



Gene Comprehensive Nutrigenomic Report

Accession Number: #####

Specimen Collected: ######

Specimen Received: ######

Report Generated: February 27, 2025

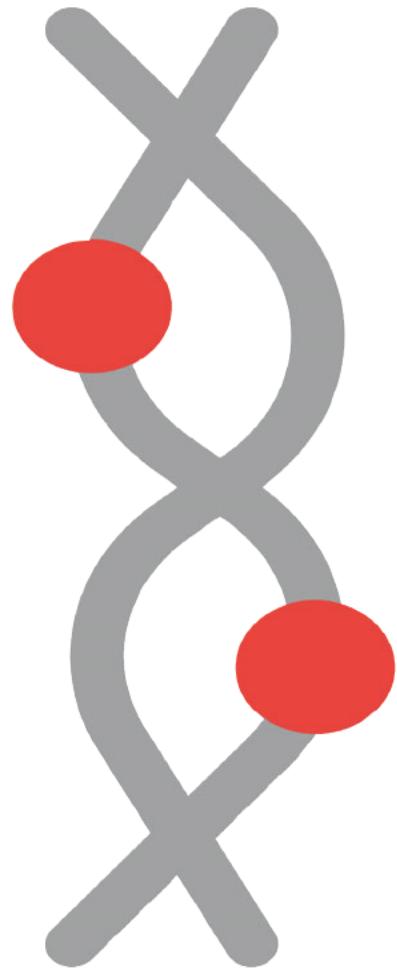
Specimen Type: Buccal Swab

Provider: ##### ######

Patient Name: ##### #####

Patient DOB: ######

Patient Gender: Female



Do not make any decisions about your health solely based on the information contained in this report.
Always consult with a licensed and experienced health practitioner when you receive this report.

- 18 - Female

(-) Normal Risk (+) Medium Risk (++) High Risk

| rsID | Gene | Genetic Result | Therapeutics Associated With Positive Result | Highly Recommended Therapeutics | Provider Discretion: As Needed Formula Recommendations | Lifestyle Recommendations | Laboratory Recommendations |
|---------------|------------|----------------|--|-----------------------------------|---|---------------------------|--|
| DEVELOPMENTAL | | | | | | | |
| Methylation | | | | | | | |
| | FOLR2 | A/G (+/-) | | | | | |
| | MTHFR 1298 | G/T (+/-) | Methyltetrahydrofolate (5-MTHF) | L-5-MTHF OR Homocysteine Supreme™ | | | Complete Blood Count Serum and RBC Folate |
| | MTHFR 677 | G/A (+/-) | | | | | |
| | TCN2 | C/G (+/-) | Methylcobalamin, Adenosylcobalamin | | Tricobalamin™ OR Vitamin B12 | | Serum Vitamin B12 |

- 18 - Female

(-/-) Normal Risk (-/+ Medium Risk (+/+) High Risk

| rsID | Gene | Genetic Result | Therapeutics Associated With Positive Result | Highly Recommended Therapeutics | Provider Discretion: As Needed Formula Recommendations | Lifestyle Recommendations | Laboratory Recommendations |
|-------------------|--------|----------------|--|---|---|---------------------------|--|
| Neurotransmitters | | | | | | | |
| | COMT | G/G (-/-) | Taurine, Choline, Trimethylglycine (TMG), Dimethylglycine (DMG), Methionine, SAMe, Inositol | Neurolink™ if Focus Issues Present | | | Consider Neurotransmitter Metabolite Testing Consider PGx Testing |
| | MAOA | G/T (+/-) | Riboflavin (B2), Taurine, Choline, Trimethylglycine (TMG), Dimethylglycine (DMG), Methionine, SAMe, Inositol, L-Methionine | | Neurolink™ if Anxiety, Depression, or Focus Issues Present | | |
| | MAOB | T/C (+/-) | | | NeuroCalm™ if Chronic Anxiety or Depression Present | | |
| | TPH2 | G/G (-/-) | L-5-Methyl THF, Niacinamide, 5-HTP | | | | |
| | HTR2 | G/G (+/+) | | | May Benefit from NeuroCalm™ if Anxiety or Depression Present | | |
| | SLC6A4 | C/C (-/-) | 5-HTP (Hydroxytryptophan) | | | | |

- 18 - Female

(-/-) Normal Risk (+/-) Medium Risk (+/+) High Risk

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|--|--------|----------------|---|--|---|--|--|
| Neurotransmitters | | | | | | | |
| | DBH | G/G (-/-) | Vitamin C, Copper | | | | |
| | GAD1 | C/C (-/-) | Prescription Amantadine, Ketamine, Glycine, N-Acetyl Cysteine (NAC), Zinc, Magnesium, Elderberry, L-Theanine, Melatonin | Liposomal NeuroCalm™ May Benefit from Melatonin if Sleep Is an Issue | | May Need to Avoid Monosodium Glutamate (MSG) Be Cautious with Glutamine Supplementation | Consider Neurotransmitter Metabolite Testing |
| Sugar Sensitivity and Mood | | | | | | | |
| | ADRA2A | C/C (-/-) | Increased Risk of Hyperactivity From Sugar and Anti-Psychotic Induced Weight Gain | | | | |
| Neurotrophic Factors | | | | | | | |
| | BDNF | C/C (-/-) | Curcumin, Lithium Orotate, D-Chiro-Inositol, Catechins, Resveratrol, Exercise | | | | |
| | NGF | G/G (-/-) | Curcumin, Lithium Orotate, D-Chiro-Inositol, Catechins, Resveratrol, Exercise | | | | |
| | SYN1 | A/G (+/-) | Ginsenoside Rg3, Nicotinamide Riboside, Ginseng | | | | |
| May Benefit from Synapsin Nasal Spray | | | | | | | |

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|--------------------|-------|----------------|---|--|---|---------------------------|----------------------------|
| Neuro-Inflammation | | | | | | | |
| | C3 | C/C (-/-) | Anti-Inflammatory Therapy: Curcumin, Omega-3 Fatty Acids, Resveratrol, Quercetin, Low Dose Naltrexone (LDN), CBD Oil | SPM Supreme™ C3 Curcumin Complex OmegaAvail™ Liquid | Consider Low Inflammatory Diet | | |
| | CD14 | G/G (-/-) | | | | | |
| | IL5 | A/G (+/-) | | | | | |
| | IL13 | C/T (+/-) | | | | | |
| | STAT4 | C/G (+/-) | | | | | |
| | IL6 | C/G (+/-) | | | | | |
| | TNF | G/G (-/-) | | | | | |
| | IDO1 | C/T (+/-) | | | | | |
| | CTLA4 | A/A (-/-) | | | | | |
| | DRD2 | C/C (-/-) | Increased Efficacy of Naltrexone | | | | |

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| rsID | Gene | Genetic Result | Therapeutics Associated With Positive Result | Highly Recommended Therapeutics | Provider Discretion: As Needed Formula Recommendations | Lifestyle Recommendations | Laboratory Recommendations |
|-----------------------|---------|----------------|---|---------------------------------|---|---|---|
| Autophagy | | | | | | | |
| | ATG5 | T/T (-) | | | | | |
| | ATG12 | C/C (++) | Curcumin, Lithium Orotate, D-Chiro-Inositol, Catechins, Resveratrol, Caffeine, 12+ Hour Fasting | | Inositol OR Inositol Powder | 12-15 Hour Fasting if Appropriate for Age | Routine Blood Sugar, Insulin, and HbA1c |
| | ATG16L1 | C/T (+/-) | | | | | |
| Detoxification | | | | | | | |
| | CTH | G/G (-) | N-Acetyl Cysteine (NAC), Glutathione | | | | |
| | GSTP1 | A/A (-) | N-Acetyl Cysteine (NAC), Glutathione | | | | |

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|----------------------------|----------|----------------|---|---------------------------------|---|--|---|
| Environmental Inflammation | | | | | | | |
| | AOC1 | C/T (+/-) | Poor Ability to Break Down Histamine in Foods | | HistaGest-DAO™ if Histamine Response Presents after Eating | May Have Difficulty Digesting Foods Containing Histamine | |
| | HNMT | C/C (-/-) | | | | | |
| | FUT2 | A/G (+/-) | Prebiotics and Probiotics Needed | | ProBioMed™ Kids IgGI ShieldTM if Intestinal Inflammation Is an Issue | Consider Consumption of Prebiotic and Probiotic Foods | Microbiome Testing, such as GI Spotlight, if Digestive Disorders or GI Inflammation Present |
| | HLA DQA1 | C/C (-/-) | High Risk of Gluten and Casein Sensitivity, Broad Spectrum Enzyme | | | | |
| | HLA DQB1 | T/T (-/-) | | | | | |

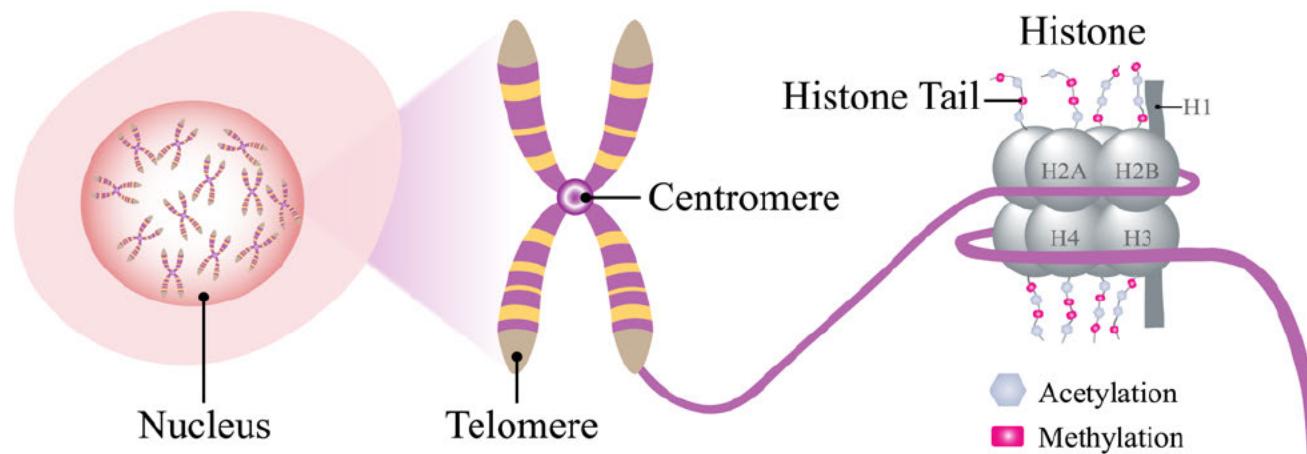
Summary for Developmental

| Highly Recommended Therapeutics | Provider Discretion: As Needed Formula Recommendations | Lifestyle Recommendations | Laboratory Recommendations |
|--|---|--|---|
| Methylation | | | |
| <ul style="list-style-type: none"> • L-5-MTHF OR Homocysteine Supreme™ • Tricobalamin™ OR Vitamin B12 | | | <ul style="list-style-type: none"> • Complete Blood Count • Serum and RBC Folate • Serum Vitamin B12 |
| Neurotransmitters | | | |
| <ul style="list-style-type: none"> • Neurolink™ if Focus Issues Present • Neurolink™ if Anxiety, Depression, or Focus Issues Present • NeuroCalm™ if Chronic Anxiety or Depression Present • May Benefit from NeuroCalm™ if Anxiety or Depression Present • Liposomal NeuroCalm™ • May Benefit from Melatonin if Sleep Is an Issue | | <ul style="list-style-type: none"> • May Need to Avoid Monosodium Glutamate (MSG) • Be Cautious with Glutamine Supplementation | <ul style="list-style-type: none"> • Consider Neurotransmitter Metabolite Testing • Consider PGx Testing |
| Neurotrophic Factors | | | |
| <ul style="list-style-type: none"> • May Benefit from Synapsin Nasal Spray | | | |
| Neuro-Inflammation | | | |
| <ul style="list-style-type: none"> • SPM Supreme™ • C3 Curcumin Complex • OmegaAvail™ Liquid | | <ul style="list-style-type: none"> • Consider Low Inflammatory Diet | |
| Autophagy | | | |
| <ul style="list-style-type: none"> • Inositol OR Inositol Powder | | <ul style="list-style-type: none"> • 12-15 Hour Fasting if Appropriate for Age | <ul style="list-style-type: none"> • Routine Blood Sugar, Insulin, and HbA1c |
| Detoxification | | | |
| Environmental Inflammation | | | |
| <ul style="list-style-type: none"> • HistaGest-DAOTM if Histamine Response Presents after Eating • ProBioMed™ Kids • IgGI Shield™ if Intestinal Inflammation Is an Issue | <ul style="list-style-type: none"> • May Have Difficulty Digesting Foods Containing Histamine • Consider Consumption of Prebiotic and Probiotic Foods | <ul style="list-style-type: none"> • Microbiome Testing, such as GI Spotlight, if Digestive Disorders or GI Inflammation Present | |

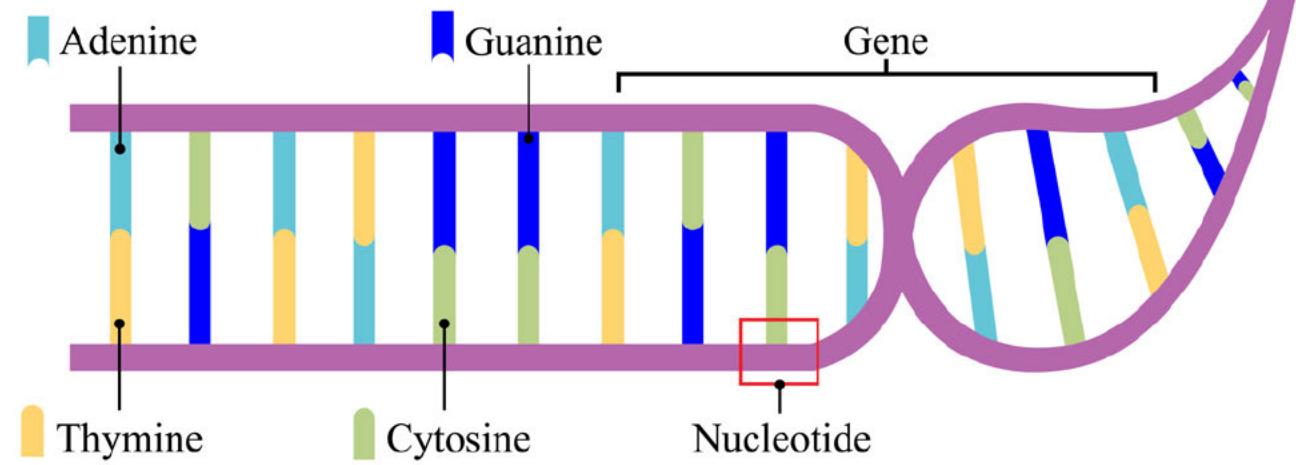
Cell

Chromosome

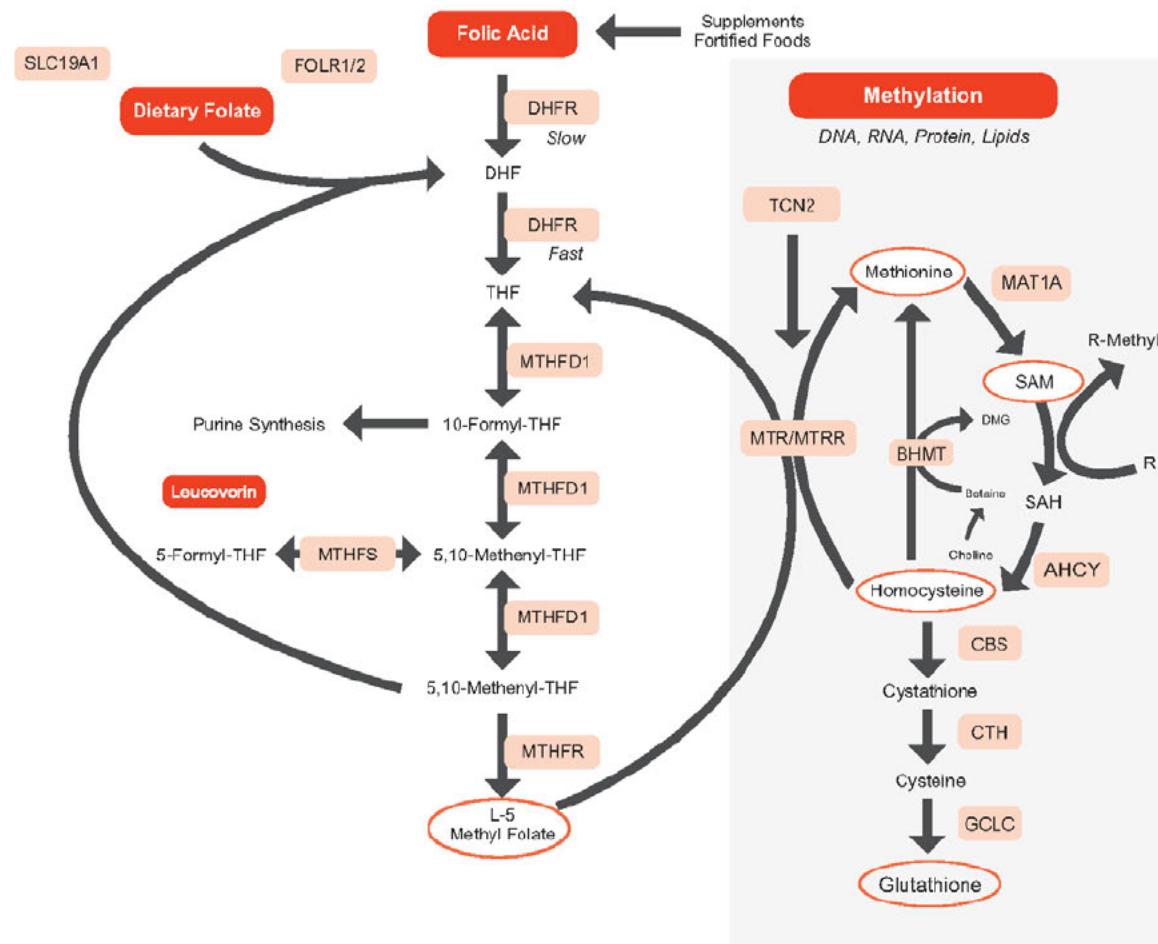
Nucleosome



DNA



METHYLATION



Methylation

- Involves the addition of a methyl group (CH_3)
- Regulates gene expression and repression
- Reduces or removes toxins that eliminate essential nutrients
- Provides nutrients needed for processes such as detoxification, immune regulation, gut health

Methionine

- Used in protein formation and stabilization
- Elevated levels are associated with risk for coronary heart disease, stroke & neurological diseases

Glutathione

- Important for chemical detoxification & proper mitochondrial functioning
- Genes relevant for production include: AHCY, CTH, CGTP1, GSTM1, GSTM3, GSR, MTRR & MTR

5-Methyl Folate

- Important for dopamine and serotonin formation, detoxification and mitochondrial strength
- Genes relevant for production include: DHFR, FOLR1/2, MTHFD1, MTHFR, MTHFS

Homocysteine

- Elevated levels are associated with risk for coronary heart disease, stroke, neurological diseases
- Variants in the methylation pathway can be associated with increased/decreased levels

FOLATE

FOOD SOURCES



Eggs



Citrus Fruits



Leafy Greens



Legumes



Broccoli



Brussel Sprouts



Breads, Cereal,
Pastas, Rice



FUNCTIONS (OR BENEFITS AS YOU AGE)

- Maintains structure & function of proteins
- Maintains structure & function of DNA
- Facilitates DNA replication, neurotransmitter production & detoxification

DEFICIENCY CAUSES

- Neural tube defects
- Cardiovascular disease
- Memory problems
- Depression
- Insomnia
- Irritability

VITAMIN B12

FOOD SOURCES



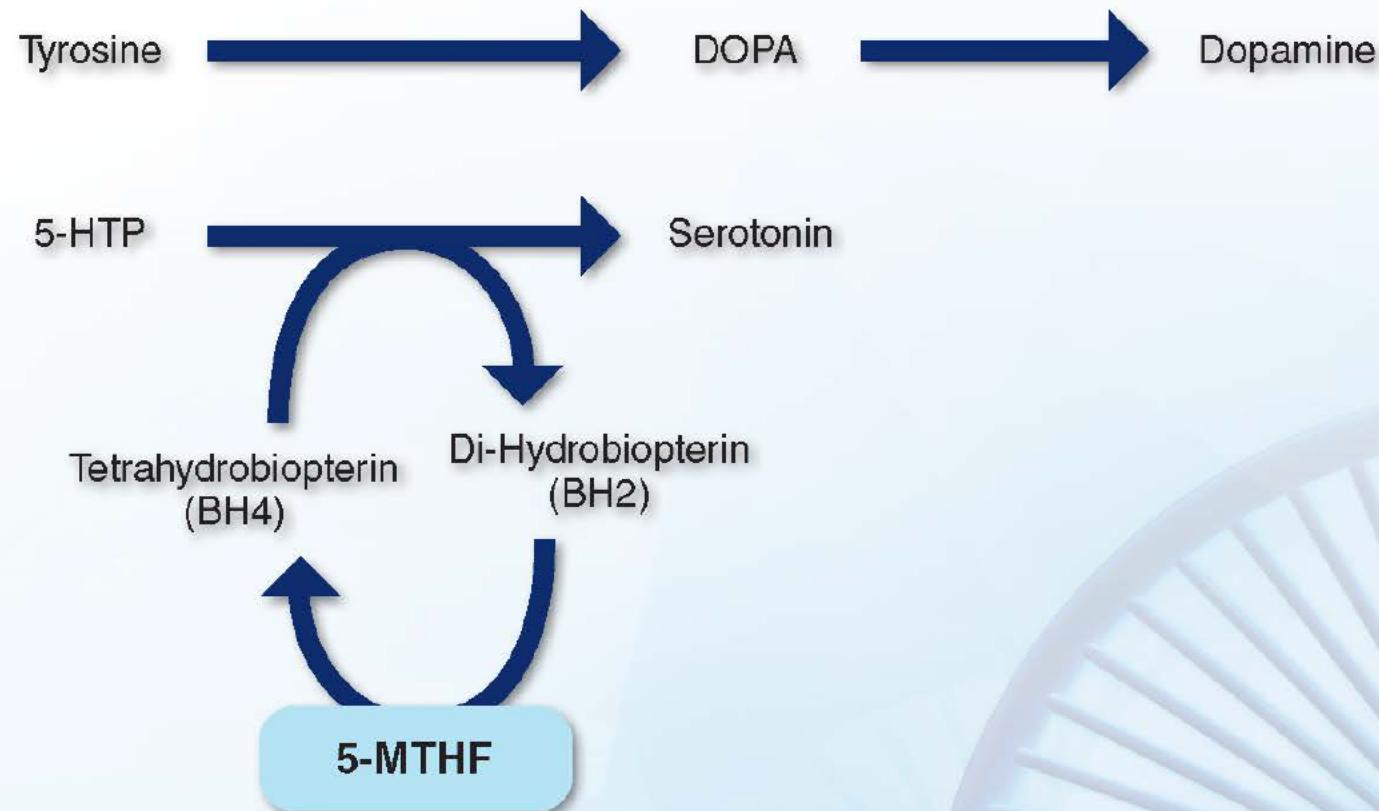
FUNCTIONS (OR BENEFITS AS YOU AGE)

- Formation and maintenance of red blood cells (RBCs)
- Facilitates DNA synthesis
- Regulates homocysteine levels (decreases)
- Facilitates neurological functioning

DEFICIENCY & PATHWAY ALTERATIONS

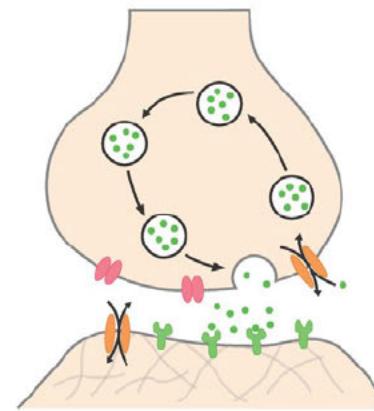
- Increased production of homocysteine
- Decreased breakdown of homocysteine
- Circadian Rhythm Problems
- Cancers
- Memory-related disorders
- Cardiovascular diseases
- Fatigue
- Poor balance
- Mood disorders

5-MTHF & Neurotransmitter Production



NEUROTRANSMITTERS & PATHWAY

TRANSMIT INFORMATION FOR ESSENTIAL PROCESSES SUCH AS DIGESTION, BREATHING, HEARTBEAT, MOVEMENT, PAIN REGULATION ETC.



RELEVANT GENES

- HTR2, TPH2, SLC6A4, MAO-A genes are important in the synthesis, breakdown, transport and/or functioning of serotonin
- COMT, MAO-A, MAO-B genes are important for the breakdown of serotonin, norepinephrine and/or dopamine
- The DBH gene is important for norepinephrine synthesis
- The GAD1 gene is important for GABA synthesis
- Variants in COMT, MAO-A, MAO-B and GAD1 genes have been associated with mood, anxiety and focus issues

WAYS TO INCREASE LEVELS



Aerobic Exercise



Mediation/Yoga



Dietary Factors



Increase Sun Exposure

NEURO-INFLAMMATION

WHAT IS IT?

- Inflammation of the brain and spinal cord
- Main causes: disease, injury, infection, acute/chronic stress
- Variants have been associated with increased inflammatory aggression and the inability to “shut down” neuro-inflammation
 - Interleukins (IL-1B, IL5, IL6, IL13) stimulate the immune response
 - C3 & STAT4 activate, form and/or differentiate T-cells
 - CTLA4 & CD14 are involved in the suppression of T-cells
 - TNF triggers inflammation
 - DRD2 suppresses neuroinflammation

WAYS TO DECREASE NEUROINFLAMMATION



Meditation & breathing exercises



Therapeutic massages with herbalized oils (ex. Sesame oil)



Mediterranean Diet



Yoga



Curcumin, Bacopa herb



Anti-inflammatory Diet

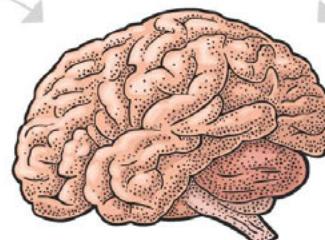
CAUSE

DISEASE/
NEURODEGENERATIVE
DISEASE (ALZHEIMER'S)

INJURY
(CONCUSSION,
SPINAL CORD)

STRESS

AGING



NEURONAL DAMAGE/DEATH

CELL DAMAGE, ELECTROLYTE
IMBALANCE, MITOCHONDRIAL
DYSFUNCTION, INFLAMMATION

ANXIETY AND DEPRESSION

COGNITIVE IMPAIRMENT,
REDUCED

EFFECTS

NEUROTROPHIC FACTORS

VARIANTS IN THE SYN1, NGF & BDNF GENES CAUSE DECREASED NEURON SYNTHESIS



Promote growth, development, survival, synaptic plasticity (strengthening) and repair of neurons



Regulate the development of the peripheral and central nervous systems



Regulate the formation of long-term memories

LOW LEVELS ARE CORRELATED WITH

- Neurodegenerative disorders
- Aging
- Chronic stress
- Mood disorders



Exercise (physical or cognitive)



Social interactions

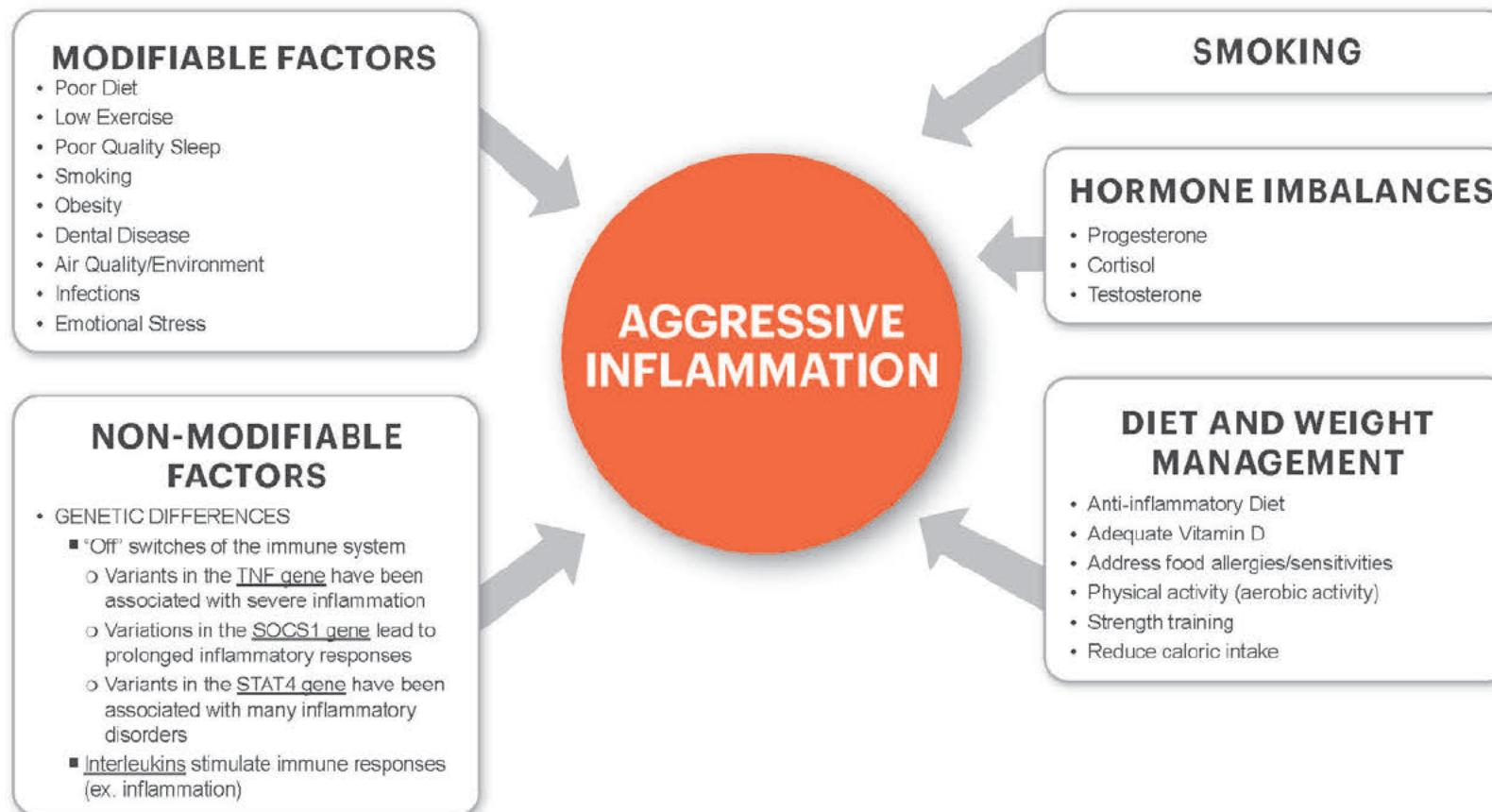


Reduce stress via breathing exercises and/or meditation

ANTI-INFLAMMATORY

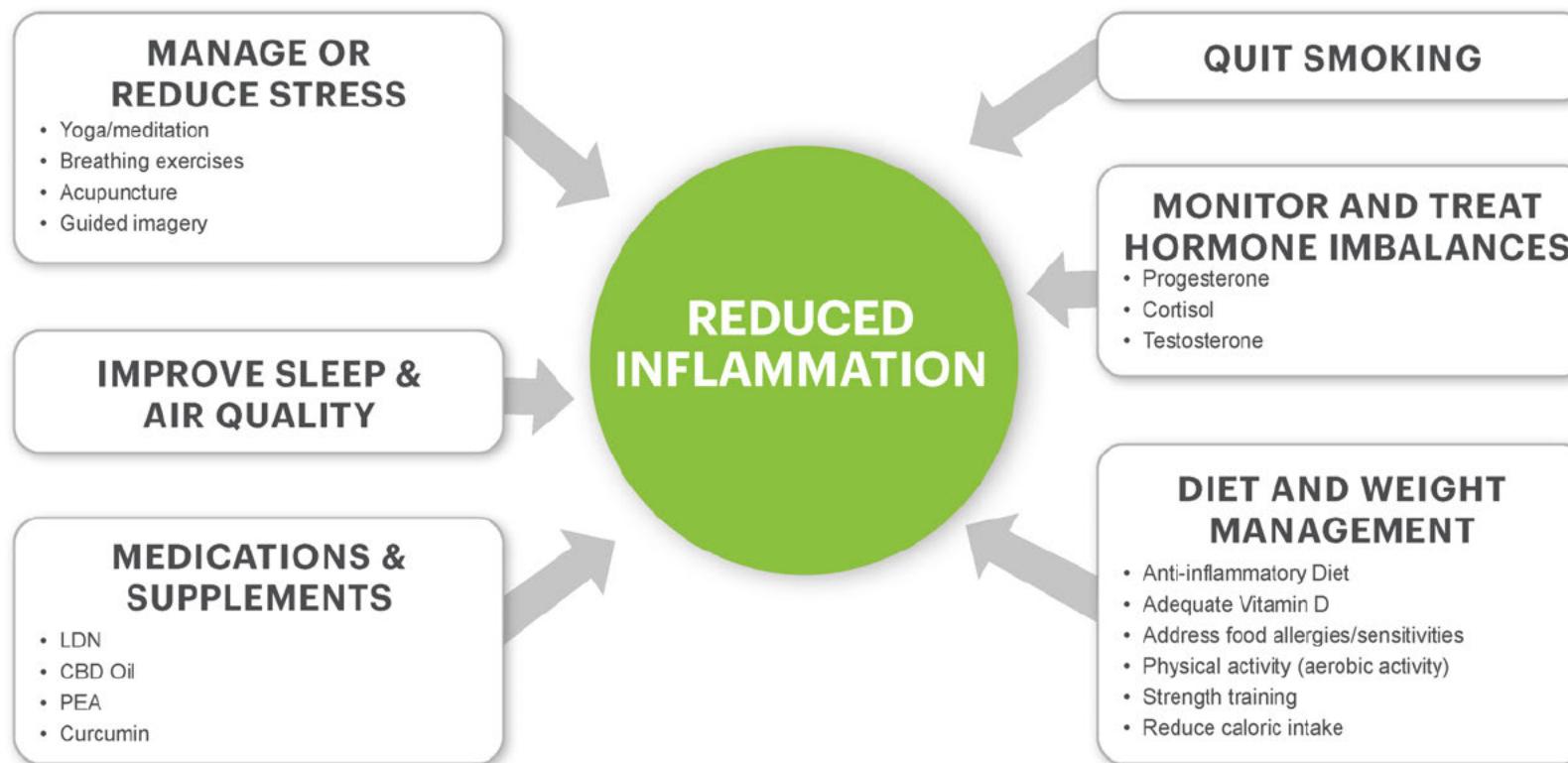
AN IMMUNE SYSTEM RESPONSE TRIGGERED BY HARMFUL STIMULI
(EX. PATHOGENS, DAMAGED CELLS, TOXIC COMPOUNDS, IRRADIATION)

DRIVERS OF INFLAMMATION



ANTI-INFLAMMATORY

WAYS TO REDUCE INFLAMMATION



THE IMMUNE SYSTEM & AUTOIMMUNITY

WHAT DOES THE IMMUNE SYSTEM DO?

Prevent or limit infections by distinguishing between healthy and unhealthy cells

KEY PLAYERS & RELEVANT GENES



CYTOKINES
(ex. IL family, TNF- α)

- Helps with immune cell growth, activation, and function
- Interleukins (IL2, IL4, IL5, IL6, IL13, IL23R, IL2RA) stimulate the immune response
- SOCS1 & TNF are involved in cytokine signaling for the inflammatory response



LYMPHOCYTES
(ex. B, T & Natural Killer cells)

- Identify & kill infected cells
- Produces antibodies to fight future infections
- IDO1, CTLA4 & CD14 are involved in the suppression of T-cells
- C3, STAT4 & TRAF1 activate, form and/or differentiate T-cells

IMMUNE AGGRESSION

The immune system begins to attack healthy tissue

COMMON SYMPTOMS



Fatigue



Hair loss



Achy muscles



Inflammation



Skin rashes



Pain



Low-grade fever



Numbness and
tingling in hands
and feet



Trouble
concentrating

MALFUNCTIONS LEAD TO

- Chronic inflammation
- Allergic reactions
- Immune aggressive diseases (Inflammatory bowel disease, skin & neurological disorders)

LOW-INFLAMMATORY

FOODS TO EAT



Fruits: strawberries, blueberries, cherries, oranges



Fatty fish: salmon, mackerel, tuna, sardines



Spices - turmeric, ginger



Green leafy vegetables & tomatoes



Dark chocolate



Olive oil



FOODS TO AVOID



Soda & other sugar-sweetened drinks



Dairy products



Fried foods



Red & Processed meats (hotdogs, sausage)



Refined carbohydrates: white bread, pastries



Margarine, shortening, lard

BENEFITS



Reduces inflammation



Reduces risk for cardiovascular disease & Type II diabetes

DETOXIFICATION

GLUTATHIONE IN DETOXIFICATION

Relevant genes for production are AHCY, CTH, GSTP1, GSTM1, GSTM3, GSR, MTRR & MTR

WHY IS IT IMPORTANT?



Maintains health by protecting the body from toxins



Regulates cell production and programmed cell death



Critical role in chemical detoxification



Vital for proper mitochondrial function

WAYS TO INCREASE GLUTATHIONE

- Limit alcohol intake
- N-acetyl-cysteine (NAC)
- Glutathione therapies
- (ie. IV Glutathione, Glutathione suppository, Lipsomal Glutathione)
- Include whey in diet, unless allergic or intolerant
- Methylation Support - if necessary



DEFICIENCY CAUSES

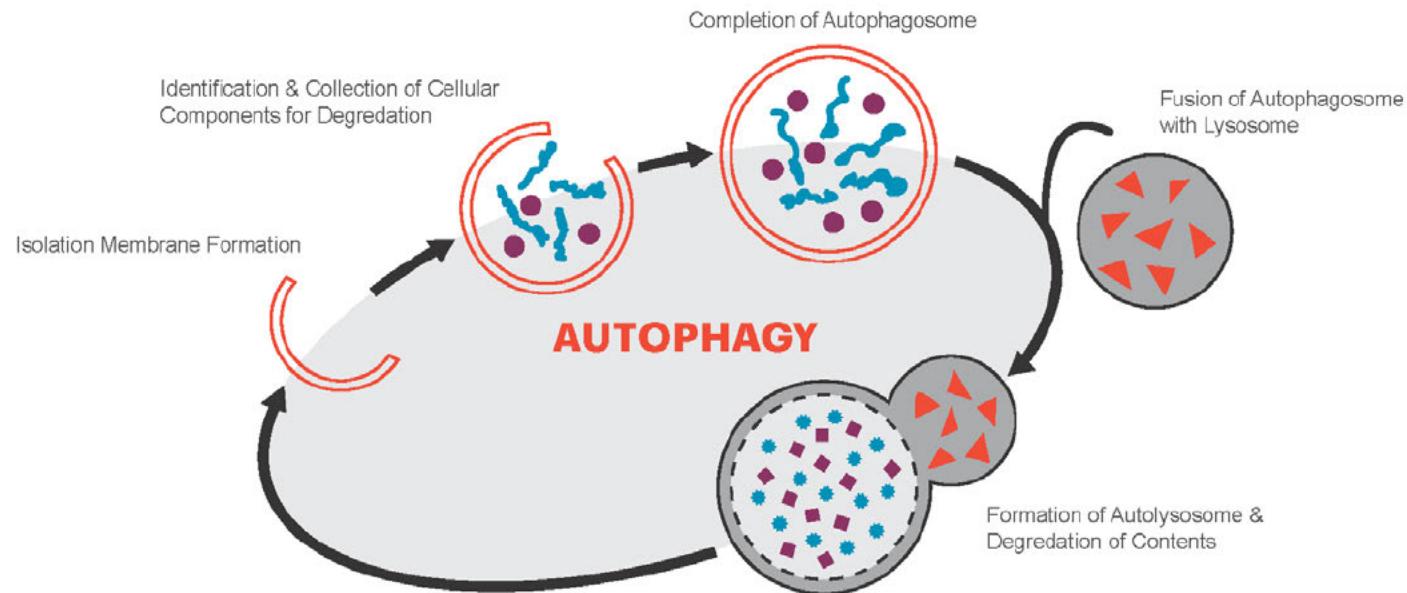
- Auto-immune diseases
- Cardiovascular diseases
- Neurodegenerative diseases
- Cell death
- Poor mitochondrial function

SUPEROXIDES & ANTIOXIDANTS

- SOD1, SOD2, SOD3 genes are important to transform superoxides to protect against mitochondrial damage
- Reactive Oxygen Species (ROS) can damage mitochondria and cause cell death.
- Antioxidants such as Vitamin A, Vitamin C and Vitamin E act as a defense against ROS

AUTOPHAGY: Cellular Housekeeping

VARIANTS IN THE ATG GENES HAVE BEEN ASSOCIATED WITH CELLULAR BLOCKAGE



DEFECTS LEAD TO:

- Neurodegenerative Diseases
- Aging
- Heart Disease
- Developmental Disorders
- Type II Diabetes
- Insulin Resistance
- Fatty Liver
- Cancers

WAYS TO INCREASE



Intermittent fasting or low-calorie diet



Routine Exercise



Ketogenic diets (high fat, low carbs)



Medications & Supplements
D-Chiro Inositol (B8)
Metformin

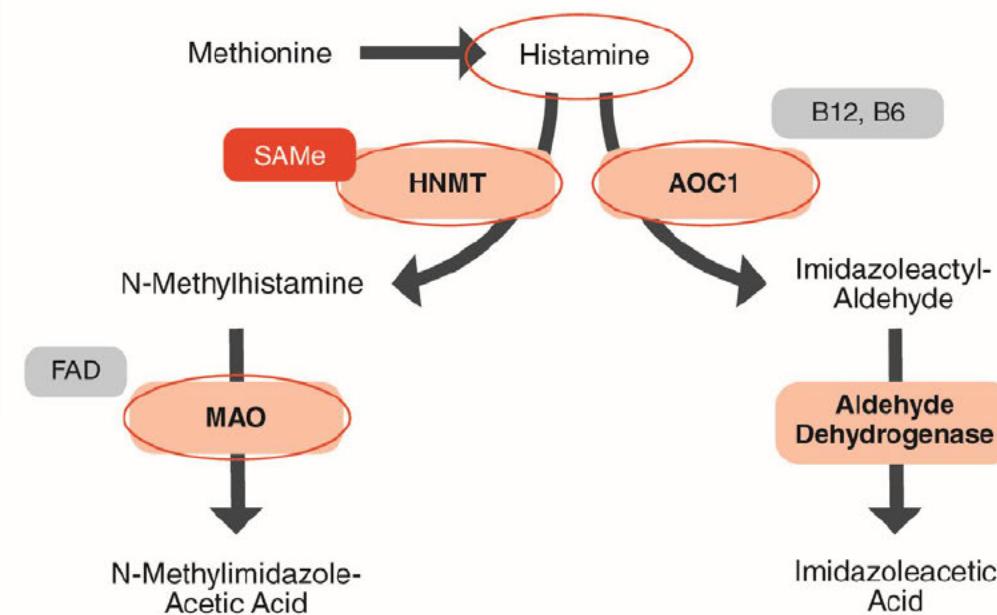
HISTAMINE

HISTAMINE

- Natural substance found in various foods

IMPLICATIONS

- Metabolic Enzymes: amine oxidases (ex. AOC1, MAO, DAO) & HNMT
- High histamine & low amine oxidase activity is associated with:
 - Diarrhea
 - Headaches
 - Nose congestion
 - Asthma
 - Hypotension
 - Arrhythmia
 - Flushing
 - Urticaria (hives)
 - Pruritus (itchy skin)
- Dietary histamine can be rapidly detoxified by amine oxidases, whereas persons with low amine oxidase activity are at risk of histamine toxicity



AOCI & HNMT POLYMORPHISM HISTAMINE

LOW HISTAMINE LEVEL FOODS



Meats & Fish
fresh meat (ex. chicken, turkey, pork and red meat), fresh fish (ex. hake, trout, plaice)



Milk substitutes
(Coconut milk, rice milk)



Egg yolk



Cream cheese, butter



Fresh fruits
(with the exception of strawberries)



Most cooking oils



Fresh vegetables



Most leafy greens and herbs



Grains



Beverages
(non-citric fruit juices, herbal teas)

AOCI & HNMT POLYMORPHISM HISTAMINE DIET GUIDE

HIGH HISTAMINE LEVEL FOODS



Egg whites



Processed, cured, smoked and fermented meats/fish (lunch meat, bacon, sausage, pepperoni, canned tuna)



Leftover meat
(After meat is cooked, the histamine levels increase due to microbial action as the meat sits)



Dairy products: All fermented milk products (ex. aged cheeses, yogurt, buttermilk, kefir)



Chocolate, cocoa



Bone broth



Fruits (oranges, grapefruit, lemons, lime, berries, dried fruit)



Vegetables (spinach, tomatoes, eggplant)



Artificial food colors and preservatives



Fermented & vinegar-containing foods (sauerkraut, kombucha, pickles, ketchup, prepared mustard)



Spices (cinnamon, chili powder, cloves, nutmeg, curry powder, cayenne)



Beverages (Black Tea, alcohol)

Gene Information Key

| rsID | Gene | "-" variant | "+" variant |
|------|----------|-------------|-------------|
| | ADRA2A | C | G |
| | AOC1 | C | T |
| | ATG12 | T | C |
| | ATG16L1 | C | T |
| | ATG5 | T | C |
| | BDNF | C | T |
| | C3 | C | T |
| | CD14 | G | A |
| | COMT | G | A |
| | CTH | G | T |
| | CTLA4 | A | G |
| | DBH | G | A |
| | DRD2 | C | A |
| | FOLR2 | A | G |
| | FUT2 | A | G |
| | GAD1 | C | T |
| | GAD1 | G | C |
| | GSTP1 | A | G |
| | HLA-DQA1 | C | T |
| | HLA-DQB1 | T | C |

| rsID | Gene | "-" variant | "+" variant |
|------|--------|-------------|-------------|
| | HNMT | C | T |
| | HTR2 | A | G |
| | IDO1 | T | C |
| | IL13 | C | T |
| | IL5 | A | G |
| | IL6 | C | G |
| | MAOA | T | G |
| | MAOB | C | T |
| | MTHFR: | T | G |
| | MTHFR: | G | A |
| | NGF | G | A |
| | SLC6A4 | C | A |
| | STAT4 | C | G |
| | SYN1 | A | G |
| | TCN2 | C | G |
| | TNF | G | A |
| | TPH2 | G | T |

1000 800 600 400 200 0



Disclaimers

TESTING:

Testing Performed By: AC

METHODOLOGY AND LIMITATIONS DISCLAIMER:

Testing for genetic variation/mutation on listed genes was performed using ProFlex PCR and Real-Time PCR with TaqMan® allele-specific probes on the QuantStudio 12K Flex. All genetic testing is performed by GX Sciences, LLC d/b/a Fagron Genomics US ("Fagron Genomics US") (807 Las Cimas Pkwy, Suite 145, Austin, TX. 78746). This test will not detect all the known alleles that result in altered or inactive tested genes. This test does not account for all individual variations in the individual tested. Test results do not rule out the possibility that this individual could be a carrier of other mutations/variations not detected by this gene mutation/variation panel. Rare mutations surrounding these alleles may also affect our detection of genetic variations. Thus, the interpretation is given as a probability. Therefore, this genetic information shall be interpreted in conjunction with other clinical findings and familial history for the administration of specific nutrients. Patients should receive appropriate genetic counseling to explain the implications of these test results. Details of assay performance and algorithms leading to clinical recommendations are available upon request. The analytical and performance characteristics of this laboratory developed test (LDT) were determined by Fagron Genomics US's laboratory (Laboratory Director: James Jacobson, PhD) pursuant to Clinical Laboratory Improvement Amendments (CLIA) requirements (CLIA #: 45D2144988).

MEDICAL DISCLAIMER:

This test was developed and its performance characteristics determined by Fagron Genomics US. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA and qualified to perform high-complexity testing. This test is used for clinical and educational purposes. It should not be regarded as investigational or for research. The Reference SNP Cluster IDs (rsIDs) for the alleles being tested were obtained from the Single Nucleotide Polymorphism Database (dbSNP) (Build 142). These products are not approved by the Food and Drug Administration and are not intended to diagnose, treat, cure, or prevent disease. These recommendations are for report purposes only and an individual is not required to use such products. These are recommendations only and do not replace the advisement of your own healthcare practitioner.

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UND RESULT DISCLAIMER:

If you have received the result variant Undetermined (UND) this indicates that we were not able to determine your carrier status based on your raw data. You may request your sample to be run again by emailing info@fagrongenomicsus.com

MAO-A

- Hotamisligil, G. S., & Breakefield, X. O. (1991). Human monoamine oxidase A gene determines levels of enzyme activity. *American Journal of Human Genetics*, 49(2), 383–392.
- Hwang, I. W., Lim, M. H., Kwon, H. J., & Jin, H. J. (2018). Association of Monoamine Oxidase A (MAOA) Gene uVNTR and rs6323 Polymorphisms with Attention Deficit and Hyperactivity Disorder in Korean Children. *Medicina (Kaunas, Lithuania)*, 54(3), 32. <https://doi.org/10.3390/medicina54030032>
- Kolla, N. J., & Bortolato, M. (2020). The role of monoamine oxidase A in the neurobiology of aggressive, antisocial, and violent behavior: A tale of mice and men. *Progress in Neurobiology*, 194, 101875. <https://doi.org/10.1016/j.pneurobio.2020.101875>
- Larson, C. L., Taubitz, L. E., & Robinson, J. S. (2010). MAOA T941G polymorphism and the time course of emotional recovery following unpleasant pictures. *Psychophysiology*, 47(5), 857–862. <https://doi.org/10.1111/j.1469-8986.2010.01005.x>
- Larson, C. L., Taubitz, L. E., & Robinson, J. S. (2010). MAOA T941G polymorphism and the time course of emotional recovery following unpleasant pictures. *Psychophysiology*, 47(5), 857–862. <https://doi.org/10.1111/j.1469-8986.2010.01005.x>
- Leuchter, A. F., McCracken, J. T., Hunter, A. M., Cook, I. A., & Alpert, J. E. (2009). Monoamine oxidase A and catechol-O-methyltransferase functional polymorphisms and the placebo response in major depressive disorder. *Journal of Clinical Psychopharmacology*, 29(4), 372–377. <https://doi.org/10.1089/jcp.0b013e3181a0aa>
- M., B., & Jo, S. (2011). Behavioral outcomes of monoamine oxidase deficiency: Preclinical and clinical evidence. *International Review of Neurobiology*, 100. <https://doi.org/10.1016/B978-0-12-386467-3.00002-9>
- Nordquist, N., & Orelund, L. (2006). Monoallelic expression of MAOA in skin fibroblasts. *Biochemical and Biophysical Research Communications*, 348(2), 763–767. <https://doi.org/10.1016/j.bbrc.2006.07.131>
- Wang, M., Li, H., Deater-Deckard, K., & Zhang, W. (2018). Interacting Effect of Catechol-O-Methyltransferase (COMT) and Monoamine Oxidase A (MAOA) Gene Polymorphisms, and Stressful Life Events on Aggressive Behavior in Chinese Male Adolescents. *Frontiers in Psychology*, 9, 1079. <https://doi.org/10.3389/fpsyg.2018.01079>

MAO-B

- Babić Leko, M., Nikolic Perković, M., Nedić Erjavec, G., Klepac, N., Švob Štrac, D., Borovečki, F., Pivac, N., Hof, P. R., & Šimić, G. (2021). Association of the MAOB rs1799836 Single Nucleotide Polymorphism and APOE ?4 Allele in Alzheimer's Disease. *Current Alzheimer Research*, 18(7), 585–594. <https://doi.org/10.2174/156720501866210917162843>
- Bortolato, M., & Shih, J. C. (2011). Behavioral outcomes of monoamine oxidase deficiency: Preclinical and clinical evidence. *International Review of Neurobiology*, 100, 13–42. <https://doi.org/10.1016/B978-0-12-386467-3.00002-9>
- Dlugos, A. M., Palmer, A. A., & de Wit, H. (2009). Negative emotionality: Monoamine oxidase B gene variants modulate personality traits in healthy humans. *Journal of Neural Transmission (Vienna, Austria?)*, 106(10), 1323–1334. <https://doi.org/10.1007/s00702-009-0281-2>
- Löhr, M., Mangone, G., Hermann, W., Hausbrand, D., Wolz, M., Mende, J., Reichmann, H., Hermann, A., Corvol, J.-C., & Storch, A. (2022). Functional MAOB Gene Intron 13 Polymorphism Predicts Dyskinesia in Parkinson's Disease. *Parkinson's Disease*, 2022, 5597503. <https://doi.org/10.1155/2022/5597503>
- H., Corvol, J.-C., & Storch, A. (2018). Functional monoamine oxidase B gene intron 13 polymorphism predicts putaminal dopamine turnover in de novo Parkinson's disease. *Movement Disorders: Official Journal of the Movement Disorder Society*, 33(9), 1490–1501. <https://doi.org/10.1002/mds.27466>

TPH2

- Gao, J., Pan, Z., Jiao, Z., Li, F., Zhao, G., Wei, Q., Pan, F., & Evangelou, E. (2012). TPH2 Gene Polymorphisms and Major Depression – A Meta-Analysis. *PLoS ONE*, 7(5), e38721. <https://doi.org/10.1371/journal.pone.0038721>
- Inoue, H., Yamasue, H., Tochigi, M., Takei, K., Suga, M., Abe, O., Yamada, H., Rogers, M. A., Aoki, S., Sasaki, T., & Kasai, K. (2010). Effect of tryptophan hydroxylase-2 gene variants on amygdalar and hippocampal volumes. *Brain Research*, 1331, 51–57. <https://doi.org/10.1016/j.brainres.2010.03.057>
- Popova, N. K., & Kulikov, A. V. (2010). Targeting tryptophan hydroxylase 2 in affective disorder. *Expert Opinion on Therapeutic Targets*, 14(11), 1259–1271. <https://doi.org/10.1517/14728222.2010.524208>

HTR2

- Clinical Annotation for rs6313 (HTR2A); paroxetine; Depression (level 3 Toxicity). (n.d.). PharmGKB. Retrieved November 21, 2023, from <https://www.pharmgkb.org/clinicalAnnotation/1183618859>
- Numata, S., Umehara, H., Ohmori, T., & Hashimoto, R. (2018). Clozapine Pharmacogenetic Studies in Schizophrenia: Efficacy and Agranulocytosis. *Frontiers in Pharmacology*, 9, 1049. <https://doi.org/10.3389/fphar.2018.01049>
- Smith, R. M., Papp, A. C., Webb, A. C., Ruble, C. L., Munsie, L. M., Nisenbaum, L. K., Kleinman, J. E., Lipska, B. K., & Sadee, W. (2013). Multiple regulatory variants modulate expression of 5-hydroxytryptamine 2A receptors in human cortex. *Biological Psychiatry*, 73(6), 548–554. <https://doi.org/10.1016/j.biopsych.2012.09.028>

SLC6A4

- Rs1042173. (n.d.). PharmGKB. Retrieved November 20, 2023, from <https://www.pharmgkb.org/variant/PA166155172/clinicalAnnotation>
- Ait-Daoud, N., Seneviratne, C., Smith, J. B., Roache, J. D., Dawes, M. A., Liu, L., Wang, X.-Q., & Johnson, B. A. (2012). Preliminary Evidence for cue-induced Alcohol Craving Modulated by Serotonin Transporter Gene Polymorphism rs1042173. *Frontiers in Psychiatry*, 3, 8. <https://doi.org/10.3389/fpsy.2012.00008>
- Bauer, I. E., Graham, D. P., Soares, J. C., & Nielsen, D. A. (2015). Serotonergic gene variation in substance use pharmacotherapy: A systematic review. *Pharmacogenomics*, 16(11), 1–8.
- Löhr, M., Ait-Daoud, N., Seneviratne, C., Roache, J. D., Javors, M. A., Wang, X.-Q., Liu, L., Penberthy, J. K., DiClemente, C. C., & Li, M. D. (2011). Pharmacogenetic approach at the serotonin transporter gene as a method of reducing the severity of alcohol drinking. *The American Journal of Psychiatry*, 168(3), 265–275. <https://doi.org/10.1176/appi.ajp.2010.10050755>
- Seneviratne, C., Huang, W., Ait-Daoud, N., Li, M. D., & Johnson, Bankole, A. (2009). Characterization of a functional polymorphism in the 3'UTR of SLC6A4 and its association with drinking intensity. *Alcoholism, Clinical and Experimental Research*, 33(2), 332–339. <https://doi.org/10.1111/j.1530-0277.2008.00837.x>

DBH

- Barrie, E. S., Weinshenk, D., Verma, A., Pendergrass, S. A., Lange, L. A., Ritchie, M. D., Wilson, J. G., Kuivaniemi, H., Tromp, G., Carey, D. J., Gerhard, G. S., Brilliant, M. H., Hebringer, S. J., Cubells, J. F., Pinsonneault, J. K., Norman, G. J., & Sadee, W. (2014). Regulatory polymorphisms in human DBH affect peripheral gene expression and sympathetic activity. *Circulation Research*, 115(12), 1017–1025. <https://doi.org/10.1161/CIRCRESAHA.118.304398>
- Cubells, J. F., & Zabetian, C. P. (2004). Human genetics of plasma dopamine beta-hydroxylase activity: Applications to research in psychiatry and neurology. *Psychopharmacology*, 174(4), 463–476.
- Colb, W., Köhnke, M. D., Kolb, W., Köhnke, A. M., Lutz, U., Schick, S., & Batra, A. (2006). DBH444G/A polymorphism of the dopamine-beta-hydroxylase gene is associated with alcoholism but not with severe alcohol withdrawal symptoms. *Journal of Neural Transmission (Vienna, Austria?)*, 113(7), 869–876. <https://doi.org/10.1007/s00702-005-0365-8>
- Wood, J. G., Joyce, P. R., Miller, A. L., Mulder, R. T., & Kennedy, M. A. (2002). A polymorphism in the dopamine beta-hydroxylase gene is associated with "paranoid ideation" in patients with major depression. *Biological Psychiatry*, 51(5), 365–369. [https://doi.org/10.1016/s0006-3223\(01\)01367-1](https://doi.org/10.1016/s0006-3223(01)01367-1)

GAD1

- Lim, S. W. et al. Genetic Prediction of Antidepressant Drug Response and Nonresponse in Korean Patients. *PLoS One*, 9, e107098 (2014).
- Darrah, S. D. et al. Genetic Variability in Glutamic Acid Decarboxylase Genes: Associations with Post-traumatic Seizures after Severe TBI. *Epilepsy Res*, 103, 180–194 (2013).

GAD1

- Ulge, S. et al. A population-based association study of candidate genes for depression and sleep disturbance. *Am J Med Genet B Neuropsychiatr Genet*, 153B, 468–476 (2010).
- Hettema, J. M. et al. Association between glutamic acid decarboxylase genes and anxiety disorders, major depression, and neuroticism. *Mol Psychiatry*, 11, 752–762 (2006).
- Barakat, A. K. et al. Citalopram-induced pathways regulation and tentative treatment-outcome-predicting biomarkers in lymphoblastoid cell lines from depression patients. *Transl Psychiatry*, 10, 210 (2020).
- Weber, H. et al. Gender Differences in Associations of Glutamate Decarboxylase 1 Gene (GAD1) Variants with Panic Disorder. *PLoS One*, 7, e37651 (2012).

ADRA2A

- da Silva, T. L. et al. Adrenergic ?2A receptor gene and response to methylphenidate in attention-deficit/hyperactivity disorder-predominantly inattentive type. *J Neural Transm*, 115, 341–345 (2008).
- Mäestu, J. et al. Human adrenergic ?2A receptor C-1291G polymorphism leads to higher consumption of sweet food products. *Mol Psychiatry*, 12, 520–521 (2007).
- Lario, S. et al. Mspl identifies a biallelic polymorphism in the promoter region of the alpha 2A-adrenergic receptor gene. *Clin Genet*, 51, 129–130 (1997).
- Myer, N. M., Boland, J. R. & Farane, S. V. Pharmacogenetics predictors of methylphenidate efficacy in childhood ADHD. *Mol Psychiatry*, 23, 1929–1936 (2018).
- Zhang, X. & Sun, Y. The Predictive Role of ADRA2A rs1800544 and HTR3B rs3758987 Polymorphisms in Motion Sickness Susceptibility. *Int J Environ Res Public Health*, 18, 13163 (2021).

BDNF

- Losénkov, I. S. et al. Association Between BDNF Gene Variant Rs6265 and the Severity of Depression in Antidepressant Treatment-Free Depressed Patients. *Frontiers in Psychiatry*, 11, (2020).
- Szarowicz, C. A., Steece-Collier, K. & Caulfield, M. E. New Frontiers in Neurodegeneration and Regeneration Associated with Brain-Derived Neurotrophic Factor and the rs6265 Single Nucleotide Polymorphism. *International Journal of Molecular Sciences*, 23, 8011 (2022).
- Chen, Z.-Y. et al. Variant Brain-Derived Neurotrophic Factor (BDNF) (Met68) Alters the Intracellular Trafficking and Activity-Dependent Secretion of Wild-Type BDNF in Neurosecretory Cells and Cortical Neurons. *J. Neurosci.*, 24, 4401–4411 (2004).
- Colucci-D'Amato, L., Speranza, L. & Volpicelli, F. Neurotrophic Factor BDNF, Physiological Functions and Therapeutic Potential in Depression, Neurodegeneration and Brain Cancer. *Int J Mol Sci*, 21, 7777 (2020).

• Maintz, L., & Novak, N. (2007). Histamine and histamine intolerance. *The American Journal of Clinical Nutrition*, 85(5), 1185–1196. <https://doi.org/10.1093/ajcn/85.5.1185> • Maintz, L., Yu, C.-F., Rodríguez, E., Baurecht, H., Bieber, T., Illig, T., Weidinger, S., & Novak, N. (2011). Association of single nucleotide polymorphisms in the diamine oxidase gene with diamine oxidase serum activities. *Allergy*, 66(7), 893–902. <https://doi.org/10.1111/j.1365-0995.2011.02548.x>

HNMT

• Pang, Y. P., Zheng, X. E., & Weinshilboum, R. M. (2001). Theoretical 3D model of histamine N-methyltransferase: Insights into the effects of a genetic polymorphism on enzymatic activity and thermal stability. *Biochemical and Biophysical Research Communications*, 287(1), 204–208. <https://doi.org/10.1006/bbrc.2001.5570> • Preuss, C. V., Wood, T. C., Szumlanski, C. L., Raftogianis, R. B., Ottomess, D. M., Girard, B., Scott, M. C., & Weinshilboum, R. M. (1998). Human histamine N-methyltransferase pharmacogenetics: Common genetic polymorphisms that alter activity. *Molecular Pharmacology*, 53(4), 708–717. <https://doi.org/10.1124/mol.53.4.708> • Szczepankiewicz, A., Brzbowicz, A., Sobkowiak, P., & Popiel, A. (2010). Polymorphisms of two histamine-metabolizing enzymes genes and childhood allergic asthma: A case control study. *Clinical and Molecular Allergy: CMA*, 8, 14. <https://doi.org/10.1186/1476-7961-8-14> • Yan, L., Galinsky, R. E., Bernstein, J. A., Liggett, S. B., & Weinshilboum, R. M. (2000). Histamine N-methyltransferase pharmacogenetics: Association of a common functional polymorphism with asthma. *Pharmacogenetics*, 10(3), 261–266. <https://doi.org/10.1097/000008571-200004000-00007>

FUT2

• Hu, M., Zhang, X., Li, J., Chen, L., He, X., & Sui, T. (2022). Fucosyltransferase 2: A Genetic Risk Factor for Intestinal Diseases. *Frontiers in Microbiology*, 13, 940196. <https://doi.org/10.3389/fmicb.2022.940196> • Rausch, P., Rehman, A., Künzel, S., Häslar, R., Ott, S. J., Schreiber, S., Rosenstiel, P., Franke, A., & Baines, J. F. (2011). Colonic mucosa-associated microbiota is influenced by an interaction of Crohn disease and FUT2 (Secretor) genotype. *Proceedings of the National Academy of Sciences of the United States of America*, 108(47), 19030–19035. <https://doi.org/10.1073/pnas.1106408108> • Tong, M., McHardy, I., Ruegger, P., Goudarzi, M., Kashyap, P. C., Haritunians, T., Li, X., Graeber, T. G., Schwager, E., Hutterhower, C., Fornace, A. J., Sonnenburg, J. L., McGovern, D. P. B., Bormean, J., & Braun, J. (2014). Reprograming of gut microbiome energy metabolism by the FUT2 Crohn's disease risk polymorphism. *The ISME Journal*, 8(11), 2193–2206. <https://doi.org/10.1038/ismej.2014.64>

HLA-DQA1

• de Bakker, P. I. W., McVean, G., Sabeti, P. C., Miretti, M. M., Green, T., Marchini, J., Ke, X., Monsuur, A. J., Whittaker, P., Delgado, M., Morrison, J., Richardson, A., Walsh, E. C., Gao, X., Galver, L., Hart, J., Hafler, D. A., Pericak-Vance, M., Todd, J. A., ... Rioux, J. D. (2008). A high-resolution HLA and SNP haplotype map for disease association studies in the extended human MHC. *Nature Genetics*, 38(10), 1166–1172. <https://doi.org/10.1038/ng1885> • Dubois, P. C. A., Trynka, G., Franke, L., Hunt, K. A., Romanos, J., Curtotti, A., Zhemakova, A., Heap, G. A. R., Adány, R., Aromaa, A., Bardella, M. T., van den Berg, L. H., Bockett, N. A., de la Concha, E. G., Dema, B., Fehrmann, R. S. N., Fernández-Arquero, M., Flatal, S., Grandone, E., ... van Heel, D. A. (2010). Multiple common variants for celiac disease influencing immune gene expression. *Nature Genetics*, 42(4), 295–302. <https://doi.org/10.1038/ng.543> • Monsuur, A. J., de Bakker, P. I. W., Zhemakova, A., Pinto, D., Verduin, W., Romanos, J., Auricchio, R., Lopez, A., van Heel, D. A., Crusius, J. B. A., & Wijmenga, C. (2008). Effective detection of human leukocyte antigen risk alleles in celiac disease using tag single nucleotide polymorphisms. *PloS One*, 3(5), e2270. <https://doi.org/10.1371/journal.pone.0002270> • Salles, M., Lopetusso, L. R., Elfhymakis, K., & Neri, M. (2020). Beyond the HLA Genes in Gluten-Related Disorders. *Frontiers in Nutrition*, 7. <https://www.frontiersin.org/articles/10.3389/fnut.2020.575844> • Senapatil, S., Sood, A., Midha, V., Sood, N., Sharma, S., Kumar, L., & Thelma, B. K. (2018). Shared and unique common genetic determinants between pediatric and adult celiac disease. *BMC Medical Genomics*, 9(1), 44. <https://doi.org/10.1186/s12920-016-0211-8> • van Heel, D. A., Franke, L., Hunt, K. A., Gwilliam, R., Zhemakova, A., Inouye, M., Wapenaar, M. C., Barnardo, M. C. N. M., Bethel, G., Holmes, G. K. T., Feighery, C., Jewell, D., Kelleher, D., Kumar, P., Travis, S., Walters, J. R. F., Sanders, D. S., Howdle, P., Swift, J., ... Wijmenga, C. (2007). A genome-wide association study for celiac disease identifies risk variants in the region harboring IL2 and IL21. *Nature Genetics*, 39(7), 827–829. <https://doi.org/10.1038/ng2058>

HLA-DQB1

• Monsuur, A. J., de Bakker, P. I. W., Zhemakova, A., Pinto, D., Verduin, W., Romanos, J., Auricchio, R., Lopez, A., van Heel, D. A., Crusius, J. B. A., & Wijmenga, C. (2008). Effective detection of human leukocyte antigen risk alleles in celiac disease using tag single nucleotide polymorphisms. *PloS One*, 3(5), e2270. <https://doi.org/10.1371/journal.pone.0002270>