



Gene Comprehensive Nutrigenomic Report

Accession Number: #####

Specimen Collected: ###/###/####

Specimen Received: ###/###/####

Report Generated: November 16, 2022

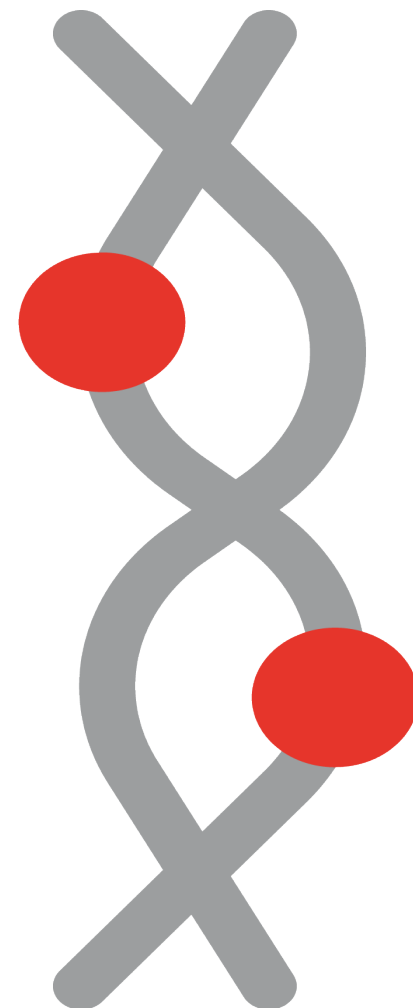
Specimen Type: Buccal Swab

Provider: #####

Patient Name: #####

Patient DOB: ###/###/####

Patient Gender: Male



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.

– 36 – Male

(-/-) No clinical abnormality

(+/-) Heterozygous result

(+/+) Homozygous result

rsID	Gene	Genetic Result	Therapeutics Associated With Positive Result	Highly Recommended Therapeutics	Provider Discretion: As Needed Formula Recommendations	Lifestyle Recommendations	Laboratory Recommendations
Neurological / Psych							
Neurotransmitters							
rs4680	COMT V158M	+/-	Taurine, Choline, Trimethylglycine (TMG), Dimethylglycine (DMG), Methionine, SAME, Inositol		May Benefit from Full Focus+™ for anxiety, depression or focus issues		
rs769407	GAD1	-/-	Prescription Amantadine, Glycine, Zinc, Magnesium, Elderberry, L-Theanine, Melatonin	Consider Pro GAD Enhancer™ If Anxiety or Depression is Present May benefit from Prescription Amantadine		Be cautious with MSG (Monosodium Glutamate) Be cautious with Glutamine Supplementation	
rs3828275	GAD1	+/+					
rs6323	MAO-A	-/NA	B2 (Riboflavin)		Consider Full Focus™ if Focus or Anxiety Present	Higher Risk of Depression / Anxiety during stressful events	
rs1799836	MAO-B	+/NA	Methyl Donors (Taurine, Choline, TMG, DMG, Inositol, SAME)				
rs6313	HTR2	+/-	5-HTP (Hydroxytryptophan)		Consider 5-HTP or Mood Plus™ if Depression or Anxiety Present	May Have Less Than Optimal Response To SSRIs	Consider PGx Testing
rs1042173	SLC6A4	+/-					
rs4570625	TPH2	+/-	L-5-Methyl THF Niacinamide 5-HTP				

rs1108580	DBH	-/-	Phenylpropanolamine Pseudoephedrine Vitamin C Strattera			
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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
Neurological / Psych							
Neuro-Inflammation							
rs10402876	C3	+/-	Anti-Inflammatory Therapy: Curcumin, Omega 3s, Resveratrol, Quercetin, Low Dose Naltrexone (LDN), CBD Oil	CBD Oil PEA Soothe Support™ Prescription Low Dose Naltrexone (LDN)		Consider Low Inflammatory Diet	Consider Pregnenolone, Cortisol, Progesterone, Testosterone
rs2569191	CD14	+/-					
rs1143634	IL1B	+/-					
rs2069812	IL5	-/-					
rs1800795	IL6	-/-					
rs1800925	IL13	-/-					
rs10181656	STAT4	-/-					
rs1800629	TNF	-/-					
rs231775	CTLA4	+/+					
rs1076560	DRD2	+/-	Increased Efficacy of Naltrexone	Patient should have High Response Rate to Low Dose Naltrexone Therapy			

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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
Neurological / Psych							
Neurotrophic Factors							
rs1142636	SYN1	-/NA	RG3, Nicotinamide Riboside, Ginseng				
rs6265	BDNF	+/-	D-Chiro-Inositol, 12 Hour Fasting, Exercise				
rs6330	NGF	+/-					
Autophagy Efficacy							
rs10210302	ATG16L1	+/-	Curcumin, Lithium Orotate, D-Chiro-Inositol, Catechins, Resveratrol, Caffeine, 12-15 Hour Fasting	N.A.S. Enhancer™ DCI 500 twice daily		Consider Intermittant Fasting (12-15 Hours) Routine Exercise	Routine Blood Sugar, Insulin and Hb A1c
rs26538	ATG12	+/-					
rs510432	ATG5	+/+					
rs3798963	PARK2 (Parkin)	-/-	Curcumin, Lithium Orotate, D-Chiro-Inositol, Catechins, Resveratrol, 12-15 Hour Fasting				
rs7412	APOE	-/-	Increased Risk of Memory Disorders				
rs429358	APOE	-/-					
Detoxification							
rs1021737	CTH	-/-	N-Acetyl Cysteine (NAC)				
rs819147	AHCY	-/-					
rs7483	GSTM3	-/-	Glutathione NRF2 Enhancers				

Summary for Neurological / Psych

Highly Recommended Therapeutics

- Consider Pro GAD Enhancer™ If Anxiety or Depression is Present
- May benefit from Prescription Amantadine
- CBD Oil
- PEA Soothe Support™
- Prescription Low Dose Naltrexone (LDN)
- Patient should have High Response Rate to Low Dose Naltrexone Therapy
- N.A.S. Enhancer™
- DCI 500 twice daily

Provider Discretion: As Needed Formula Recommendations

- May Benefit from Full Focus+™ for anxiety
- depression or focus issues
- Consider Full Focus™ if Focus or Anxiety Present
- Consider 5-HTP or Mood Plus™ if Depression or Anxiety Present

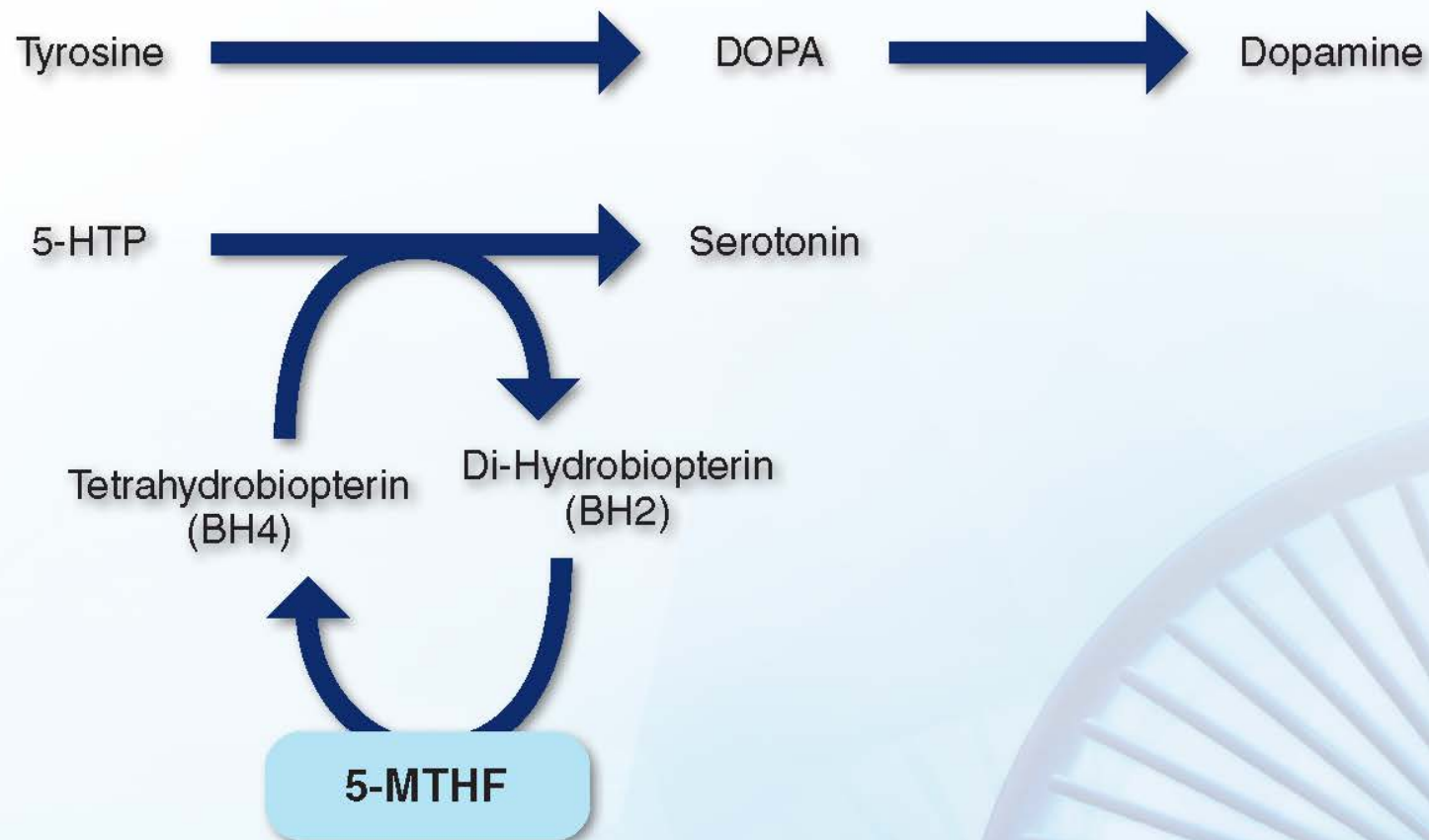
Lifestyle Recommendations

- Be cautious with MSG (Monosodium Glutamate)
- Be cautious with Glutamine Supplementation
- Higher Risk of Depression / Anxiety during stressful events
- May Have Less Than Optimal Response To SSRIs
- Consider Low Inflammatory Diet
- Consider Intermittant Fasting (12-15 Hours)
- Routine Exercise

Laboratory Recommendations

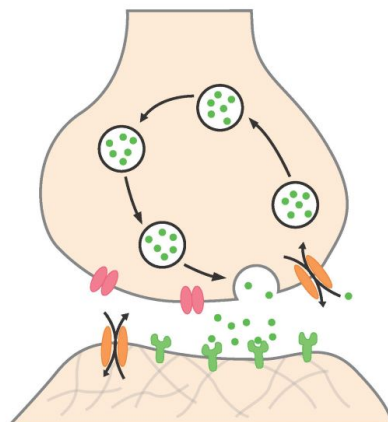
- Consider PGx Testing
- Consider Pregnenolone
- Cortisol
- Progesterone
- Testosterone
- Routine Blood Sugar
- Insulin and Hb A1c

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



Dietary Factors



Mediation/Yoga



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



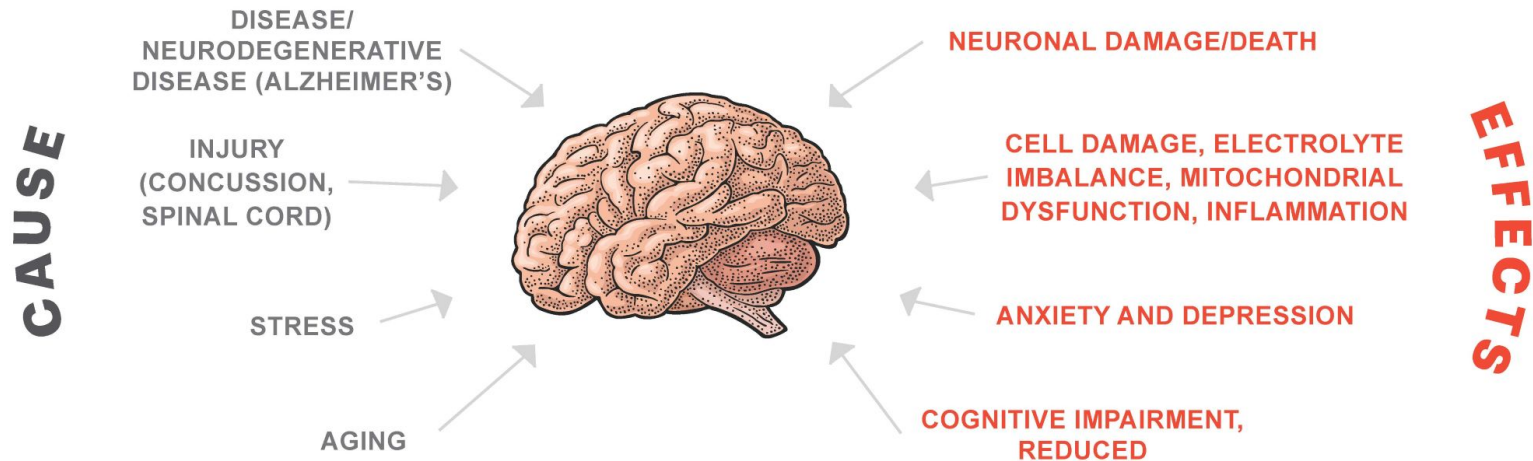
Yoga



Curcumin, Bacopa herb



Anti-inflammatory Diet



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

WAYS TO INCREASE LEVELS



Exercise (physical or cognitive)



Social interactions



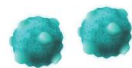
Reduce stress via breathing exercises and/or meditation

THE IMMUNE SYSTEM & AUTOIMMUNITY

WHAT DOES THE IMMUNE SYSTEM DO?

Prevent or limit infections by distinguishing between healthy and unhealthy cells

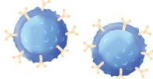
KEY PLAYERS & RELEVANT GENES



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



LOW-INFLAMMATORY DIET

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

DEFICIENCY CAUSES

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



WAYS TO INCREASE GLUTATHIONE

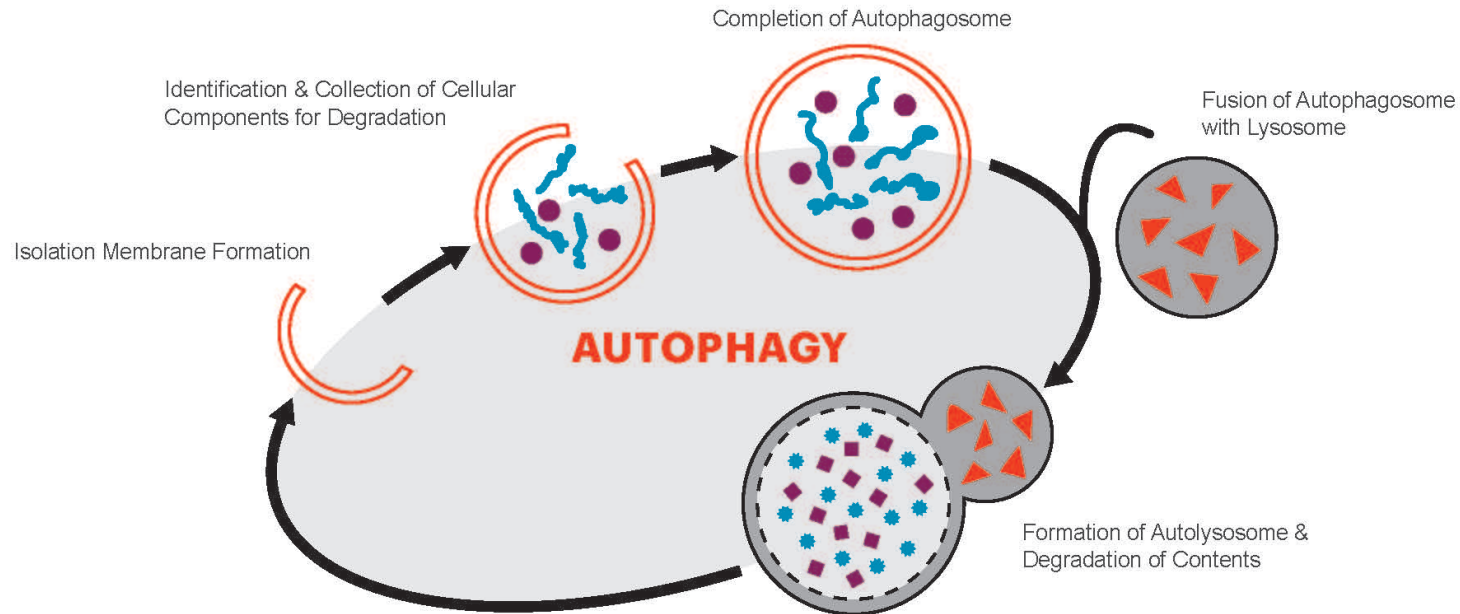
- Limit alcohol intake
- N-acetyl-cysteine (NAC)
- Glutathione therapies
- (ie. IV Glutathione, Glutathione suppository, Liposomal Glutathione)
- Include whey in diet, unless allergic or intolerant
- Methylation Support - if necessary

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

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



Intermittent fasting
or low-calorie diet



Routine Exercise



Ketogenic diets
(high fat, low carbs)



Medications &
Supplements
D-Chiro Inositol (B8)
Metformin

WAYS TO INCREASE

Gene Information Key

rsID	Gene	"-" variant	"+" variant
rs819147	AHCY	T	C
rs429358	APOE	T	C
rs7412	APOE	C	T
rs26538	ATG12	T	C
rs10210302	ATG16L1	C	T
rs510432	ATG5	C	T
rs6265	BDNF	C	T
rs10402876	C3	G	C
rs2569191	CD14	T	C
rs4680	COMT V158M	G	A
rs1021737	CTH	G	T
rs231775	CTLA4	A	G
rs1108580	DBH	A	G
rs1076560	DRD2	C	A
rs3828275	GAD1	C	T
rs769407	GAD1	G	C
rs7483	GSTM3	C	T

rsID	Gene	"-" variant	"+" variant
rs6313	HTR2	G	A
rs1800925	IL13	C	T
rs1143634	IL1B	G	A
rs2069812	IL5	A	G
rs1800795	IL6	G	C
rs6323	MAO-A	T	G
rs1799836	MAO-B	T	C
rs6330	NGF	G	A
rs3798963	PARK2 (Parkin)	A	T
rs1042173	SLC6A4	A	C
rs10181656	STAT4	C	G
rs1142636	SYN1	A	G
rs1800629	TNF	G	A
rs4570625	TPH2	G	T

Definitions

DETOXIFICATION	Detoxification enzymes are responsible for clearing environmental chemicals and metabolites from our body. Accumulation of these chemicals and by-products can damage intracellular biochemical functions. Alterations in these systems can have a significant negative effect on the nervous system and immune systems functions. These polymorphisms can result in decreased "quality of life" and even decreased "life-span".
AHCY	Adenosylhomocysteinase (AHCY) is an enzyme that breaks down S-adenosylhomocysteine (SAH) to homocysteine and adenosine. Polymorphisms in this gene will lead to lower levels of homocysteine and glutathione.
CTH	Glutathione production is dependent on the function of the enzyme cystathionine gamma-lyase (CTH). CTH converts cystathionine to cysteine. Individuals with mutations in the CTH gene are predicted to have decreased glutathione-mediated detoxification.
GSTM3	Glutathione S-transferase mu 3 is an enzyme that detoxifies drugs, environmental toxins, and carcinogens by conjugating toxins to glutathione and subsequent excretion by the kidneys. Mutations in GSTM3 are associated with decreased clearance of toxins, anesthetics and drugs from the nervous system.
DEVELOPMENTAL	The SNPs in this category have been identified as potential areas of weakness in the recovery of developmental disorders.
APOE Arg176Cys	Individuals homozygous for T/T at rs7412 are assumed to have the E2 allele of the gene APOE. APOE encodes a protein involved in cholesterol and lipid transport and metabolism
APOE Cys130Arg	Individuals homozygous for the C/C allele at rs429358 may harbor the APOE E4 allele. Consult with a provider to determine APOE risk allele status.
ATG12	Autophagy-related 12 protein is part of the core autophagy machinery inside the cell. Autophagy, a form of cellular "recycling" is necessary for many cell functions. ATG12 is specifically involved in turning off the innate immune response. Mutations in the ATG12 gene are predicted to lead to increased activity of the innate immune response, and overall inflammation.
BDNF	The BDNF (Brain Derived Neurotrophic Factor) gene encodes for a member of the nerve growth factor family of proteins. BDNF acts on both the central nervous system and the peripheral nervous system helping to support the survival of existing neurons and encourage the growth and differentiation of new neurons and synapses. It is highly expressed in the brain, as well as, the retina, cochlear-vestibular system and motor neurons. Although the vast majority of neurons in the brain are formed prenatally, parts of the adult brain retain the ability to grow new neurons from neural stem cells in a process known as neurogenesis. BDNF helps to stimulate and control neurogenesis, as well as playing an important role in normal neural development. Binding of this protein to its cognate receptor promotes neuronal survival in the adult brain. Expression of this gene is reduced in Alzheimer's, Parkinson's and Huntington's disease. This gene may play a role in the regulation of the stress response and the biology of mood disorders. Several mechanisms to increase BDNF have been discovered. These mechanisms revolve around autophagy stimulation. These include Intermittent Fasting with a single meal of 600 calories on the fast day can increase BDNF production by 50-400%. Cognitive Stimulation, Calorie Restriction, Exercise, Hormone therapy and supplements including Quercetin, Caffeine, Curcumin, Niacinamide, Lithium Orotate, Magnesium Threonate, Resveratrol, Ginseng, Theanine, Olive Leaf Extract and NAC.
NGF	This gene encodes a member of the nerve growth factor family of proteins. Alternative splicing results in multiple transcript variants, at least one of which encodes a preproprotein that is proteolytically processed to generate the mature protein. Binding of this protein to its cognate receptor promotes neuronal survival in the adult brain. Expression of this gene is reduced in Alzheimer's, Parkinson's, and Huntington's disease patients. This gene may play a role in the regulation of the stress response and in the biology of mood disorders
PARK2	PARK2 is a protein involved in normal turnover of damaged or old proteins inside the cell. Mutations in the PARK2 gene are associated with heritable Parkinson's disease.
SYN1	SYN1 (Synapsin) codes for Synapsins that are responsible for synaptogenesis and the modulation of neurotransmitter release, suggesting a potential role in several neuropsychiatric diseases. This member of the synapsin family plays a role in regulation of axonogenesis and synaptogenesis. Mutations in this gene may be associated with X-linked disorders with primary neuronal degeneration such as Rett syndrome. Additionally, polymorphisms in this gene are associated with numerous neurological conditions, as well as, decreased recovery potential for neurological insults.
INFLAMMATORY	This Enzyme category has significant effects on the inflammatory state of a person's body. Polymorphisms in these specific enzymes will significantly increase the levels of inflammation in the body. By supplementing these enzyme deficiencies, the patient will effectively reduce inflammatory damage to the body.
ATG16L1 rs10210302	The ATG16L1 gene encodes a protein that is a vital component of a protein complex necessary for the cellular phenomena known as autophagy. Autophagy is the process of degrading and cleaning of inert debris of the cell. Weakness in autophagy leads to abnormal accumulation of cellular "garbage" that will eventually affect the cellular function and lead to autophagy-related disease states in including many neurological and immunological diseases, DM Type 2 and fatty liver disease.
ATG5	Autophagy-related 5 protein (ATG5) is an important intracellular mediator of the autophagy response. ATG5 is involved in a wide range of "quality control" features inside the cell: autophagy vesicle formation, innate immune system signaling, consumption of damaged mitochondria, and apoptosis. Mutations in the ATG5 gene are associated with numerous neurological, immunological and endocrine syndromes.

C3	Essential for the immune response, C3 is a protein involved in initiation of the complement system. C3 polymorphisms are associated with susceptibility to asthma and other inflammatory disorders.
CD14	The CD14 protein is a macrophage cell surface receptor that binds bacterial cell wall components. As one of the initiators of the innate immune response, fully functional CD14 is necessary for normal response to potential pathogens. Mutations in the CD14 gene are associated with susceptibility to asthma and other allergen-mediated inflammatory processes.
CTLA4	Cytotoxic T-lymphocyte Associated protein 4 (CTLA4) is an important inhibitor of T-cell activity: CTLA4 is part of the signaling cascade that turns off overactive T cells. Mutations in the gene that encodes CTLA4 are associated with a host of diseases characterized by a heightened immune state.
DRD2	Dopamine receptor D2 is an important component of the neuroinflammation process. Activation of DRD2 signaling is thought to decrease TNFalpha release from inflammatory mast cells. Polymorphisms associated with decreased DRD2 signaling activity are predicted to lead to pro-inflammatory phenotypes.
IL13	IL13 (Interleukin 13) is a member of the interleukin family of chemical messengers of the immune system. Polymorphisms in this gene are associated with changes in IL13 gene expression and increase the risk of more severe inflammatory responses to allergens.
IL5	The protein product of the Interleukin 5 gene (IL5) is important for normal development of B lymphocytes and eosinophils (a pro-inflammatory white blood cell). Inactivating mutations in the IL5 gene are associated with susceptibility to certain viral infections and increased aggression of inflammatory response. These polymorphisms are also associated with increased aggression of allergies, asthma and eosinophilia.
IL6	Interleukin 6, IL6, is an important pro-inflammatory cytokine. Polymorphisms in this gene leads to a more aggressive inflammatory response. Patients with IL-6 mutations require assistance with inflammatory control.
STAT4	The Signal Transducer and Activator of Transcription 4 (STAT4) gene encodes a transcription factor that responds to extracellular growth factors and cytokines. Mutations in the STAT4 gene are associated with inflammatory disorders like lupus and rheumatoid arthritis.
TNF	Tumor necrosis factor, TNF, is an important pro-inflammatory signaling molecule. Polymorphisms in the protein coding part of this gene are associated with more severe pro-inflammatory responses and require supplementation for inflammatory control.
NEUROTRANSMITTER	Neurotransmitters are chemicals that are used to produce specific effects in the nervous system. These specific neurotransmitter genomics assess a person's risk for anxiety, depression and dysphoria.
COMT V158M	Catechol-O-methyltransferase (COMT) is one of several enzymes that degrade catecholamine neurotransmitters such as dopamine, epinephrine, and norepinephrine. COMT's main function is to inactivate neurotransmitters (dopamine, epinephrine, and norepinephrine) by the addition of a methyl group to the catecholamine. Normal COMT function allows people to rapidly reverse feelings of anxiety or depression. COMT (+/-) patients have sluggish ability to alter anxiety or depression episodes. COMT (+/+) patients are more prone to prolonged episodes of anxiety, depression and OCD.
DBH	DBH (Dopamine Beta Hydroxylase) is an oxidoreductase belonging to the copper type II, ascorbate-dependent monooxygenase family. The encoded protein, expressed in neurosecretory vesicles catalyzes the conversion of dopamine to norepinephrine, which functions as both a hormone and sympathetic nervous system function. Polymorphisms in this gene lower the production of norepinephrine which causes poor autonomic and cardiovascular function, including hypotension and ptosis. Polymorphisms in this gene have also been linked to Autism, ADD, bipolar disorder and major depression.
GAD1 rs3828275	Glutamic Acid Decarboxylase (GAD 1) is the enzyme responsible for conversion of glutamic acid (a stimulant neurotransmitter) to GABA (a calming neurotransmitter). Deficiency of GABA from polymorphisms in this enzyme are associated with sleep disorders, "half glass empty" syndrome, dysphoria, and spasticity.
HTR2A	5-hydroxytryptamine receptor 2 (HTR2) is one of the neuronal receptors for the neurotransmitter serotonin. Mutations in the HTR2 gene are associated with individual response to antidepressants, appetite, and mood.
IL1B	Interleukin 1B is the pro-inflammatory cytokine responsible for inducing cyclooxygenase-2 (COX2) expression in the central nervous system. COX2 enzymatic function leads to prostanoid signaling that increases pain sensation associated with inflammation. Mutations in the IL1B gene are associated with many chronic inflammation disorders.
MAOA	Monoamine oxidase A (MAOA) is one of the classic neurotransmitter degradation enzymes. By degrading serotonin, dopamine, epinephrine, and norepinephrine, MAO-A ends neuronal signaling induced by those neurotransmitters. Mutations in the MAO-A gene leads to decreased degradation of these neurotransmitters and can be associated with increased aggression, mood disorders and drug addiction.
MAOB	Monoamine Oxidase B (MAO B) catalyzes the neuroactive amines, such as dopamine, epinephrine, norepinephrine, and plays a role in the stability of mood in the central nervous system,. MAO B's primary purpose is to degrade dopamine. Patients who possess polymorphisms of MAO B have a higher risk of clinical depression and mood disorders.
SLC6A4	The SLC6A4 gene encodes the serotonin transporter, also known as SERT. The serotonin transporter is responsible for clearing the serotonin neurotransmitter from the synaptic space. SERT is the target of many therapeutic drugs. Polymorphisms in the SLC6A4 gene are associated with increased risk of anxiety and depression and less effective response to SSRI medications.

TPH2	TPH2 (Tryptophan Hydroxylase 2) gene catalyzes the first and rate limiting step in the biosynthesis of serotonin (5HT), an important hormone and neurotransmitter. Mutations in this gene have been shown to be associated with psychiatric diseases such as bipolar affective disorder, anxiety and major depression. Polymorphisms in this gene are also correlated to an increased response rate to SSRI medications.
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Disclaimers

TESTING:

Testing Performed By: TY

METHODOLOGY AND LIMITATIONS:

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, 4150 Freidrich Lane, Ste H, Austin, TX. 78744. 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 GX Sciences' laboratory pursuant to Clinical Laboratory Improvement Amendments (CLIA) requirements.

CLIA #: 45D2144988 Laboratory Director: James Jacobson, PhD

DISCLAIMER:

This test was developed and its performance characteristics determined by GX Sciences. 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 purposes. It should not be regarded as investigational or for research. rsIDs for the alleles being tested were obtained from the dbSNP database (Build 142).

DISCLAIMER:

UND Result: 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. Please refer to the GX Sciences genetic knowledge database for more information: https://www.gxsciences.com/kb_results.asp

DISCLAIMER:

Report contents and report recommendations are created and approved by GX Sciences. Sole responsibility for the proper use of the information on the GX Sciences report rests with the user, or those professionals with whom the user may consult. Nutrigenomic Testing and Dietary Supplements are not "Designated Health Services" covered by Medicare or Medicaid and may not be reimbursed under any state or Federal health care program.

DISCLAIMER:

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.

GX Sciences SNP References

DETOXIFICATION SNP References

AHCY

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CTH

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