

Hasta Raporu

Hasta Adı			
Cinsiyet		Numune Alım Tarihi	
Do ım Tarihi			
Örnek Türü	drar (spot), dondurulmu		

Test	Sonuç	Birim	Referans Aralık	Eski Sonuç 19.06.21
Metabolomix	:			
Teste ait rapor ektedir.				



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3200 Metabolomix+ - FMV Urine

Results Overview



Functional Imbalance Scores

Key **0-4** : Minimal Need for Support **5-7** : Moderate Need for Support **8-10** : High Need for Support

Need for Antioxidant Support	Need for Mitochondrial Support	Need for Reduced Exposure	Need for Methylation Support
<p>Oxidative Stress</p> <p>8</p> <p>Cystine ● Cysteine ▼ Lipid Peroxides ▲ 8-OHdG ● Taurine ▲ Citric Acid ● cis-Aconitic Acid ●</p>	<p>Mitochondrial Dysfunction</p> <p>0</p> <p>FIGLU ● Methylmalonic Acid ● Glutaric Acid ▲ Lactic Acid ● Pyruvic Acid ● Citric Acid ● cis-Aconitic Acid ● Isocitric Acid ▲ α-Ketoglutaric Acid ● Succinic Acid ● Malic Acid ▲ Adipic Acid ● Suberic Acid ●</p>	<p>Toxic Exposure</p> <p>4</p> <p>α-Hydroxyisobutyric Acid ▲ α-Ketophenylacetic Acid ▲ Pyroglutamic Acid ▲ Orotic Acid ● Citric Acid ● cis-Aconitic Acid ● Isocitric Acid ▲ Glutaric Acid ▲</p>	<p>Methylation Imbalance</p> <p>0</p> <p>Methylmalonic Acid ● Methionine ▼ FIGLU ● Sarcosine ● Vanilmandelic Acid ▼ Arginine ● Glycine ● Serine ● Creatinine ●</p>



Nutrient Need Overview

	Nutrient Need										DRI	Suggested Recommendations	Provider Recommendations
	0	1	2	3	4	5	6	7	8	9			
Antioxidants													
Vitamin A											2,333 IU	5,000 IU	
Vitamin C											75 mg	250 mg	
Vitamin E / Tocopherols											22 IU	200 IU	
α-Lipoic Acid												200 mg	
CoQ10												30 mg	
Glutathione													
Plant-based Antioxidants													
B-Vitamins													
Thiamin - B1											1.1 mg	25 mg	
Riboflavin - B2											1.1 mg	25 mg	
Niacin - B3											14 mg	30 mg	
Pyridoxine - B6											1.3 mg	25 mg	
Biotin - B7											30 mcg	100 mcg	
Folate - B9											400 mcg	400 mcg	
Cobalamin - B12											2.4 mcg	500 mcg	
Minerals													
Magnesium											320 mg	600 mg	
Manganese											1.8 mg	5.0 mg	
Molybdenum											45 mcg	75 mcg	
Zinc											8 mg	20 mg	
GI Support													
Digestive Support/Enzymes												0 IU	
Microbiome Support/Probiotics												25 billion CFU	

Amino Acids (mg/day)

Arginine	0	Methionine	145
Asparagine	212	Phenylalanine	0
Cysteine	23	Serine	0
Glutamine	464	Taurine	0
Glycine	1,878	Threonine	0
Histidine	0	Tryptophan	0
Isoleucine	1,051	Tyrosine	504
Leucine	0	Valine	0
Lysine	14		

Recommendations for age and gender-specific supplementation are set by comparing levels of nutrient functional need to optimal levels as described in the peer-reviewed literature. They are provided as guidance for short-term support of nutritional deficiencies only.

The Nutrient Need Overview is provided at the request of the ordering practitioner. Any application of it as a therapeutic intervention is to be determined by the ordering practitioner.

Interpretation At-A-Glance

Antioxidant Needs

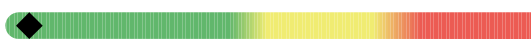
Vitamin A



7

- Beta-carotene & other carotenoids are converted to vitamin A (retinol), involved in vision, antioxidant & immune function, gene expression & cell growth.
- Vitamin A deficiency may occur with chronic alcoholism, zinc deficiency, hypothyroidism, or oral contraceptives containing estrogen & progestin.
- Deficiency may result in night blindness, impaired immunity, healing & tissue regeneration, increased risk of infection, leukoplakia or keratosis.
- Food sources include cod liver oil, fortified cereals & milk, eggs, sweet potato, pumpkin, carrot, cantaloupe, mango, spinach, broccoli, kale & butternut squash.

Vitamin C



0

- Vitamin C is an antioxidant (also used in the regeneration of other antioxidants). It is involved in cholesterol metabolism, the production & function of WBCs and antibodies, and the synthesis of collagen, norepinephrine and carnitine.
- Deficiency may occur with oral contraceptives, aspirin, diuretics or NSAIDs.
- Deficiency can result in scurvy, swollen gingiva, periodontal destruction, loose teeth, sore mouth, soft tissue ulcerations, or increased risk of infection.
- Food sources include oranges, grapefruit, strawberries, tomato, sweet red pepper, broccoli and potato.

Vitamin E / Tocopherols



7

- Alpha-tocopherol (body's main form of vitamin E) functions as an antioxidant, regulates cell signaling, influences immune function and inhibits coagulation.
- Deficiency may occur with malabsorption, cholestyramine, colestipol, isoniazid, orlistat, olestra and certain anti-convulsants (e.g., phenobarbital, phenytoin).
- Deficiency may result in peripheral neuropathy, ataxia, muscle weakness, retinopathy, and increased risk of CVD, prostate cancer and cataracts.
- Food sources include oils (olive, soy, corn, canola, safflower, sunflower), eggs, nuts, seeds, spinach, carrots, avocado, dark leafy greens and wheat germ.

α-Lipoic Acid



9

- α-Lipoic acid plays an important role in energy production, antioxidant activity (including the regeneration of vitamin C and glutathione), insulin signaling, cell signaling and the catabolism of α-keto acids and amino acids.
- High biotin intake can compete with lipoic acid for cell membrane entry.
- Optimal levels of α-lipoic acid may improve glucose utilization and protect against diabetic neuropathy, vascular disease and age-related cognitive decline.
- Main food sources include organ meats, spinach and broccoli. Lesser sources include tomato, peas, Brussels sprouts and brewer's yeast.

CoQ10



4

- CoQ10 is a powerful antioxidant that is synthesized in the body and contained in cell membranes. CoQ10 is also essential for energy production & pH regulation.
- CoQ10 deficiency may occur with HMG-CoA reductase inhibitors (statins), several anti-diabetic medication classes (biguanides, sulfonylureas) or beta-blockers.
- Low levels may aggravate oxidative stress, diabetes, cancer, congestive heart failure, cardiac arrhythmias, gingivitis and neurologic diseases.
- Main food sources include meat, poultry, fish, soybean, canola oil, nuts and whole grains. Moderate sources include fruits, vegetables, eggs and dairy.

Glutathione



7

- Glutathione (GSH) is composed of cysteine, glutamine & glycine. GSH is a source of sulfate and plays a key role in antioxidant activity and detoxification of toxins.
- GSH requirement is increased with high-fat diets, cigarette smoke, cystinuria, chronic alcoholism, chronic acetaminophen use, infection, inflammation and toxic exposure.
- Deficiency may result in oxidative stress & damage, impaired detoxification, altered immunity, macular degeneration and increased risk of chronic illness.
- Food sources of GSH precursors include meats, poultry, fish, soy, corn, nuts, seeds, wheat germ, milk and cheese.

Plant-based Antioxidants



8

- Oxidative stress is the imbalance between the production of free radicals and the body's ability to readily detoxify these reactive species and/or repair the resulting damage with anti-oxidants.
- Oxidative stress can be endogenous (energy production and inflammation) or exogenous (exercise, exposure to environmental toxins).
- Oxidative stress has been implicated clinically in the development of neurodegenerative diseases, cardiovascular diseases and chronic fatigue syndrome.
- Antioxidants may be found in whole food sources (e.g., brightly colored fruits & vegetables, green tea, turmeric) as well as nutraceuticals (e.g., resveratrol, EGCG, lutein, lycopene, ginkgo, milk thistle, etc.).

KEY



Function of Nutrient



Cause of Deficiency



Complications of Deficiency



Food Sources of Nutrient

Interpretation At-A-Glance

B-Vitamin Needs

Thiamin - B1

5

- B1 is a required cofactor for enzymes involved in energy production from food, and for the synthesis of ATP, GTP, DNA, RNA and NADPH.
- Low B1 can result from chronic alcoholism, diuretics, digoxin, oral contraceptives and HRT, or large amounts of tea & coffee (contain anti-B1 factors).
- B1 deficiency may lead to dry beriberi (e.g., neuropathy, muscle weakness), wet beriberi (e.g., cardiac problems, edema), encephalopathy or dementia.
- Food sources include lentils, whole grains, wheat germ, Brazil nuts, peas, organ meats, brewer's yeast, blackstrap molasses, spinach, milk & eggs.

Riboflavin - B2

7

- B2 is a key component of enzymes involved in antioxidant function, energy production, detoxification, methionine metabolism and vitamin activation.
- Low B2 may result from chronic alcoholism, some anti-psychotic medications, oral contraceptives, tricyclic antidepressants, quinacrine or adriamycin.
- B2 deficiency may result in oxidative stress, mitochondrial dysfunction, low uric acid, low B3 or B6, high homocysteine, anemia or oral & throat inflammation.
- Food sources include milk, cheese, eggs, whole grains, beef, chicken, wheat germ, fish, broccoli, asparagus, spinach, mushrooms and almonds.

Niacin - B3

6

- B3 is used to form NAD and NADP, involved in energy production from food, fatty acid & cholesterol synthesis, cell signaling, DNA repair & cell differentiation.
- Low B3 may result from deficiencies of tryptophan (B3 precursor), B6, B2 or Fe (cofactors in B3 production), or from long-term isoniazid or oral contraceptive use.
- B3 deficiency may result in pellagra (dermatitis, diarrhea, dementia), neurologic symptoms (e.g., depression, memory loss), bright red tongue or fatigue.
- Food sources include poultry, beef, organ meats, fish, whole grains, peanuts, seeds, lentils, brewer's yeast and lima beans.

Pyridoxine - B6

7

- B6 (as P5P) is a cofactor for enzymes involved in glycogenolysis & gluconeogenesis, and synthesis of neurotransmitters, heme, B3, RBCs and nucleic acids.
- Low B6 may result from chronic alcoholism, long-term diuretics, estrogens (oral contraceptives and HRT), anti-TB meds, penicillamine, L-DOPA or digoxin.
- B6 deficiency may result in neurologic symptoms (e.g., irritability, depression, seizures), oral inflammation, impaired immunity or increased homocysteine.
- Food sources include poultry, beef, beef liver, fish, whole grains, wheat germ, soybean, lentils, nuts & seeds, potato, spinach and carrots.

Biotin - B7

0

- Biotin is a cofactor for enzymes involved in functions such as fatty acid synthesis, mitochondrial FA oxidation, gluconeogenesis and DNA replication & transcription.
- Deficiency may result from certain inborn errors, chronic intake of raw egg whites, long-term TPN, anticonvulsants, high-dose B5, sulfa drugs & other antibiotics.
- Low levels may result in neurologic symptoms (e.g., paresthesias, depression), hair loss, scaly rash on face or genitals or impaired immunity.
- Food sources include yeast, whole grains, wheat germ, eggs, cheese, liver, meats, fish, wheat, nuts & seeds, avocado, raspberries, sweet potato and cauliflower.

Folate - B9

0

- Folate plays a key role in coenzymes involved in DNA and SAMe synthesis, methylation, nucleic acids & amino acid metabolism and RBC production.
- Low folate may result from alcoholism, high-dose NSAIDs, diabetic meds, H2 blockers, some diuretics and anti-convulsants, SSRIs, methotrexate, trimethoprim, pyrimethamine, triamterene, sulfasalazine or cholestyramine.
- Folate deficiency can result in anemia, fatigue, low methionine, increased homocysteine, impaired immunity, heart disease, birth defects and CA risk.
- Food sources include fortified grains, green vegetables, beans & legumes.

Cobalamin - B12

6

- B12 plays important roles in energy production from fats & proteins, methylation, synthesis of hemoglobin & RBCs, and maintenance of nerve cells, DNA & RNA.
- Low B12 may result from alcoholism, malabsorption, hypochlorhydria (e.g., from atrophic gastritis, H. pylori infection, pernicious anemia, H2 blockers, PPIs), vegan diets, diabetic meds, cholestyramine, chloramphenicol, neomycin or colchicine.
- B12 deficiency can lead to anemia, fatigue, neurologic symptoms (e.g., paresthesias, memory loss, depression, dementia), methylation defects or chromosome breaks.
- Food sources include shellfish, red meat, poultry, fish, eggs, milk and cheese.

KEY



Function of Nutrient



Cause of Deficiency



Complications of Deficiency



Food Sources of Nutrient

Interpretation At-A-Glance

Mineral Needs

Magnesium

6

- Magnesium is involved in >300 metabolic reactions. Key areas include energy production, bone & ATP formation, muscle & nerve conduction and cell signaling.
- Deficiency may occur with malabsorption, alcoholism, hyperparathyroidism, renal disorders (wasting), diabetes, diuretics, digoxin or high doses of zinc.
- Low Mg may result in muscle weakness/spasm, constipation, depression, hypertension, arrhythmias, hypocalcemia, hypokalemia or personality changes.
- Food sources include dark leafy greens, oatmeal, buckwheat, unpolished grains, chocolate, milk, nuts & seeds, lima beans and molasses.

Manganese

6

- Manganese plays an important role in antioxidant function, gluconeogenesis, the urea cycle, cartilage & bone formation, energy production and digestion.
- Impaired absorption of Mn may occur with excess intake of Fe, Ca, Cu, folic acid, or phosphorous compounds, or use of long-term TPN, Mg-containing antacids or laxatives.
- Deficiency may result in impaired bone/connective tissue growth, glucose & lipid dysregulation, infertility, oxidative stress, inflammation or hyperammonemia.
- Food sources include whole grains, legumes, dried fruits, nuts, dark green leafy vegetables, liver, kidney and tea.

Molybdenum

4

- Molybdenum is a cofactor for enzymes that convert sulfites to sulfate, and nucleotides to uric acid, and that help metabolize aldehydes & other toxins.
- Low Mo levels may result from long-term TPN that does not include Mo.
- Mo deficiency may result in increased sulfite, decreased plasma uric acid (and antioxidant function), deficient sulfate, impaired sulfation (detoxification), neurologic disorders or brain damage (if severe deficiency).
- Food sources include buckwheat, beans, grains, nuts, beans, lentils, meats and vegetables (although Mo content of plants depends on soil content).

Zinc

5

- Zinc plays a vital role in immunity, protein metabolism, heme synthesis, growth & development, reproduction, digestion and antioxidant function.
- Low levels may occur with malabsorption, alcoholism, chronic diarrhea, diabetes, excess Cu or Fe, diuretics, ACE inhibitors, H2 blockers or digoxin.
- Deficiency can result in hair loss and skin rashes, also impairments in growth & healing, immunity, sexual function, taste & smell and digestion.
- Food sources include oysters, organ meats, soybean, wheat germ, seeds, nuts, red meat, chicken, herring, milk, yeast, leafy and root vegetables.

KEY

- Function of Nutrient
- Cause of Deficiency
- Complications of Deficiency
- Food Sources of Nutrient

Interpretation At-A-Glance

Microbiome & Digestive Support

Microbiome Support/Probiotics

5

- Probiotics have many functions. These include: production of some B vitamins and vitamin K; enhance digestion & absorption; decrease severity of diarrheal illness; modulate of immune function & intestinal permeability.
- Alterations of gastrointestinal microflora may result from C-section delivery, antibiotic use, improved sanitation, decreased consumption of fermented foods and use of certain drugs.
- Some of the diseases associated with microflora imbalances include: IBS, IBD, fibromyalgia, chronic fatigue syndrome, obesity, atopic illness, colic and cancer.
- Food sources rich in probiotics are yogurt, kefir and fermented foods.

Digestive Support/Enzymes

1

- Pancreatic enzymes are secreted by the exocrine glands of the pancreas and include protease/peptidase, lipase and amylase.
- Pancreatic exocrine insufficiency may be primary or secondary in nature. Any indication of insufficiency warrants further evaluation for underlying cause (i.e., celiac disease, small intestine villous atrophy, small bowel bacterial overgrowth).
- A high functional need for digestive enzymes suggests that there is an impairment related to digestive capacity.
- Determining the strength of the pancreatic enzyme support depends on the degree of functional impairment. Supplement potency is based on the lipase units present in both prescriptive and non-prescriptive agents.

Functional Imbalances

Mitochondrial Dysfunction

0

- Mitochondria are a primary site of generation of reactive oxygen species. Oxidative damage is considered an important factor in decline of physiologic function that occurs with aging and stress.
- Mitochondrial defects have been identified in cardiovascular disease, fatigue syndromes, neurologic disorders such as Parkinson's and Alzheimer's disease, as well as a variety of genetic conditions. Common nutritional deficiencies can impair mitochondrial efficiency.

Need for Methylation

0

- Methylation is an enzymatic process that is critical for both synthesis and inactivation. DNA, estrogen and neurotransmitter metabolism are all dependent on appropriate methylation activity.
- B vitamins and other nutrients (methionine, magnesium, selenium) functionally support catechol-O-methyltransferase (COMT), the enzyme responsible for methylation.

Toxic Exposure

4

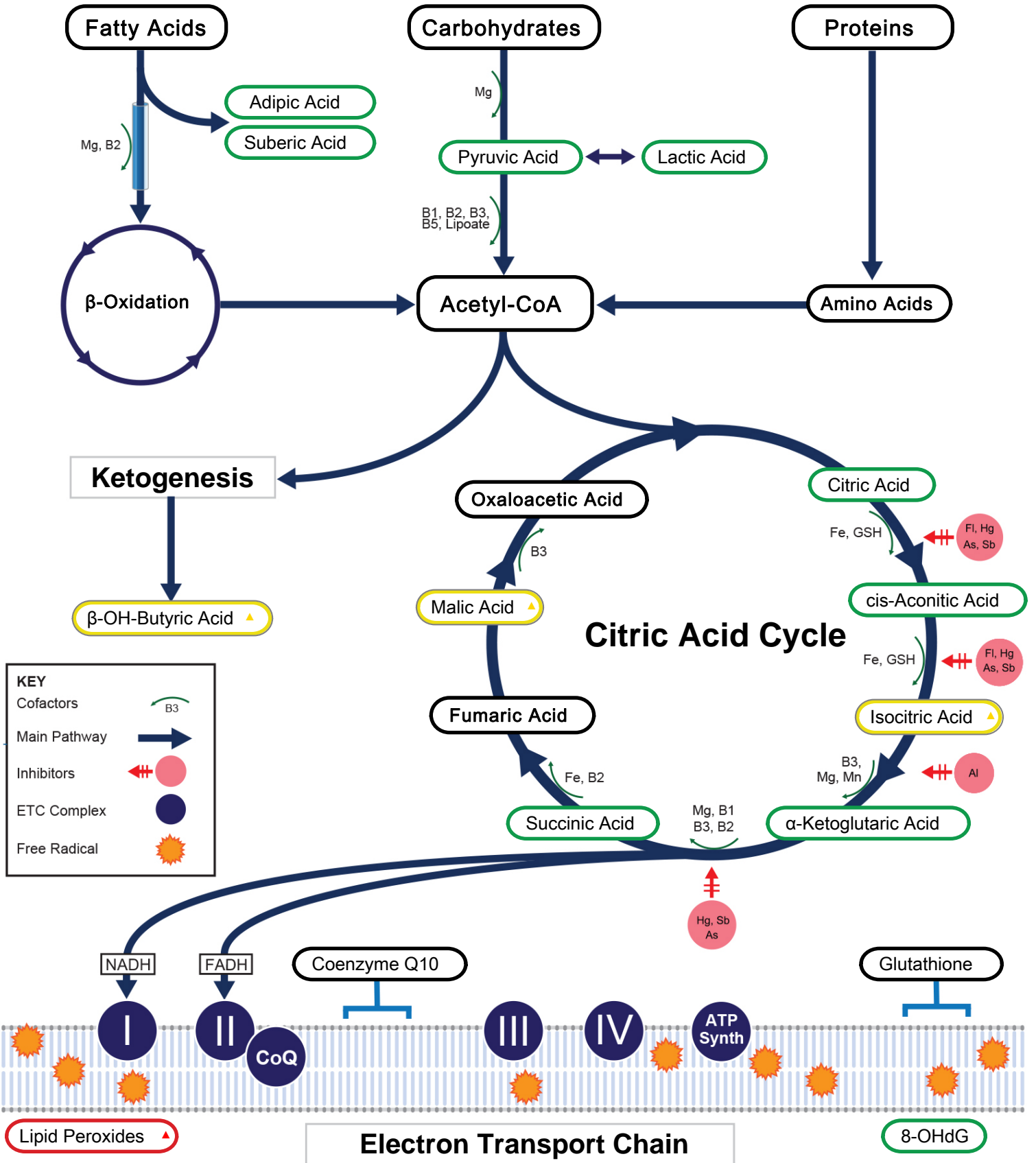
- Methyl tert-Butyl Ether (MTBE) is a common gasoline additive used to increase octane ratings, and has been found to contaminate ground water supplies where gasoline is stored. Inhalation of MTBE may cause nose and throat irritation, as well as headaches, nausea, dizziness and mental confusion. Animal studies suggest that drinking MTBE may cause gastrointestinal irritation, liver and kidney damage and nervous system effects.
- Styrene is classified by the US EPA as a "potential human carcinogen," and is found widely distributed in commercial products such as rubber, plastic, insulation, fiberglass, pipes, food containers and carpet backing.
- Levels of these toxic substances should be examined within the context of the body's functional capacity for methylation and need for glutathione.

KEY

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Oxidative Stress & Mitochondrial Dysfunction



All biomarkers reported in mmol/mol creatinine unless otherwise noted.

Organic Acids					
Malabsorption & Dysbiosis Markers		Vitamin Markers			
Malabsorption Markers		Reference Range	Branched-Chain Catabolites (B1, B2, B3, ALA)		
Indoleacetic Acid	2.1	<= 4.2	α-Ketoadipic Acid		
Phenylacetic Acid	0.12	<= 0.12	α-Ketoisovaleric Acid		
Dysbiosis Markers			α-Ketoisocaproic Acid		
Dihydroxyphenylpropionic Acid (DHPPA)	2.4	<= 5.3	α-Keto-β-Methylvaleric Acid		
3-Hydroxyphenylacetic Acid	5.1	<= 8.1	Glutaric Acid		
4-Hydroxyphenylacetic Acid	10	<= 29	Isovalerylglycine		
Benzoic Acid	0.09	<= 0.05	Methylation Markers (Folate, B12)		
Hippuric Acid	716	<= 603	Formiminoglutamic Acid (FIGlu)	0.5	<= 1.5
Yeast / Fungal Dysbiosis Markers			Methylmalonic Acid	1.0	<= 1.9
D-Arabinitol	28	<= 36	Biotin Markers		
Citramalic Acid	3.9	<= 5.8	3-Hydroxypropionic Acid	7	5-22
Tartaric Acid	<dl	<= 15	3-Hydroxyisovaleric Acid	10	<= 29
Cellular Energy & Mitochondrial Markers			Neurotransmitter Metabolites		
Fatty Acid Metabolism		Reference Range	Kynurenine Markers (Vitamin B6)		
Adipic Acid	1.3	<= 2.8	Kynurenic Acid	6.3	<= 7.1
Suberic Acid	1.0	<= 2.1	Quinolinic Acid	9.6	<= 9.1
Carbohydrate Metabolism			Kynurenic / Quinolinic Ratio	0.66	>= 0.44
Pyruvic Acid	11	7-32	Xanthurenic Acid	0.74	<= 0.96
Lactic Acid	6.9	1.9-19.8	Catecholamine Markers		
α-Hydroxybutyric Acid	0.66	<= 0.83	Homovanillic Acid	3.5	1.2-5.3
β-OH-Butyric Acid	2.1	<= 2.8	Vanilmandelic Acid	0.9	0.4-3.6
β-OH-β-Methylglutaric Acid	11	<= 15	3-Methyl-4-OH-phenylglycol	0.06	0.02-0.22
Energy Metabolism			Serotonin Markers		
Citric Acid	306	40-520	5-OH-indoleacetic Acid	14.2	3.8-12.1
cis-Aconitic Acid	17	10-36	Toxin & Detoxification Markers		
Isocitric Acid	60	22-65	Pyroglutamic Acid	35	16-34
α-Ketoglutaric Acid	20	4-52	α-Ketophenylacetic Acid (from Styrene)	0.46	<= 0.46
Succinic Acid	2.6	0.4-4.6	α-Hydroxyisobutyric Acid (from MTBE)	6.6	<= 6.7
Malic Acid	2.6	<= 3.0	Orotic Acid	0.51	0.33-1.01
Methodology: GCMS, LC/MS/MS, Alkaline Picrate, Colorimetric			Organic Acid Reference Ranges are Age Specific		

Methodology: Colorimetric, thiobarbituric acid reactive substances (TBARS), Alkaline Picrate, Hexokinase/G-6-PDH, HPLC, GC/MS

Organic Acids							
Oxalate Markers		Reference Range	Creatinine Concentration	Reference Range			
Glyceric Acid		13.7	3.5-16.4	Creatinine ♦		4.6	3.1-19.5 mmol/L
Glycolic Acid		27	<= 67				
Oxalic Acid		20	<= 78				

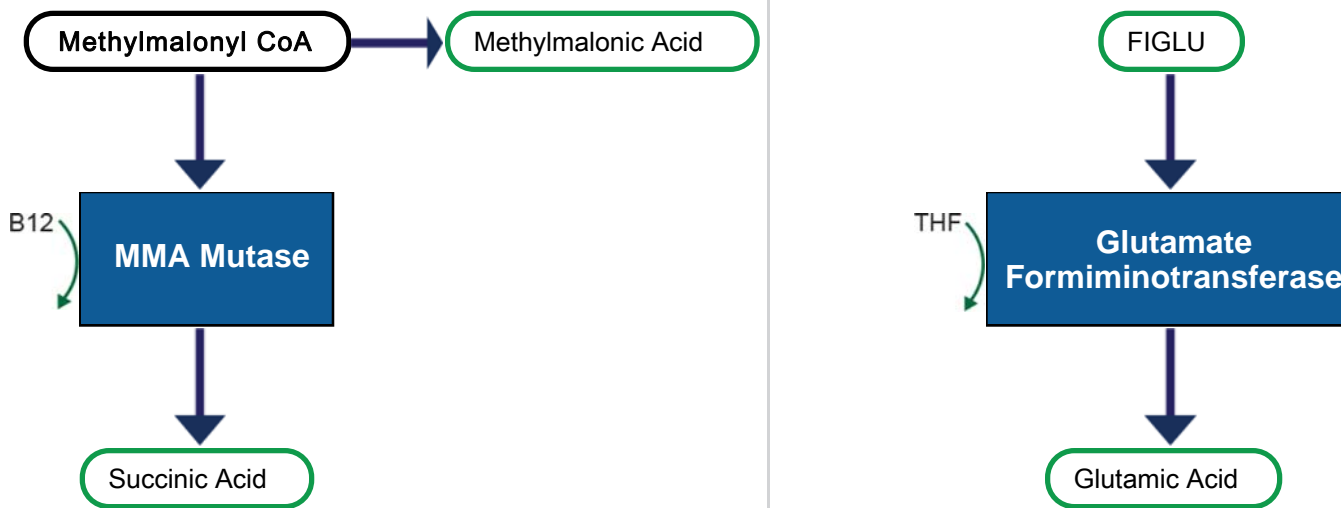
All biomarkers reported in mmol/mol creatinine.

Oxidative Stress Markers			
Oxidative Damage		Reference Range	
Lipid Peroxides (urine)		11.3	<= 10.0 micromol/g Creat.
8-OHdG (urine)		7	<= 15 mcg/g Creat.

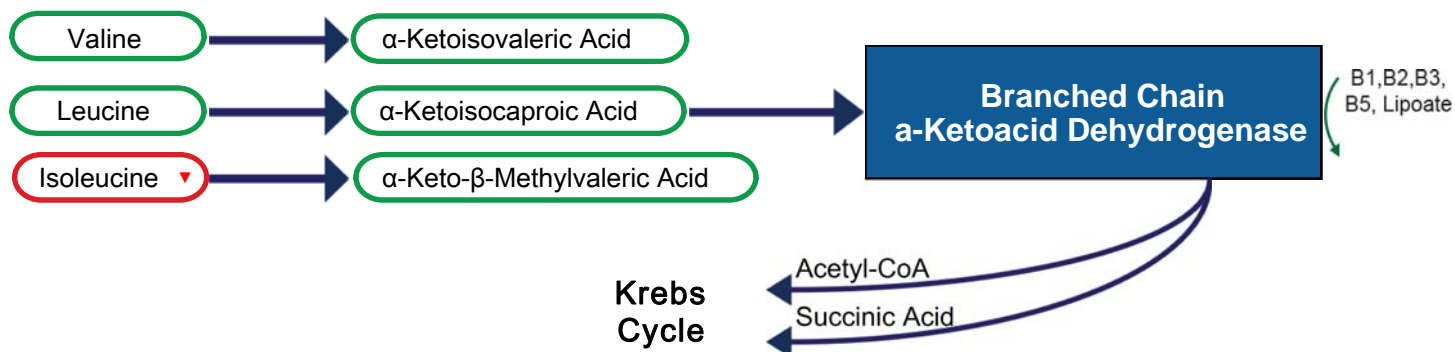
The Oxidative Stress reference ranges are based on an adult population.

Pathways

Methylation Markers



Branch-Chain Amino Acid Metabolism



All biomarkers reported in micromol/g creatinine unless otherwise noted.

Amino Acids (FMV)					
Nutritionally Essential Amino Acids		Intermediary Metabolites			
Amino Acid	Reference Range	B-Vitamin Markers	Reference Range		
Arginine	13	3-43	α-Amino adipic Acid	7	2-47
Histidine	257	124-894	α-Amino-N-butyric Acid	5	2-25
Isoleucine	<dl	3-28	β-Aminoisobutyric Acid	13	11-160
Leucine	11	4-46	Cystathionine	2	2-68
Lysine	37	11-175	Urea Cycle Markers		
Methionine	4	2-18	Citrulline	1.5	0.6-3.9
Phenylalanine	19	8-71	Ornithine	8	2-21
Taurine	573	21-424	Urea ♦	221	168-465 mmol/g creatinine
Threonine	39	17-135	Glycine/Serine Metabolites		
Tryptophan	21	5-53	Glycine	114	95-683
Valine	14	7-49	Serine	79	40-163
Nonessential Protein Amino Acids		Ethanolamine	143	50-235	
Amino Acid	Reference Range	Phosphoethanolamine	5	1-13	
Alanine	54	63-356	Phosphoserine	<dl	3-13
Asparagine	39	25-166	Sarcosine	0.6	<= 1.1
Aspartic Acid	<dl	<= 14	Dietary Peptide Related Markers		
Cysteine	18	8-74	Anserine (dipeptide)	<dl	0.4-105.1
Cystine	28	10-104	Carnosine (dipeptide)	2	1-28
γ-Aminobutyric Acid	2	<= 5	1-Methylhistidine	125	38-988
Glutamic Acid	13	4-27	3-Methylhistidine	109	44-281
Glutamine	165	110-632	β-Alanine	2	<= 22
Proline	2	1-13	Creatinine Concentration		
Tyrosine	19	11-135	Amino Acid	Reference Range	
Creatinine♦	4.6	3.1-19.5 mmol/L	Creatinine♦	4.6	3.1-19.5 mmol/L

Amino Acid reference ranges are age specific.

Methodology: LC/MS/MS, Alkaline Picrate



Commentary

For more information regarding Metabolomix+ clinical interpretation, please refer to the Metabolomix+ Support Guide at www.gdx.net/nutrevalguide.

Lab Comments

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

The **Reference Range** is a statistical interval representing 95% or 2 Standard Deviations (2 S.D.) of the reference range population. One Standard Deviation (1 S.D.) is a statistical interval representing ~68% of the reference population. Values between 1 and 2 S.D. are not necessarily abnormal. Clinical Correlation is suggested.

