

# Gut Function & Microbiome Interpretation Worksheet

Client Name: \_\_ Date: \_\_ Lab Provider: \_\_\_\_\_

## Section 1: The Assimilation Node (Digestion & Absorption)

Assess how well the "factory" is processing fuel. Check the box if the marker is outside the functional range.

Marker	Result	Functional Range	Clinical Significance
[ ] Pancreatic Elastase-1	—	> 500 ug/g	< 200 suggests EPI; needs enzyme support.
[ ] Steatocrit (Fecal Fat)	—	< 15%	High levels suggest bile sluggishness or malabsorption.
[ ] Putrefactive SCFAs	—	Normal/High	Low levels suggest protein maldigestion/low stomach acid.

Digestion Notes: \_\_\_\_\_

## Section 2: The Defense & Repair Node (Immune & Inflammation)

Assess the "border patrol" and the integrity of the gut barrier.

- **Secretory IgA (sIgA):** \_\_ (Range: 510–2010 mg/dL)
  - [ ] **High:** Active immune response (pathogen, yeast, or food sensitivity).
  - [ ] **Low:** Immune exhaustion/depletion (chronic stress/adrenal fatigue).
- **Fecal Calprotectin:** \_\_ (Functional Range: < 50 ug/g)
  - [ ] **Elevated:** Indicates neutrophil migration; active intestinal inflammation.
- **Zonulin:** \_\_ (Functional Range: < 175 ng/g)
  - [ ] **Elevated:** High intestinal permeability ("Leaky Gut"); trigger for systemic inflammation.

## Section 3: Microbial Signatures & Dysbiosis

*Identify specific patterns that link to systemic symptoms.*

- [ ] **The "Weight Loss" Marker:** *Akkermansia muciniphila* is ( Low / Normal ).
- [ ] **Autoimmune Triggers:** Presence of *Klebsiella*, *Citrobacter*, or *Prevotella copri?* ( Yes / No )
- [ ] **Metabolic Signature:** High LPS-producing bacteria present? ( Yes / No )

## Section 4: Clinical Synthesis & Matrix Mapping

**Primary Node of Concern:** [ ] Assimilation (Digestion) [ ] Defense & Repair (Immune) [ ] Biotransformation (Toxins/LPS)

### Practitioner Observations:

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**Prioritization Score (1-10):** \_\_ (1 = Minor optimization needed; 10 = Urgent restoration required)

### Next Steps / Protocol Recommendations:

1. **Digestion:** \_\_\_\_\_
  2. **Pathogen/Overgrowth:** \_\_\_\_\_
  3. **Barrier Support:** \_\_\_\_\_
  4. **Follow-up Test Date:** \_\_\_\_\_
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