



YOUR RESULTS

Powered by

RANDOX
HEALTH

WELCOME

Thank you for choosing Bodisync in partnership with Randox Health for your blood diagnostic screening service.

Please find enclosed your personal health report following your blood test with us.

Your enclosed health report contains an overview of your blood test results as well as a more in-depth explanation of the tests and what either high or low readings may indicate at the time you had your check. You'll also find some information on recommended next steps where appropriate.

KNOWLEDGE IS HEALTH.

The more you know about your health, the more you can do about your health. And the best source of knowledge is your blood. A blood diagnostic can tell you so much. You can learn about your general health, vitamin levels, cardiovascular risk or even hormonal balance and then choose to take action on your own terms.

Learn more about what's going on inside your body and follow your progress over time.

Once more, thank you for choosing Bodisync and we hope to see you again.

GET IN TOUCH

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W1U 5HJ

Sukh Padda
BODISYNC NATURAL HEALTH SOLUTIONS



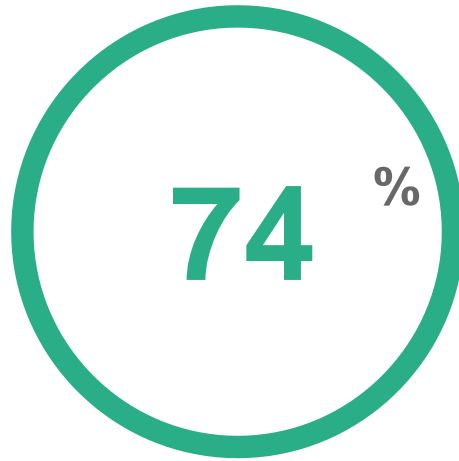
| | |
|---------------------------|--------------------|
| Order | BOD102-00085658 |
| Name | John Doe |
| Date of Birth | 24-Apr-1986 |
| Fasted For | Non-fasting Sample |
| Date of Sample Collection | 05-Jan-2024 |
| Date of Report | 08-Jan-2024 |
| Programme | Optimal Health |

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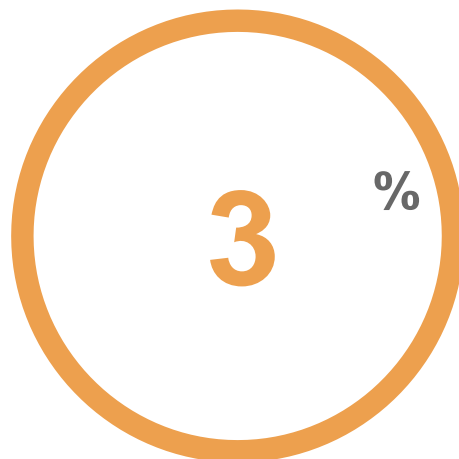
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Health Status

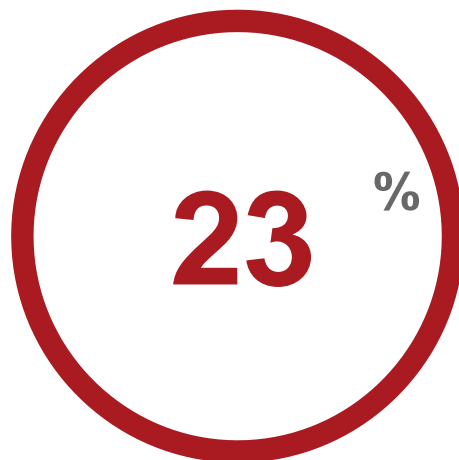
Track and improve your Health Status each time you visit Randox Health.



 Green - In Range



 Amber - In Between



 Red - Out of Range

Your Results of Interest

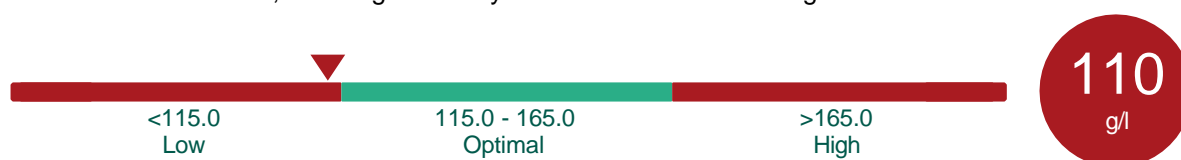
The results presented in this section are a summary of all the tests that are either positive or fall outside the reference ranges. What does this mean? A reference range is a term used to determine if your results are within what is considered to be the 'normal' range of the population. If your results are outside the range for a test, it does not automatically mean the result is abnormal. Depending on each person's individual medical history, current medications and ongoing conditions or diseases, the results must be interpreted in this context to fully understand what these results mean to you. Therefore, in this section those results that are either positive or fall outside the reference range are highlighted so that they can be reviewed by a GP / Consultant to understand the relevance to your health. These results will also appear again throughout the report alongside the other results for that profile.



Full Blood Count

Haemoglobin

Haemoglobin is an iron-containing protein found in red blood cells, which transports oxygen around the body. A lack of haemoglobin can indicate anaemia, where the body produces too few red blood cells and oxygen availability to the body is reduced. This can lead to excessive tiredness and weakness. Higher than normal haemoglobin may indicate that the body is producing too many red blood cells. In addition, smoking and dehydration can cause haemoglobin levels to rise.



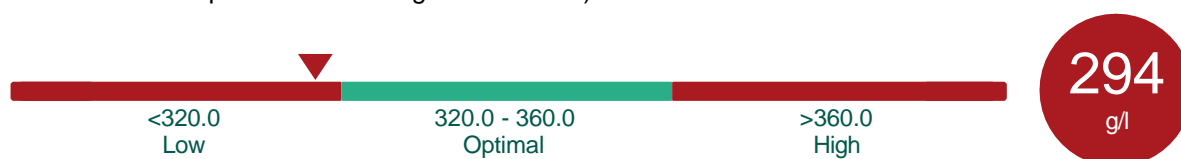
Mean Cell Haemoglobin (MCH)

Mean Cell Haemoglobin (MCH) is a measure of the average amount (weight) of haemoglobin within a red blood cell. Large red blood cells generally have more haemoglobin (greater MCH) and small red blood cells generally have less haemoglobin (lower MCH). A decreased MCH can occur with iron-deficiency anaemia, which is associated with production of smaller than normal red blood cells. An increased MCH can occur with anaemia due to vitamin B12 or folic acid deficiency, which is associated with production of larger than normal red blood cells.



Mean Cell Haemoglobin Concentration (MCHC)

Mean Cell Haemoglobin Concentration (MCHC) is the average concentration of haemoglobin present in red blood cells. Low MCHC is a feature of conditions such as iron-deficiency anaemia, anaemia of chronic disease and thalassaemia (a group of hereditary blood disorders that impair haemoglobin production). Red blood cells that contain high concentrations of haemoglobin (increased MCHC) are observed in conditions such as hereditary spherocytosis (a rare hereditary condition in which red blood cells are ball-shaped and more fragile than usual).

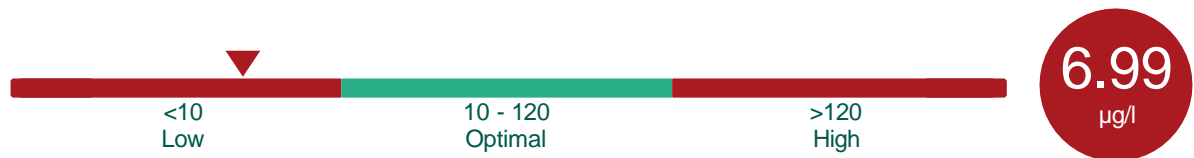




Iron Status

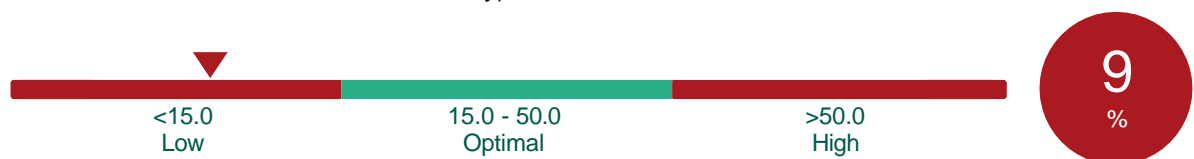
Ferritin

Ferritin is a major iron-storage protein and provides a good indication of available iron stores. Increased ferritin levels can be associated with disorders of excessive iron storage (e.g. haemochromatosis), iron poisoning, recent blood transfusions, megaloblastic anaemia (anaemia due to vitamin B12 or folic acid deficiency) or haemolytic anaemia (anaemia caused by premature destruction of red blood cells). However, ferritin is an acute phase protein, which can non-specifically increase with acute inflammatory disease, infection, liver disease or cancer, regardless of iron stores, due to leakage of ferritin from damaged organs (especially the liver, spleen and bone marrow). Decreased ferritin levels may be associated with iron-deficiency anaemia and very low protein levels.



Transferrin Saturation

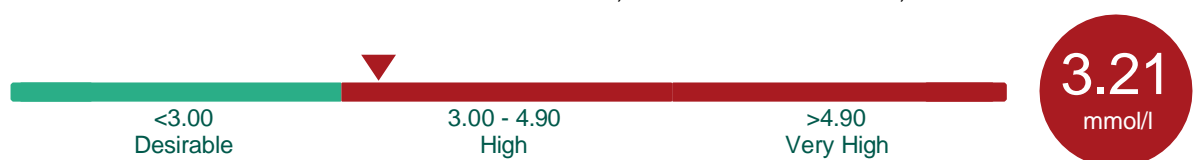
Transferrin Saturation represents the percentage of transferrin saturated with iron and is determined by dividing the iron level by the total iron binding capacity (TIBC). Calculation of transferrin saturation is helpful in determining the cause of abnormal iron and TIBC levels. A decrease in transferrin saturation can be associated with iron-deficiency anaemia and chronic illnesses. An increase in transferrin saturation can be associated with disorders of excessive iron storage (e.g. haemochromatosis), increased iron intake or other types of anaemia, such as haemolytic anaemia (anaemia caused by premature destruction of red blood cells) and megaloblastic anaemia (anaemia due to vitamin B12 or folic acid deficiency).



Heart Health

LDL Cholesterol

LDL Cholesterol describes cholesterol that is bound to low-density lipoprotein (LDL). Lipoproteins are responsible for transporting cholesterol in the blood. LDL cholesterol deposits excess cholesterol in the walls of blood vessels, which can narrow blood vessels or lead to blockage of blood flow to organs such as the heart and brain (a process known as atherosclerosis). Increased LDL cholesterol levels are associated with increased risk of atherosclerosis, cardiovascular disease, stroke and liver disease.



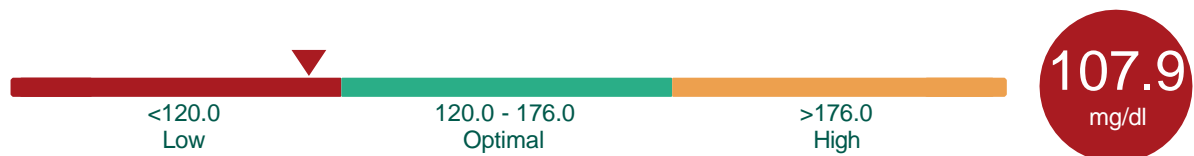
HDL Cholesterol

HDL Cholesterol describes cholesterol that is bound to high-density lipoprotein (HDL). Lipoproteins are responsible for transporting cholesterol in the blood. HDL cholesterol is 'protective' as it removes cholesterol from the peripheral tissues and transports it back to the liver for removal from the body. A low HDL cholesterol level is undesirable and is associated with increased risk of atherosclerosis (accumulation of cholesterol and fatty material within blood vessel walls) and cardiovascular disease. Obesity, metabolic syndrome (a set of risk factors for diabetes and cardiovascular disease occurring simultaneously), uncontrolled diabetes, smoking, malnutrition and lack of exercise are associated with low HDL cholesterol levels.



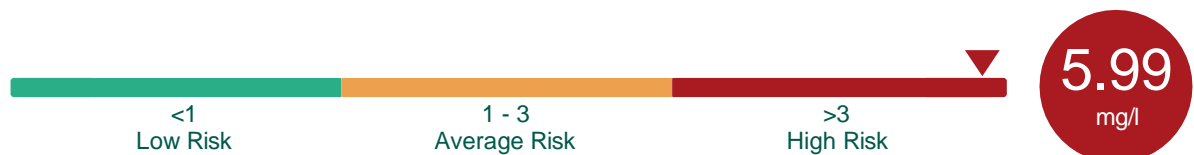
Apolipoprotein A-I

Apolipoprotein A-I is the main protein component of HDL cholesterol ('good' cholesterol). Apolipoprotein A-I (apo A-I) and HDL cholesterol transport cholesterol to the liver where it is processed and subsequently removed from the body. For this reason, a higher apo A-I level is desirable and deficiency is associated with increased risk of developing cardiovascular disease. Low apo A-I levels may be associated with uncontrolled diabetes, kidney or liver disease, obesity, smoking, high triglyceride levels or certain medications (e.g. beta-blockers). Increased levels of apo A-I may not be clinically significant but can be associated with familial hyperalphalipoproteinaemia (a rare genetic disorder), alcohol consumption, physical exercise, pregnancy, weight loss and certain prescribed drugs (such as oestrogens, oral contraceptives and statins).



High Sensitivity C-Reactive Protein (hsCRP)

High Sensitivity C-Reactive Protein (hs-CRP) is an extra sensitive test that can detect very low levels of CRP, an acute phase protein produced primarily by the liver. Acute phase proteins are proteins that increase or decrease in the blood in response to inflammation. Elevated hs-CRP indicates the presence of inflammation, which many research studies have identified as a contributing factor to the development of atherosclerosis (accumulation of cholesterol in the blood vessels), a major feature of heart disease. Therefore, increased levels of hs-CRP are associated with greater risk of developing heart disease. However, before evaluating hs-CRP in this context, consideration of infection or inflammation is essential, as many conditions can raise hs-CRP, including infection, arthritis and inflammatory bowel disease. Obesity, pregnancy and oral contraceptives may also increase hs-CRP.

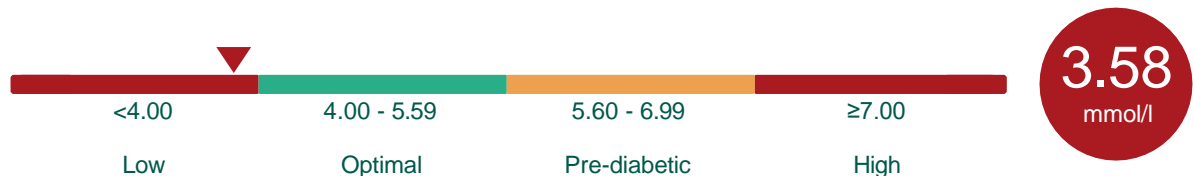




Diabetes Health

Glucose

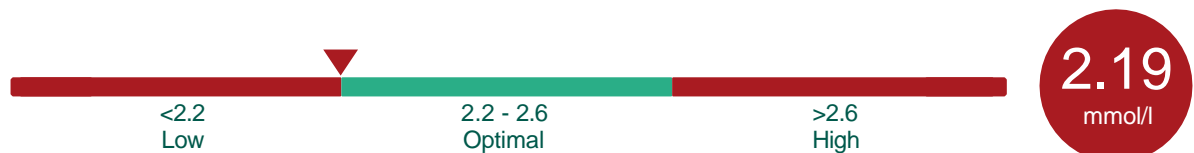
Glucose is a simple sugar that provides energy for the body; however, having too much glucose in the blood can be damaging. High fasting blood glucose can indicate diabetes or increased risk of developing diabetes, and levels are often higher than normal in people with metabolic syndrome (where multiple risk factors for heart disease and type 2 diabetes occur simultaneously). High levels can also occur with kidney disease, hyperthyroidism (an overactive thyroid) and with some medications. Low blood glucose can occur in people with diabetes when they take too much diabetes medication. In those without diabetes, low blood glucose can occur with hypothyroidism (an underactive thyroid), liver disease and starvation. Other causes can include insulinoma (a rare tumour of the pancreas that produces excessive insulin) and dysfunction of the pituitary or adrenal glands; however, these conditions are rare.



Kidney Health

Calcium (adjusted)

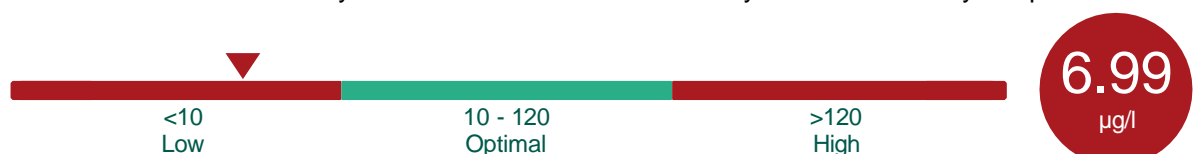
Calcium (adjusted) is a mineral with many important roles in the body including bone and teeth formation, muscle contraction, heart function and nerve conduction. Hypercalcaemia, or an elevated calcium level may be associated with hyperparathyroidism (increased production of parathyroid hormone, which regulates calcium levels), hyperthyroidism (an overactive thyroid gland), bone cancer, vitamin D excess and Addison's disease (a rare disorder in which the adrenal glands are underactive). Hypocalcaemia, or a low calcium level, may be associated with malnutrition, malabsorption disorders (conditions that affect the ability of the intestine to absorb nutrients), hypoparathyroidism (decreased production of parathyroid hormone) and vitamin D deficiency. Hypocalcaemia may increase the risk of developing osteomalacia (softening of the bones) and osteoporosis (weakening of the bones). Approximately half of the body's calcium circulates in the bloodstream bound to the protein albumin. Therefore, calcium levels may appear falsely low or high when blood albumin levels are abnormal. To compensate for this, the calcium level is adjusted according to albumin level.



Liver Health

Ferritin

Ferritin is a major iron-storage protein and provides a good indication of available iron stores. Increased ferritin levels can be associated with disorders of excessive iron storage (e.g. haemochromatosis), iron poisoning, recent blood transfusions, megaloblastic anaemia (anaemia due to vitamin B12 or folic acid deficiency) or haemolytic anaemia (anaemia caused by premature destruction of red blood cells). However, ferritin is an acute phase protein, which can non-specifically increase with acute inflammatory disease, infection, liver disease or cancer, regardless of iron stores, due to leakage of ferritin from damaged organs (especially the liver, spleen and bone marrow). Decreased ferritin levels may be associated with iron-deficiency anaemia and very low protein levels.

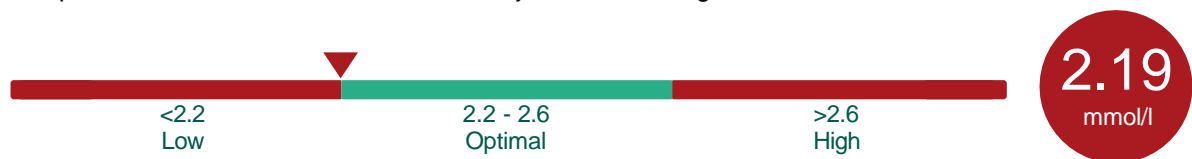




Nutritional Health

Calcium (adjusted)

Calcium (adjusted) is a mineral with many important roles in the body including bone and teeth formation, muscle contraction, heart function and nerve conduction. Hypercalcaemia, or an elevated calcium level may be associated with hyperparathyroidism (increased production of parathyroid hormone, which regulates calcium levels), hyperthyroidism (an overactive thyroid gland), bone cancer, vitamin D excess and Addison's disease (a rare disorder in which the adrenal glands are underactive). Hypocalcaemia, or a low calcium level, may be associated with malnutrition, malabsorption disorders (conditions that affect the ability of the intestine to absorb nutrients), hypoparathyroidism (decreased production of parathyroid hormone) and vitamin D deficiency. Hypocalcaemia may increase the risk of developing osteomalacia (softening of the bones) and osteoporosis (weakening of the bones). Approximately half of the body's calcium circulates in the bloodstream bound to the protein albumin. Therefore, calcium levels may appear falsely low or high when blood albumin levels are abnormal. To compensate for this, the calcium level is adjusted according to albumin level.



Vitamin D

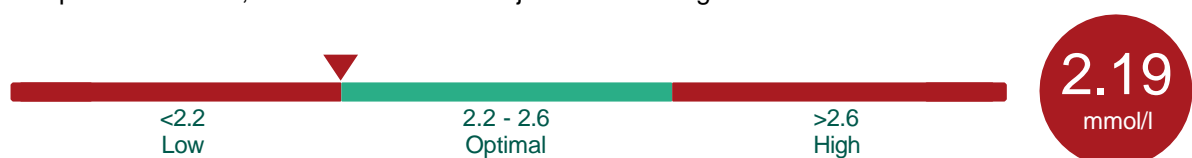
Vitamin D regulates calcium and phosphate levels in the blood and is important for good health, growth and strong bones. Low vitamin D levels are commonly due to inadequate sunlight exposure or dietary intake but may occur with malabsorption disorders (conditions that affect the ability of the intestine to absorb nutrients, e.g. Crohn's disease), liver disease or kidney disorders. Low vitamin D levels can increase the risk of bone disorders such as osteoporosis (weakening of the bones) and osteomalacia (softening of the bones), and may increase the risk of certain cancers, immune diseases and cardiovascular disease. Increased vitamin D levels may be associated with excessive supplementation, hyperparathyroidism (increased production of parathyroid hormone) or sarcoidosis (a rare disease in which areas of the body are inflamed). High levels of vitamin D can cause calcium levels in the blood to rise, which can be damaging to the body.



Bone Health

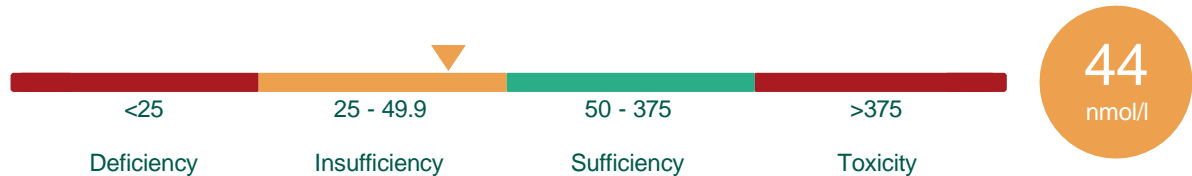
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Infection & Inflammation

C-Reactive Protein (CRP)

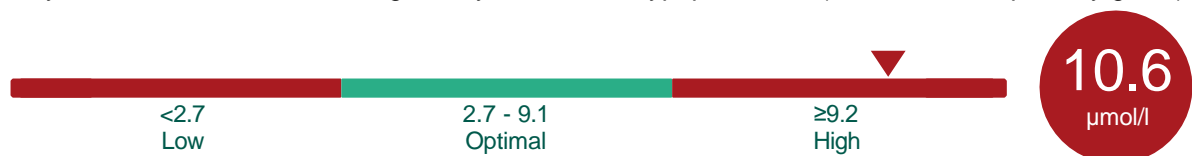
C-Reactive Protein (CRP) is an acute phase protein produced primarily by the liver. Acute phase proteins are proteins that increase or decrease in the blood in response to inflammation. Measurement of CRP cannot help with diagnosis of a particular disease, as it is a non-specific marker but instead it serves as a valuable general marker of inflammation or infection. A high level of CRP in the blood is indicative of an inflammatory process, resulting from conditions such as arthritis or inflammatory bowel disease. Elevated CRP may also indicate presence of infection or autoimmune disease (conditions caused by the body generating an immune response against its own tissues). In addition, evidence supports a role for elevated CRP in risk of future cardiovascular disease. Many research studies have identified long-term inflammation as a contributing factor to atherosclerosis (accumulation of cholesterol and fatty material within blood vessel walls), which is a major feature of cardiovascular disease. However, before evaluating CRP in a cardiovascular context, consideration of infection or inflammation is essential. Obesity, pregnancy and oral contraceptives may also increase CRP.



Pituitary & Adrenal Health

Dehydroepiandrosterone Sulphate (DHEAs)

Dehydroepiandrosterone Sulphate (DHEAS) (Female) is a steroid hormone, produced by the adrenal glands, and found in the bloodstream of both men and women. Typically, DHEAS levels peak at around thirty years of age and then gradually fall. Elevated DHEAS may be associated with adrenal cancer, adrenal hyperplasia (excessive growth of adrenal gland tissue), polycystic ovary syndrome or Cushing's syndrome (a rare condition in which the adrenal glands are overactive). Decreased DHEAS may be associated with adrenal gland dysfunction or hypopituitarism (an underactive pituitary gland).





Hormonal Health

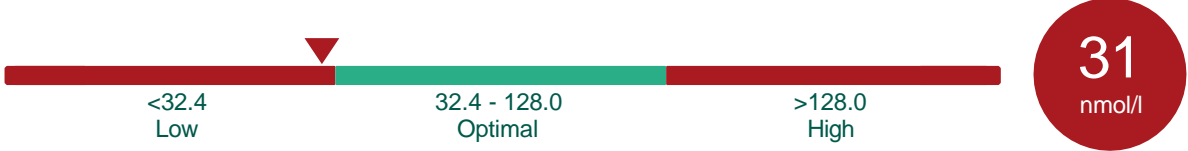
Dehydroepiandrosterone Sulphate (DHEAs)

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Sex Hormone Binding Globulin

Sex Hormone Binding Globulin (Female) is a protein that binds testosterone and alters how much testosterone is available for use by the body. Amenorrhoea (absence of menstrual periods), infertility, hirsutism (increased growth of hair on the face and body) and polycystic ovary syndrome can be associated with decreased SHBG levels. In addition, women who are post-menopausal typically have lower SHBG levels. Elevated SHBG may be observed in individuals with liver disease, hyperthyroidism (an overactive thyroid gland), and anorexia or in those using oestrogen, e.g. hormone replacement therapy or oral contraceptive use.





Full Blood Count

This panel provides information about the type and number of cells in the blood, including red blood cells, white blood cells and platelets. Red blood cells contain haemoglobin, a protein that carries oxygen from the lungs to all the tissues of the body and carbon dioxide back to the lungs. White blood cells form part of the immune system and help to defend the body against infection from foreign substances such as bacteria, fungi and viruses. The major types of white blood cells are neutrophils, lymphocytes, monocytes, eosinophils and basophils, with each having their own role in protecting the body from infection. Platelets are important for blood clotting. Their sticky surface enables them, along with other substances, to help wounds heal by forming clots to stop bleeding. The Full Blood Count is useful for evaluating general health status and as a screening tool for a variety of conditions, such as anaemia, infection, inflammation and other blood disorders.

Haemoglobin



110
g/l

Haematocrit



37.4
%

Mean Cell Haemoglobin (MCH)



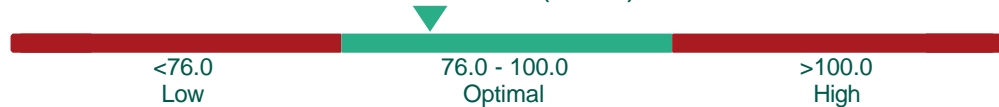
24.2
pg

Mean Cell Haemoglobin Concentration (MCHC)



294
g/l

Red Blood Cell Mean Cell Volume (MCV)



82.4
fl

Red Blood Cell Count



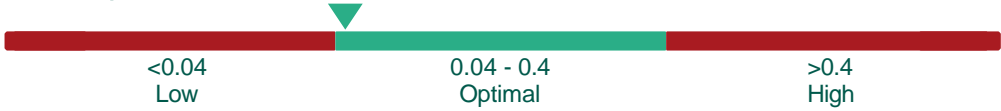
4.54
 $10^{12}/L$

Basophil Count



0.04
 $10^9/L$

Eosinophil Count



0.05
10⁹/L

Lymphocyte Count



1.49
10⁹/L

Monocyte Count



0.51
10⁹/L

Neutrophil Count



3.78
10⁹/L

White Blood Cell Count



5.87
10⁹/L

Platelet Count



414
10⁹/L



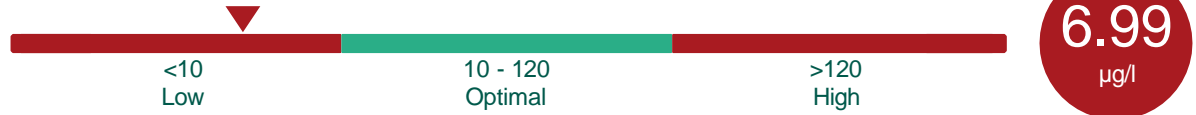
Iron Status

Iron is essential for red blood cell formation. Most of the body's iron, approximately 70%, is present in red blood cells, where its primary role is to carry oxygen from the lungs to all the tissues of the body. Additionally, iron facilitates energy production and release from cells and participates in the functioning of the immune and central nervous systems. Iron Status is useful for evaluating conditions such as iron-deficiency, which can cause anaemia, and iron overload, which can cause organ damage, particularly to the liver.

Iron



Ferritin



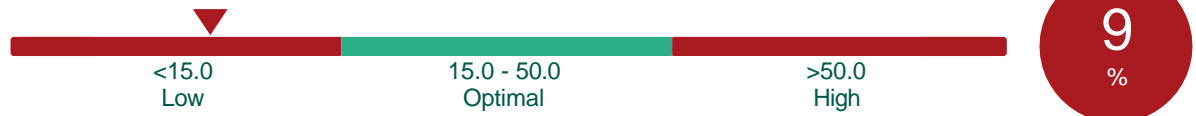
Total Iron Binding Capacity (TIBC)



Transferrin



Transferrin Saturation

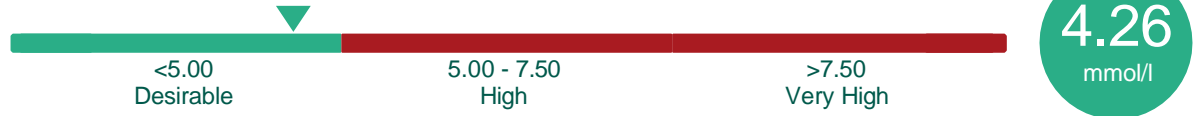




Heart Health

A major contributing factor to heart disease is the gradual accumulation of fat and cholesterol within blood vessel walls, a process known as atherosclerosis. Cholesterol is a fatty substance that is vital for the normal functioning of the body. However, too much cholesterol is damaging and the risk of developing heart disease is greater in individuals with high cholesterol levels. Heart Health helps assess an individual's risk of developing cardiovascular diseases such as heart disease and stroke.

Total Cholesterol



LDL Cholesterol



HDL Cholesterol



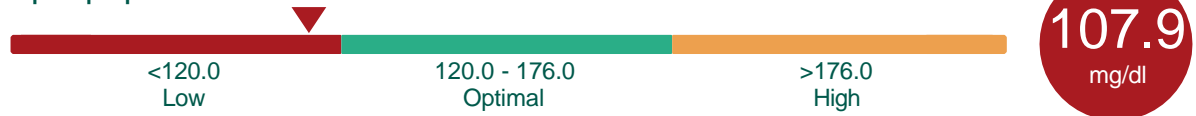
Total Cholesterol / HDL Cholesterol Ratio



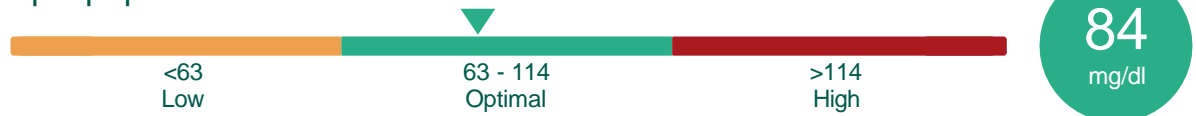
Triglycerides



Apolipoprotein A-I



Apolipoprotein B



Apolipoprotein B / A-I Ratio



≤ 0.90
Optimal

0.91 - 1.50
Moderate Risk

> 1.50
High Risk

High Sensitivity C-Reactive Protein (hsCRP)



Creatine Kinase-MB (CK-MB)



Creatine Kinase



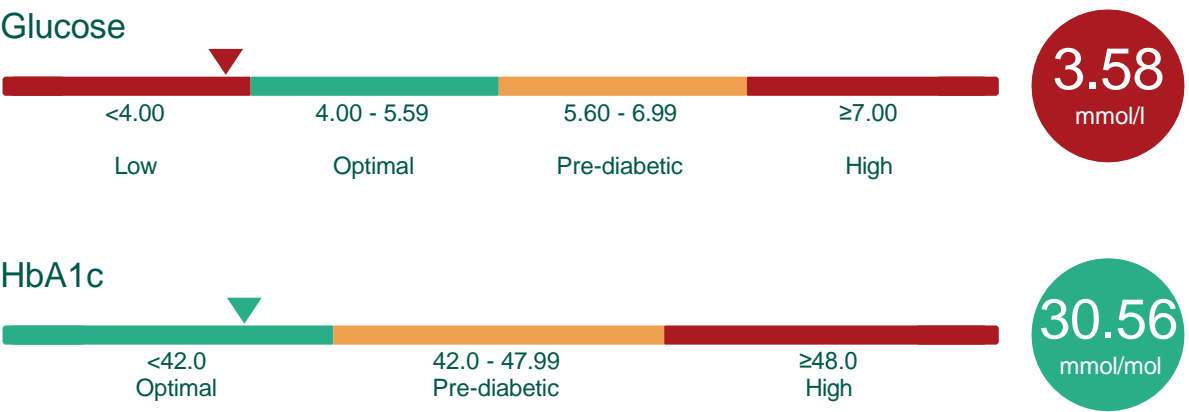
Myoglobin





Diabetes Health

Diabetes mellitus is a chronic condition that is characterised by a high blood glucose level. Normally, insulin (a hormone produced by the pancreas) regulates blood glucose levels. Type 1 diabetes is a condition in which the insulin producing cells of the pancreas are destroyed resulting in very little or no insulin production. Type 2 diabetes is a condition in which the pancreas continues to produce insulin but blood sugar levels remain high due to an insufficient amount of insulin or insulin resistance. Although glucose provides an essential fuel for the body, long-term high levels of glucose are destructive, causing damage to blood vessels, nerves and organs. This damage can increase the risk of developing high blood pressure, heart disease, kidney disease and loss of vision. The Diabetes Health panel includes measurement of glucose and HbA1c levels in the blood, which is useful for the diagnosis and monitoring of diabetes. Higher than normal levels can be associated with a greater risk of developing diabetes in the future ('high risk' or 'pre-diabetes').

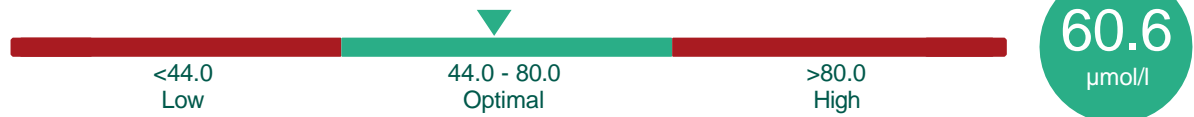




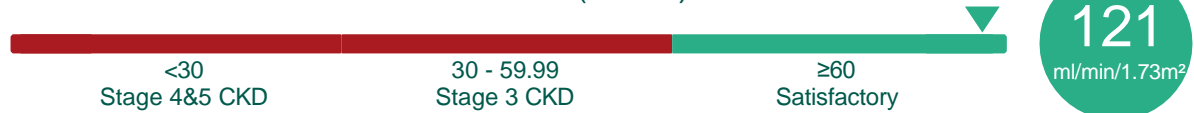
Kidney Health

The kidneys are responsible for the production of urine and regulation of water and salt levels in the blood. The kidneys filter blood to remove waste products, water and salts. The fluid containing these waste products travels through kidney tubules where re-absorption of water and salts takes place. This absorption process is crucial to the maintenance of fluid balance in the body, which is also important for blood pressure regulation. Many conditions can impair the filtering ability of the kidney or lead to destruction of kidney tissue, including urinary tract obstruction, glomerulonephritis and acute kidney injury. Kidney Health helps evaluate the filtering ability of the kidneys and can indicate how well the kidneys are functioning.

Creatinine



Estimated Glomerular Filtration Rate (eGFR)



Calcium (adjusted)



Chloride



Magnesium



Phosphate



Potassium



Sodium



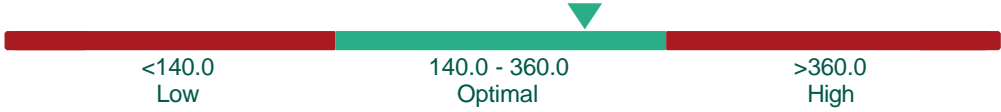
139.4
mmol/l

Urea



5.12
mmol/l

Uric Acid

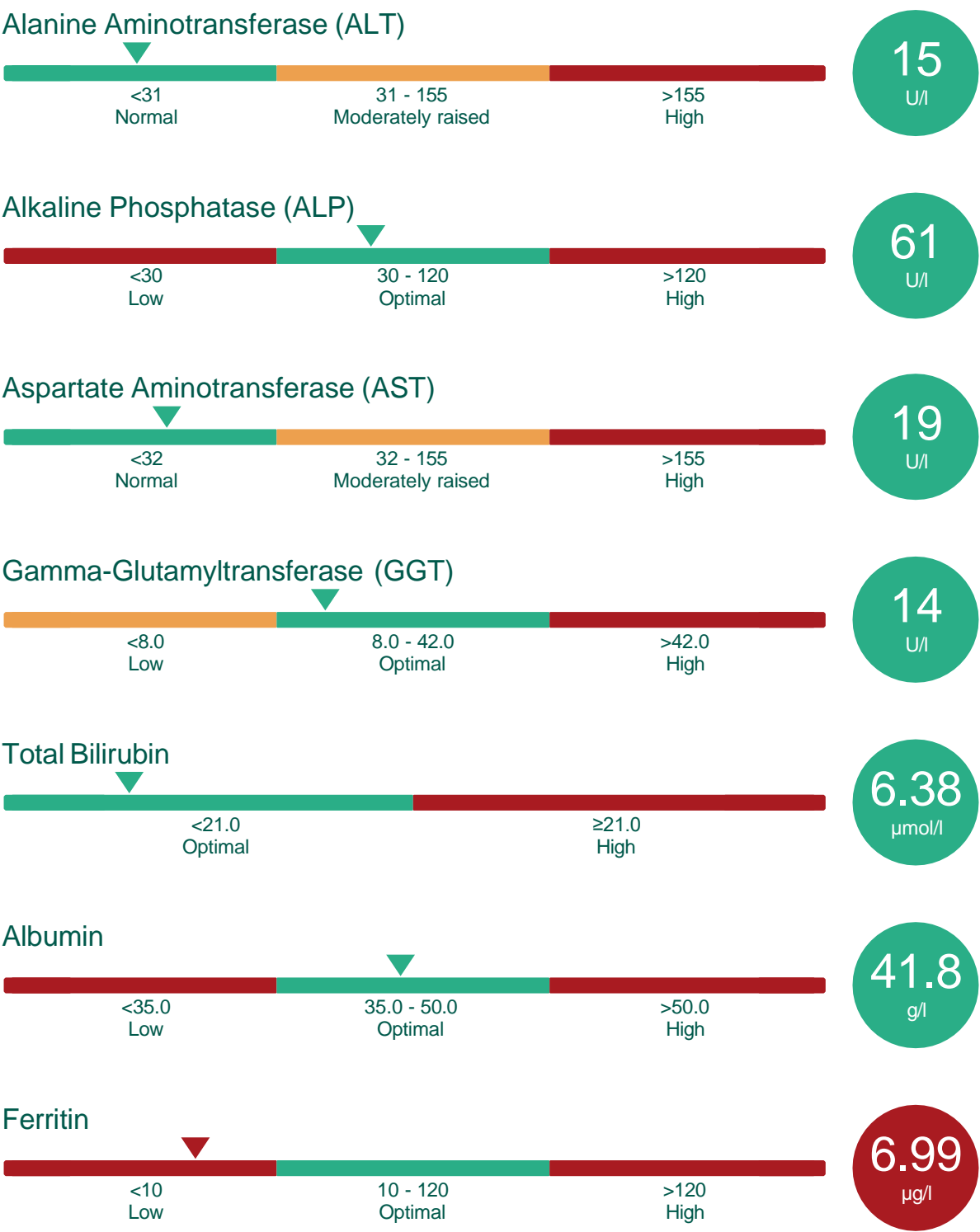


305.9
μmol/l



Liver Health

The liver is a vital organ that plays a major role in the regulation of metabolism. The liver performs many complex functions, which include processing of carbohydrates, proteins and fats, breakdown of harmful or toxic substances, decomposition of red blood cells, removal of waste products from the blood and the production and secretion of bile. Bile is a fluid, which aids in the digestion of fats. Once secreted from the liver, bile travels through a series of ducts to the small intestine or to the gallbladder for storage. Liver disease encompasses many conditions that can cause damage to the liver, such as cirrhosis (irreversible scarring of liver tissue), hepatitis (inflammation of the liver), fatty liver disease, gallbladder disease and bile duct obstruction. The Liver Health panel consists of tests that evaluate the function of the liver.





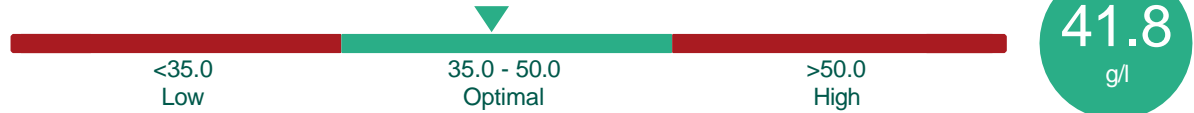
Nutritional Health

Nutrition is the supply of materials (in the form of food), which are necessary to allow the body to function normally. Vitamins and minerals support normal growth, and help organs and cells to function. Therefore, good nutrition is vital for health and wellbeing. A poor diet or malabsorption disorders (conditions caused by an impaired ability to digest and/or absorb nutrients from food) may lead to nutritional deficiency. The Nutritional Health panel evaluates the levels of various nutrients and can help identify whether an individual's nutritional status is adequate.

Total Antioxidant Status (TAS)



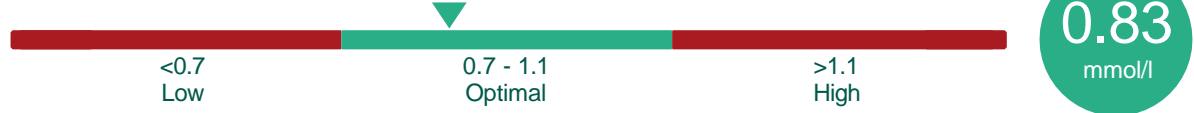
Albumin



Calcium (adjusted)



Magnesium



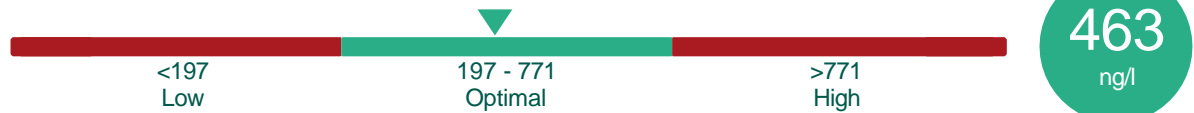
Iron



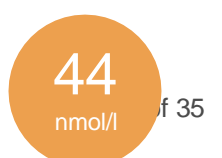
Folic acid



Vitamin B12



Vitamin D







Muscle & Joint Health

Muscles, which are composed of bundles of contractile fibres, are responsible for the movement of various parts of the body. When muscle fibres contract, movement occurs. Damage to muscles occurs in conditions such as myopathies (muscle disorders that cause muscle weakness) and myositis (inflammation of the skeletal muscles). In addition, muscle damage can arise from injury and excessive use of muscles during exercise. Joints form the connections between bones and permit movement and flexibility in various parts of the body. Arthritis is a condition characterised by inflammation, pain and stiffness of the joints and many types exist, including rheumatoid arthritis and gout. The Muscle & Joint Health panel includes markers associated with muscle damage and joint problems such as arthritis and gout.

Creatine Kinase



81
U/l

Creatine Kinase-MB (CK-MB)



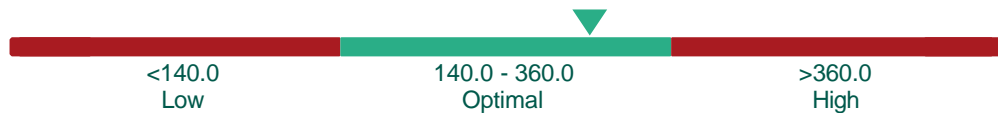
1.22
µg/l

Myoglobin



26.1
µg/l

Uric Acid



305.9
µmol/l



Bone Health

Bones provide structural support for the body and offer protection to delicate organs and tissues (e.g. the ribs protect the heart and lungs and the skull protects the brain). Bones are subject to a continuous remodelling process where old bone tissue is replaced with new tissue. For bones to remain strong and healthy, various factors are required, including calcium and vitamin D. Osteoporosis is a condition in which bones lose density and become weak. Risk factors for osteoporosis include oestrogen deficiency (post-menopause), vitamin D deficiency, calcium deficiency and an inactive lifestyle. Bone Health helps evaluate the levels of these important bone- strength factors, which can be useful for identifying individuals at risk of future bone-related health problems.

Alkaline Phosphatase (ALP)



Calcium (adjusted)



Phosphate



Vitamin D





Infection & Inflammation

Inflammation is the body's natural response to infection, irritation or injury and is characterised by pain, swelling, warmth and redness of the affected area. Inflammation is a protective mechanism that occurs in an attempt to remove the cause of the injury or irritation and to initiate healing and repair. The Infection & Inflammation panel can indicate the presence of infection or inflammation in the body.

C-Reactive Protein (CRP)

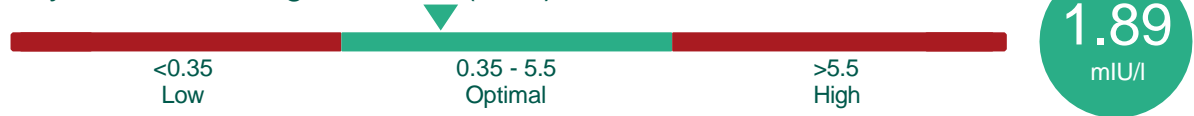




Pituitary & Adrenal Health

The pituitary and adrenal glands are responsible for the production and release of hormones. Hormones are chemical messengers that travel through the bloodstream and enable communication between different tissues. The pituitary gland, located in the brain, regulates the hormone producing activity of other glands such as the adrenals, thyroid and ovaries, and helps to control various body processes, such as blood pressure, metabolism, growth, temperature and ovulation. The adrenal glands, located just above each kidney, produce hormones that help to regulate blood pressure and the body's response to stress. The Pituitary & Adrenal Health panel comprises the measurement of various hormones produced by each gland and can be useful for evaluating whether the pituitary or adrenal glands are overactive or underactive.

Thyroid Stimulating Hormone (TSH)



Cortisol



Dehydroepiandrosterone Sulphate (DHEAs)



Luteinising Hormone

2.4 - 12.6 Follicular Phase
14 - 95.6 Mid Cycle
1 - 11.4 Luteal Phase
7.7 - 58.5 Post Menopausal

6.3
U/l



Thyroid Health

The thyroid gland plays an important role in controlling the body's metabolism by producing hormones. The thyroid hormones help the body to use energy, stay warm and keep the heart, brain, muscle and other organs functioning properly. Thyroid Health consists of tests that can be used to help diagnose an 'underactive thyroid' (hypothyroidism) or an 'overactive thyroid' (hyperthyroidism), or to monitor the treatment of these conditions.

Thyroid Stimulating Hormone (TSH)



1.89
mIU/l

Free Thyroxine (FT4)



13.8
pmol/l

Free Tri-iodothyronine (FT3)

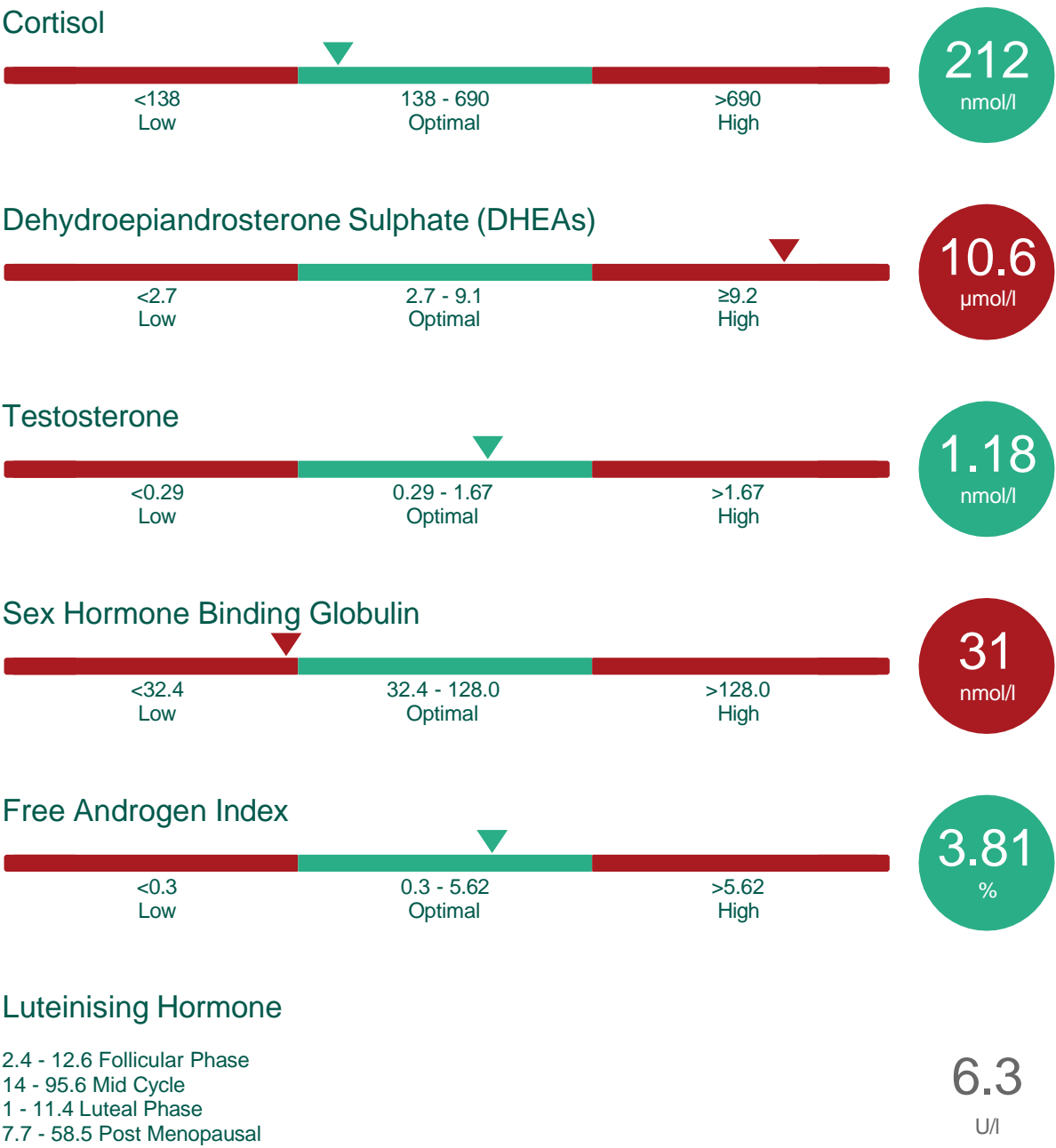


3.72
pmol/l



Hormonal Health

A hormone is a chemical substance that is produced in response to certain changes in the physiological processes that occur in the body. Hormones carry information between cells and help regulate metabolism, growth, reproduction and mood alteration.



Results for your Doctor

This section contains all your test results. Your doctor may prefer to see your test results in this format. The results that are either positive or fall outside the reference range are highlighted in red.

| Test | Result | Units | Reference Range |
|--|--------|---------------------|--|
| Full Blood Count | | | |
| Haemoglobin | 110 | g/l | <115.0 Low 115.0 - 165.0 Optimal >165.0 High |
| Haematocrit | 37.4 | % | 37.0 - 47.0 Optimal |
| Mean Cell Haemoglobin (MCH) | 24.2 | pg | <27.0 Low 27.0 - 32.0 Optimal >32.0 High |
| Mean Cell Haemoglobin Concentration (MCHC) | 294 | g/l | <320.0 Low 320.0 - 360.0 Optimal >360.0 High |
| Red Blood Cell Mean Cell Volume (MCV) | 82.4 | fl | 76.0 - 100.0 Optimal |
| Red Blood Cell Count | 4.54 | 10 ¹² /L | 3.8 - 5.8 Optimal |
| Basophil Count | 0.04 | 10 ⁹ /L | 0.01 - 0.1 Optimal |
| Eosinophil Count | 0.05 | 10 ⁹ /L | 0.04 - 0.4 Optimal |
| Lymphocyte Count | 1.49 | 10 ⁹ /L | 1.0 - 3.5 Optimal |
| Monocyte Count | 0.51 | 10 ⁹ /L | 0.2 - 0.8 Optimal |
| Neutrophil Count | 3.78 | 10 ⁹ /L | 2.0 - 7.5 Optimal |
| White Blood Cell Count | 5.87 | 10 ⁹ /L | 4.0 - 10.0 Optimal |
| Platelet Count | 414 | 10 ⁹ /L | 150 - 450 Optimal |
| Iron Status | | | |
| Iron | 6.7 | μmol/l | 5.8 - 34.5 Optimal |
| Ferritin | 6.99 | μg/l | <10 Low 10 - 120 Optimal >120 High |
| Total Iron Binding Capacity (TIBC) | 74.6 | μmol/l | 44.8 - 80.6 Optimal |
| Transferrin | 3.18 | g/l | 2.0 - 3.8 Optimal |
| Transferrin Saturation | 9 | % | <15.0 Low 15.0 - 50.0 Optimal >50.0 High |
| Heart Health | | | |
| Total Cholesterol | 4.26 | mmol/l | <5.00 Desirable |
| LDL Cholesterol | 3.21 | mmol/l | <3.00 Desirable 3.00 - 4.90 High >4.90 Very High |

| Test | Result | Units | Reference Range |
|---|--------------|---------------------------|--|
| Heart Health | | | |
| HDL Cholesterol | 0.87 | mmol/l | <1.55 Low ≥1.55 Desirable |
| Total Cholesterol / HDL Cholesterol Ratio | 4.9 | % | <5.0 Desirable |
| Triglycerides | 0.63 | mmol/l | <2.3 Desirable |
| Apolipoprotein A-I | 107.9 | mg/dl | <120.0 Low 120.0 - 176.0 Optimal >176.0 High |
| Apolipoprotein B | 84 | mg/dl | 63 - 114 Optimal |
| Apolipoprotein B / A-I Ratio | 0.78 | - | ≤0.90 Optimal |
| High Sensitivity C-Reactive Protein (hsCRP) | 5.99 | mg/l | <1 Low Risk 1 - 3 Average Risk >3 High Risk |
| Creatine Kinase-MB (CK-MB) | 1.22 | µg/l | <4.88 Optimal |
| Creatine Kinase | 81 | U/l | 25 - 200 Optimal |
| Myoglobin | 26.1 | µg/l | <58.0 Optimal |
| Diabetes Health | | | |
| Glucose | 3.58 | mmol/l | <4.00 Low 4.00 - 5.59 Optimal 5.60 - 6.99 Pre-diabetic ≥7.00 High |
| HbA1c | 30.56 | mmol/mol | <42.0 Optimal |
| Kidney Health | | | |
| Creatinine | 60.6 | µmol/l | 44.0 - 80.0 Optimal |
| Estimated Glomerular Filtration Rate (eGFR) | 121 | ml/min/1.73m ² | ≥60 Satisfactory |
| Calcium (adjusted) | 2.19 | mmol/l | <2.2 Low 2.2 - 2.6 Optimal >2.6 High |
| Chloride | 98 | mmol/l | 95 - 108 Optimal |
| Magnesium | 0.83 | mmol/l | 0.7 - 1.1 Optimal |
| Phosphate | 0.85 | mmol/l | 0.8 - 1.5 Optimal |
| Potassium | 4.6 | mmol/l | 3.5 - 5.3 Optimal |
| Sodium | 139.4 | mmol/l | 133.0 - 146.0 Optimal |
| Urea | 5.12 | mmol/l | 2.5 - 7.8 Optimal |
| Uric Acid | 305.9 | µmol/l | 140.0 - 360.0 Optimal |
| Liver Health | | | |

| Test | Result | Units | Reference Range |
|----------------------------------|--------|--------|--|
| Liver Health | | | |
| Alanine Aminotransferase (ALT) | 15 | U/l | <31 Normal |
| Alkaline Phosphatase (ALP) | 61 | U/l | 30 - 120 Optimal |
| Aspartate Aminotransferase (AST) | 19 | U/l | <32 Normal |
| Gamma-Glutamyltransferase (GGT) | 14 | U/l | 8.0 - 42.0 Optimal |
| Total Bilirubin | 6.38 | µmol/l | <21.0 Optimal |
| Albumin | 41.8 | g/l | 35.0 - 50.0 Optimal |
| Ferritin | 6.99 | µg/l | <10 Low 10 - 120 Optimal >120 High |
| Nutritional Health | | | |
| Total Antioxidant Status (TAS) | 1.66 | mmol/l | ≥1.3 Optimal |
| Albumin | 41.8 | g/l | 35.0 - 50.0 Optimal |
| Calcium (adjusted) | 2.19 | mmol/l | <2.2 Low 2.2 - 2.6 Optimal >2.6 High |
| Magnesium | 0.83 | mmol/l | 0.7 - 1.1 Optimal |
| Iron | 6.7 | µmol/l | 5.8 - 34.5 Optimal |
| Folic acid | 13.2 | µg/l | 3.8 - 26.8 Optimal |
| Vitamin B12 | 463 | ng/l | 197 - 771 Optimal |
| Vitamin D | 44 | nmol/l | <25 Deficiency 25 - 49.9 Insufficiency 50 - 375 Sufficiency >375 Toxicity |
| Muscle & Joint Health | | | |
| Creatine Kinase | 81 | U/l | 25 - 200 Optimal |
| Creatine Kinase-MB (CK-MB) | 1.22 | µg/l | <4.88 Optimal |
| Myoglobin | 26.1 | µg/l | <58.0 Optimal |
| Uric Acid | 305.9 | µmol/l | 140.0 - 360.0 Optimal |
| Bone Health | | | |
| Alkaline Phosphatase (ALP) | 61 | U/l | 30 - 120 Optimal |
| Calcium (adjusted) | 2.19 | mmol/l | <2.2 Low 2.2 - 2.6 Optimal >2.6 High |
| Phosphate | 0.85 | mmol/l | 0.8 - 1.5 Optimal |

| Test | Result | Units | Reference Range |
|---|--------|--------|---|
| Bone Health | | | |
| Vitamin D | 44 | nmol/l | <25 Deficiency 25 - 49.9 Insufficiency 50 - 375 Sufficiency >375 Toxicity |
| Infection & Inflammation | | | |
| C-Reactive Protein (CRP) | 5.99 | mg/l | ≤5.0 Optimal >5.0 High |
| Pituitary & Adrenal Health | | | |
| Thyroid Stimulating Hormone (TSH) | 1.89 | mIU/l | 0.35 - 5.5 Optimal |
| Cortisol | 212 | nmol/l | 138 - 690 Optimal |
| Luteinising Hormone | 6.3 | U/l | 2.4 - 12.6 Follicular Phase 14 - 95.6 Mid Cycle 1 - 11.4 Luteal Phase 7.7 - 58.5 Post Menopausal |
| Dehydroepiandrosterone Sulphate (DHEAs) | 10.6 | μmol/l | <2.7 Low 2.7 - 9.1 Optimal ≥9.2 High |
| Thyroid Health | | | |
| Thyroid Stimulating Hormone (TSH) | 1.89 | mIU/l | 0.35 - 5.5 Optimal |
| Free Thyroxine (FT4) | 13.8 | pmol/l | 11.9 - 21.6 Optimal |
| Free Tri-iodothyronine (FT3) | 3.72 | pmol/l | 3.1 - 6.8 Optimal |
| Hormonal Health | | | |
| Cortisol | 212 | nmol/l | 138 - 690 Optimal |
| Dehydroepiandrosterone Sulphate (DHEAs) | 10.6 | μmol/l | <2.7 Low 2.7 - 9.1 Optimal ≥9.2 High |
| Luteinising Hormone | 6.3 | U/l | 2.4 - 12.6 Follicular Phase 14 - 95.6 Mid Cycle 1 - 11.4 Luteal Phase 7.7 - 58.5 Post Menopausal |
| Testosterone | 1.18 | nmol/l | 0.29 - 1.67 Optimal |
| Sex Hormone Binding Globulin | 31 | nmol/l | <32.4 Low 32.4 - 128.0 Optimal >128.0 High |
| Free Androgen Index | 3.81 | % | 0.3 - 5.62 Optimal |