

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
<input type="checkbox"/> Pancreatic Elastase-1	—	> 500 ug/g	< 200 suggests EPI; needs enzyme support.
<input type="checkbox"/> Steatocrit (Fecal Fat)	—	< 15%	High levels suggest bile sluggishness or malabsorption.
<input type="checkbox"/> 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:

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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AccrediPro Standards Institute Certified Tool | Clinical Diagnostic Standards: GI Assessment v4.2
