Ciniden	- 10												-
1–3 y	0.5	0.5	6	0.5	2	8	160	0.9	30	400	5	5 (k)	15
4–6 y	0.6	0.6	8	0.6	3	12	200	1.2	30	450	5	5 (k)	20
7–9 y	0.9	0.9	12	1.0	4	20	300	1.8	35	500	5	7 (k)	25
Adolescents													
Males	ava - 2000.70												
10–18 y	1.2	1.3	16	1.3	5	25	400	2.4	40	600	5	10	35-65
Females									1 Marion Zan	11 SA MINISTER 441 A			
10–18 y	1.1	1.0	16	1.2	5	25	400	2.4	40	600	5	7. 5	35-55
Adults													
Males		121 20	12 (4)		124		400	-	9672				ے د
19–65 y	1.2	1.3	16	4.0	5	30	400	2.4	45	600		10	65
19–50 y				1.3							5		
50+ y				1.7							10		
Females													
19–50 y	4 4	1 1	1.4	1.0	5	20	100	2.4	45	500	=	75	ے ہے
(pre-meno.)	1.1	1.1	14	1.3	3	30	400	2.4	45	500	5	7.5	55
51–65 y	1 1	1,1	14	1.5	5	30	400	2.4	45	500	10	7.5	55
(meno.)	1.1	1.1	14	1.3	3	30	400	2.4	43	300	10	1.3	23
Adults 65+ y													
Males	1.2	1.3	16	1.7	5		400	2.4	45	600	15	10	65
Females	1.1	1.1	14	1.5	5		400	2.4	45	600	15	7.5	55
Pregnancy	1.4	1.4	18	1.9	6	30	600	2.6	55	800	5	(i)	55
Lactation	1.5	1.6	17	2.0	7	35	500	2.8	70 (e)	850	5	(i)	55
Edeuton	1.5	1.0	1,	2.0		55	500	2.0	, o (c)	050		(1)	55
equivaler RNI of 4 It is reco achieved, safe intal allow nor Recomm other pro recomme the best of	onverse on verse on verse on verse of the send of this contract of this converse on verse on	ion fac of DFI vas calc however n additionable rowth, isafe intense for the e of receivitaming	tor for E provi- ulated and the triangle of triangle of the triangle of triang	tryptopl ded = [I for adul larger a 5 mg is s. This se not al g RE/da ds = 0.08 amin so ents, bas For preg	nan to mg of it t men a amount needed level of low fo ay; 1 µg 34 µg F that " sed on gnancy	niacin. food fol and works would for laco of intaker prolong retino RE. (h) accepta the currand laco and laco and laco food for and laco food food food food food food food fo	(b) Pre late + (1 men and d promo d tration. See is set nged pe 1 = 1 µg Data while intarently actation of the late of the lat	formed7 x m l 55 mg ote gree (f) Vitt to proriods of RE; 1 rere cookes" acceptal there is	In inacing of syng recompater iron atter iron atter iron atter iron atter iron atter in A event of infecting β -cansidered in takes in o evi	. (c) DFF on the tic fold mended do not absorpt in values are inical significant or	E = diet lic acid luring p ion if the e "reco ns of c ther stro .167 µg ient to This a apport t	ary folate organicy nis can be mmended leficiency esses. (g g RE; 1 µg formulate represent he known ments fo	e n 7. e e d d 7.)) g e e s s n n r

and lactation is expected to compensate for increased need for infant growth and milk synthesis. Breast milk substitutes should not contain less than 0.3 mg a-tocopherol equivalents (TE)/100 ml of reconstituted product, and not less than 0.4 mg TE/g PUFA. Human breast milk vitamin E is fairly constant at 2.7 mg for 850 ml of milk. (k) Values based on a proportion of the adult acceptable intakes. (1) The RNI for each age group is based on a daily intake of 1 g/kg/day of phylloquinone, the latter being the major dietary source of vitamin K. (m) This intake cannot be met by infants who are exclusively breastfed. To prevent bleeding due to vitamin K deficiency, all breastfed babies should

receive vitamin K supplementation at birth according to nationally approved guidelines.

Panto- Bio-

tin

μg

5

6

thenate

1.7

1.8

 B_{6}

0.1

0.3

Folate

DFE(c)

µg/d

80

80

Vit.

 B_{12}

0.4

0.5

Vit.

C(d)

25

30

μg/d mg/d

Vit. A

RE(f)(g)

µg/d

375

400

Vit.

D

μg/d

5

5

Vit. E

a-TE

mg/d

2.7(i)

2.7 (i)

Vit.

K

µg/d

5 (m)

10

Thia- Ribo- Niacin Vit.

mg/d mg/d mg/d mg/d mg/d

2(b)

4

min flavin NE(a)

0.3

0.4

0.2

0.3

Infants $0-6\,\mathrm{mo}$

Children

7-11 mo