disclaimer will limit or exclude any liabilities in any way that is not permitted under applicable law.

The ‘optimal ranges’ set forth in this Report are general reference recommendations only, and are not intended to be guidelines for any specific individual. The ‘optimal ranges’ set forth in this Report are for educational purposes only, and are not intended to be, nor should they be construed as, a claim or representation of medical diagnosis or treatment.

Neither this Report, nor any information contained in this Report, should be considered complete, or exhaustive. This report does not contain information on all diseases, ailments, physical conditions or their treatment. This report is based on the lab data provided, which may or may not include all relevant and appropriate measures of your biochemistry.

The absence of a warning for a given drug or supplement or any combination thereof in no way should be construed to indicate that the drug or supplement or any combination thereof is safe, effective, or appropriate for you. Statements made about a supplement, product or treatment have not been evaluated by any healthcare authority in any jurisdiction including, without limitation, the Food and Drug Administration (FDA), the UAE Ministry of Health, the Dubai Health Authority, Health Authority Abu Dhabi (the “Authorities”) and any mentioned supplement, product or treatment is not intended to diagnose, treat, cure or prevent any disease. The information contained in this Report has not been evaluated by any Authority in any jurisdiction.

You are encouraged to confirm any information obtained from this Report with other sources, and review all information regarding any medical condition or the treatment of such condition with your physician.

**NEVER DISREGARD PROFESSIONAL MEDICAL ADVICE, DELAY SEEKING MEDICAL ADVICE OR TREATMENT, OR STOP CURRENT MEDICAL TREATMENT, BECAUSE OF SOMETHING YOU HAVE READ IN THIS REPORT.**

Consult your physician or a qualified healthcare practitioner regarding the applicability of any of the information or materials provided in this Report in regards to your symptoms or medical condition.

Always consult your physician before beginning a new treatment, diet, exercise, fitness plan, or health plan or program, and before taking any drug, supplement, or any combination thereof; or if you have questions or concerns about your health, a medical condition, or any plan or course of treatment. If you think you have a medical emergency, call 998 within the United Arab Emirates (or another applicable emergency number) or your doctor immediately.



“Live better  
& longer”

#### Al Wasl road

899 Al Wasl Road,  
Al Manara, Dubai

#### Dubai Marina

Retail Unit 1, Bunyan  
Tower, Al Marsa Street,  
Marina, Dubai

#### Alserkal Avenue

Unit 80, Al Serkal  
Avenue, 17th Street, Al  
Quoz, 1, Dubai

#### DIFC Gate Avenue

Unit 103, Zone C, Gate  
Avenue, DIFC, Dubai

#### Abu Dhabi

Villa 673, Mohammed  
Bin Khalifa Street,  
Abu Dhabi

+971 4 573 6500

[enquiries@dnahalthcorp.com](mailto:enquiries@dnahalthcorp.com)

058 597 4663

[dnahalthcorp.com](http://dnahalthcorp.com)