

TEST NUMBER: T-NL-XXXXX (XXXXXXXXXX)

GENDER: XYZ

COLLECTED: XX/XX/XXXX
RECEIVED: XX/XX/XXXX
TESTED: XX/XX/XXXX

TEST REF: TST-NL-XXXX
PRACTITIONER:
XXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXX

TEST NAME: Organix Comprehensive

Organix ® #3301 - Urine

Methodology: GCMS, LC/MS/MS, Alkaline Picrate, Colorimetric

Summary of Abnormal Findings				
Biomarkers	Findings	Metabolic Pathway		
Fatty Acid Metabolism				
Adipate	Н	Fatty acid oxidation		
Suberate	Н	Fatty acid oxidation		
Carbohydrate Metabolism				
Pyruvate	Borderline High	Glycolysis		
b-Hydroxybutyrate	Н	Ketone production		
Energy Production Markers				
Citrate	Borderline High	Citric acid cycle		
Cis-Aconitate	Borderline High	Citric acid cycle		
Isocitrate	Н	Citric acid cycle		
a-Ketoglutarate	Borderline High	Citric acid cycle		
Succinate	Н	Citric acid cycle		
Malate	Н	Citric acid cycle		
B-Complex Vitamin Markers				
a-Ketoisovalerate	Borderline High	Amino acid metabolism		
a-Ketoisocaproate	Н	Amino acid metabolism		
a-Keto-b-Methylvalerate	Н	Amino acid metabolism		
Glutarate	Н	Amino acid metabolism		
Isovalerylglycine	Н	Amino acid metabolism		
b-Hydroxyisovalerate	Borderline High	Amino acid metabolism		
Methylation Cofactor Markers				

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TEST NAME: Organix Comprehensive

Organix ® #3301 - Urine



Summary of Abnormal Findings			
Biomarkers	Findings	Metabolic Pathway	
Methylmalonate	Н	Amino acid metabolism	
Neurotransmitter Metabolism Markers			
Vanilmandelate	L	Epinephrine & norepinephrine metabolism	
Homovanillate	Borderline High	Dopamine metabolism	
5-Hydroxyindoleacetate	Н	Serotonin metabolism	
Kynurenate	Borderline High	Tryptophan pathway	
Oxidative Damage and Antioxidant Markers	No Abnormality Found		
Detoxification Indicators			
Orotate	L	Urea cycle	
Pyroglutamate	Н	Glutathione pathway	
a-Hydroxyisobutyrate	Н	MTBE exposure	
Bacterial - General			
Benzoate	Н	Gut bacterial metabolism	
Phenylacetate	Н	Gut bacterial metabolism	
Indoleacetate	Н	Gut bacterial metabolism	
p-Hydroxyphenylacetate	Н	Gut bacterial metabolism	
Clostridial Species			
3,4-Dihydroxyphenylpropionate	Н	Gut bacterial metabolism	
Yeast/Fungal			
D-Arabinitol	Н	Yeast product	
Citramalate	Н	Yeast product	
Tartrate	Н	Yeast product	
Oxalate Markers			
Glycerate	Н	Glyoxylate pathway	

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TEST NUMBER: T-NL-XXXXX (XXXXXXXXXXX)

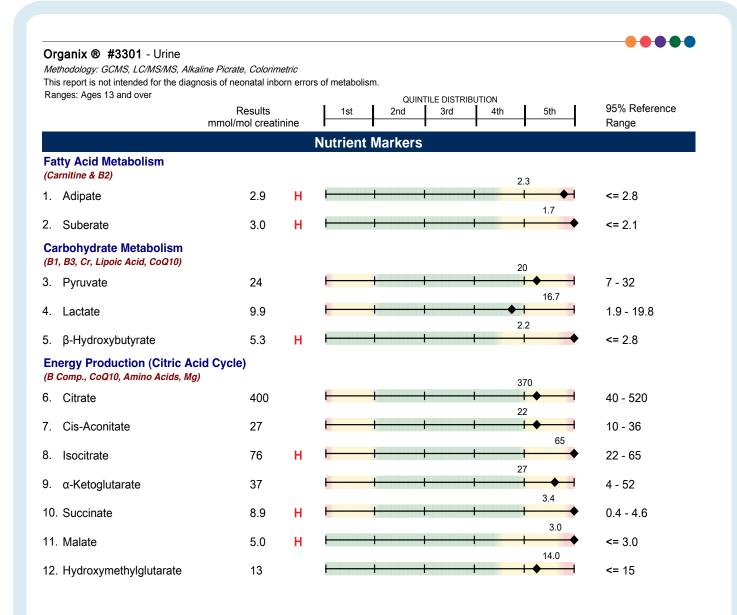
GENDER: XYZ RECEIVED:

COLLECTED: XX/XX/XXXX XX/XX/XXXX TESTED: XX/XX/XXXX

TEST REF: TST-NL-XXXX XXXXXXXXXXXX

XXXXXXXXXXXXXXXXXX

TEST NAME: Organix Comprehensive



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GENDER: XYZ

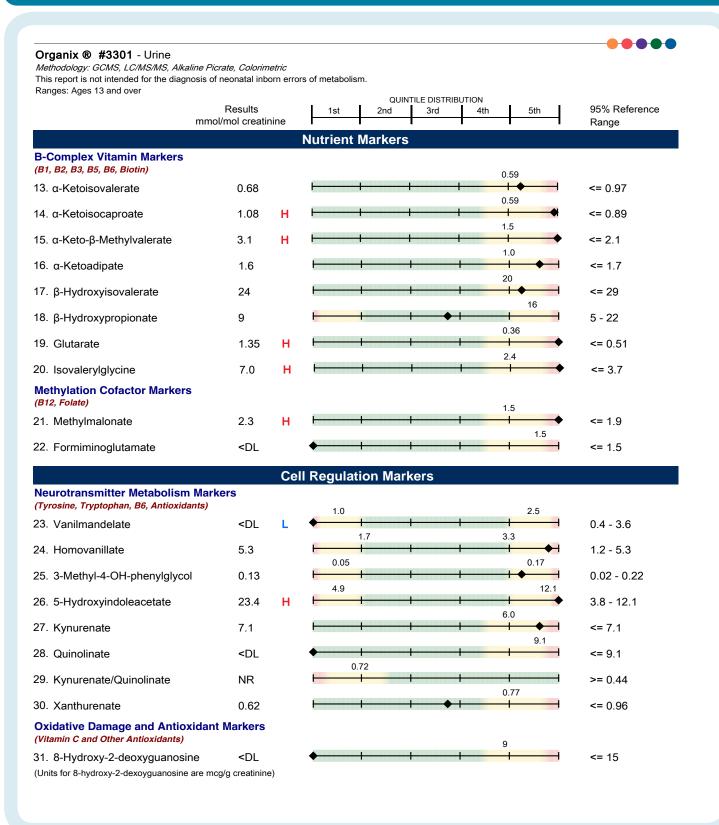
XYZ XX COLLECTED: XX/XX/XXXX
RECEIVED: XX/XX/XXXX
TESTED: XX/XX/XXXX

TEST REF: TST-NL-XXXX

XXXXXXXXXXX

XXXXXXXXXXXXXXXXXX

TEST NAME: Organix Comprehensive



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TEST NUMBER: T-NL-XXXXX (XXXXXXXXXXX)

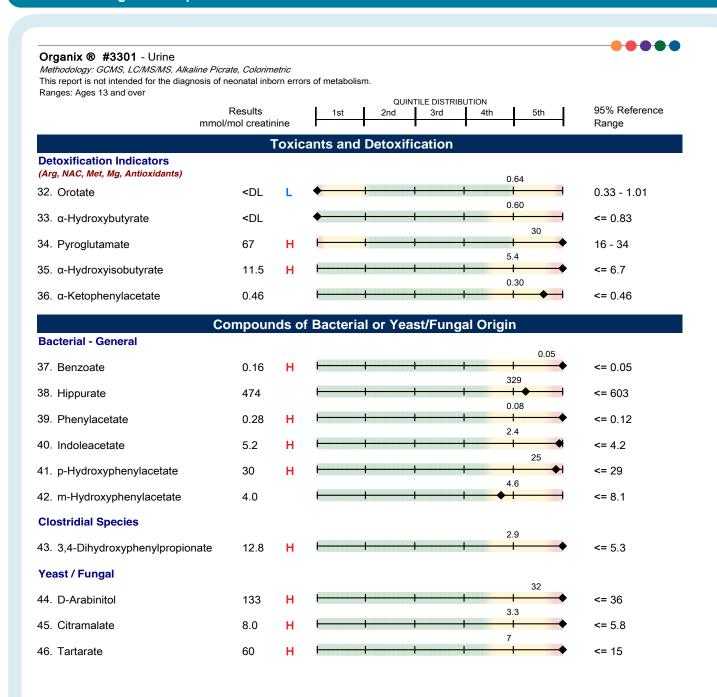
GENDER: XYZ COLLECTED: XX/XX/XXXX

RECEIVED: XX/XX/XXXX TESTED: XX/XX/XXXX TEST REF: TST-NL-XXXX

XXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXX

TEST NAME: Organix Comprehensive



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TEST NUMBER: T-NL-XXXXX (XXXXXXXXXXX)

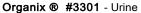
GENDER: XYZ COLLECTED: XX/XX/XXXX RECEIVED:

XX/XX/XXXX TESTED: XX/XX/XXXX TEST REF: TST-NL-XXXX

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TEST NAME: Organix Comprehensive



Methodology: GCMS, LC/MS/MS, Alkaline Picrate, Colorimetric

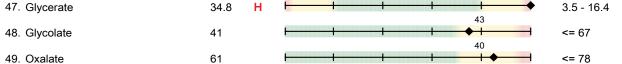
This report is not intended for the diagnosis of neonatal inborn errors of metabolism.

Ranges: Ages 13 and over



Oxalate Markers





Creatinine = mmol/L 1.2

13.6

<DL = less than detection limit

>UL = greater than upper linearity limit

NR = Not Reportable

Commentary

The performance characteristics of all assays have been verified by Genova Diagnostics, Inc. Unless otherwise noted with •, the assay has not been cleared by the U.S. Food and Drug Administration.

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TEST NAME: Organix Comprehensive

PATIENT: XXXXXXXXXXXXXXXXXX

TEST NUMBER: T-NL-XXXXX (XXXXXXXXXXX)

GENDER: XYZ COLLECTED: XX/XX/XXXX RECEIVED: XX/XX/XXXX TESTED: XX/XX/XXXX TEST REF: TST-NL-XXXX

XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX

Organix ® #3301 - Urine



Additional Considerations

These supplement ranges are not adjusted for age or gender.

Nutrient supplementation is at the discretion of the treating clinician. The supplement dose ranges provided below are meant for educational purposes only. These dosage ranges relate to findings commonly found on Genova's nutritional panels and do not apply to specific disease conditions where different dosages may be warranted. Final recommendations should be based on consideration of the patient's medical history and current clinical condition.

Nutrient	Nutrient Need	Clinician Recommendations
Vitamin C	Moderate: 500-1000 mg	
Vitamin E (mixed tocopherols)	Moderate: 100-200 IU	
Vitamin B-1 (Thiamin)	Low: 10-25 mg	
Vitamin B-2 (Riboflavin)	High: 100-200 mg	
Vitamin B-3 (Niacin)	Moderate: 50-200 mg	
Vitamin B-5 (Pantothenic Acid)	Low: 10-25 mg	
Vitamin B-6 (Pyridoxine)	Optional: 0-10 mg	
Vitamin B-12 (Cobalamin)	High: 500-1000 mcg	
Biotin	Optional: 0-400 mcg	
Magnesium	Low: 100-200 mg	
Selenium	Low: 50-100 mcg	
Carnitine	High: 500-1000 mg	
Coenzyme Q10	Moderate: 60-100 mg	
Lipoic Acid	Moderate: 100-200 mg	
N-Acetylcysteine	High: 500-1000 mg	
L-Arginine	Low: 100-250 mg	
Glycine	High: 1000-3000 mg	
Tyrosine	Low: 100-250 mg	

Various conditionally essential nurients and other potentially beneficial interventions appear in this section only if relevant abnormalities are

Amino acids listed on this page result from functional markers of individual amino acid insufficiency and do not reflect amino acids measured in plasma.

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