

TEST NUMBER: T-NL-XXXXX (XXXXXXXXXXX) GENDER: XYZ

XX

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

XX/XX/XXXX

TEST REF: TST-NL-XXXX

XXXXXXXXXXXX

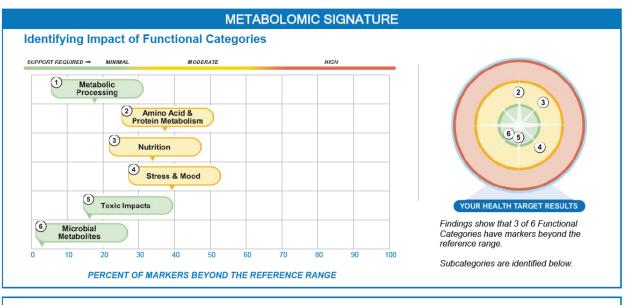
XXXXXXXXXXXXXXXXXXXX

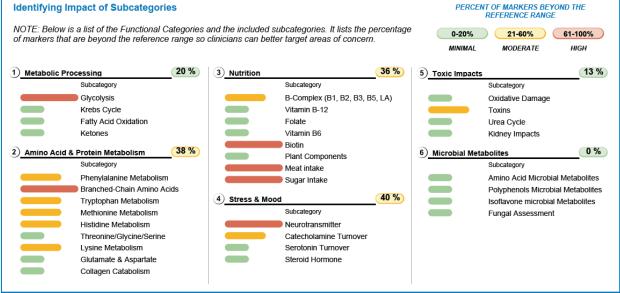
# **TEST NAME: OMX (Urine)**

YOUR PERSONALIZED REPORT

The charts on this page are designed to give you a bird's-eye-view of your current metabolic signature and help you get a general preview of the detailed report found on the following pages.

TESTED:







TEST NUMBER: T-NL-XXXXX (XXXXXXXXXX)

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

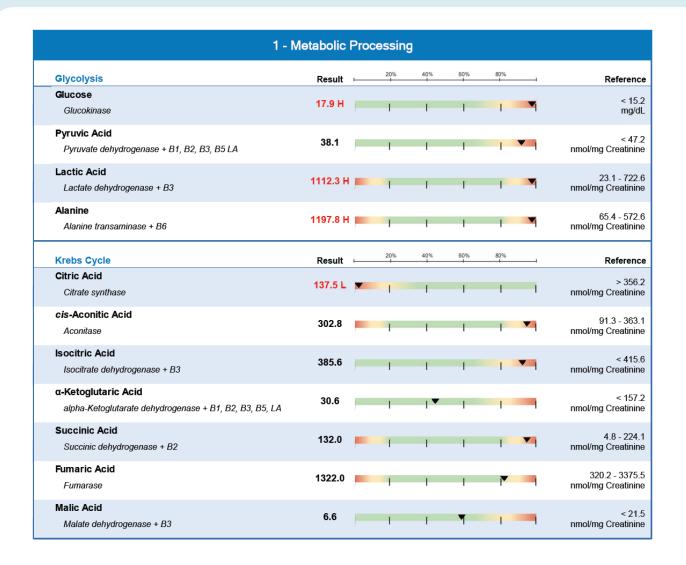
XX/XX/XXXX

TESTED:

TEST REF: TST-NL-XXXX

XXXXXXXXXXXXXXXXXX

## **TEST NAME: OMX (Urine)**



KEY: < dl = Results below detection limit.



TEST NUMBER: T-NL-XXXXX (XXXXXXXXXX)

GENDER: XYZ
AGE: XX

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

XX/XX/XXXX

TESTED:

PRACTITIONER:

XXXXXXXXXXX

TEST REF: TST-NL-XXXX

xxxxxxxxxxxxxxxx

## **TEST NAME: OMX (Urine)**



KEY: < dl = Results below detection limit.



TEST NUMBER: T-NL-XXXXX (XXXXXXXXXX)

GENDER: XYZ
AGE: XX

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

XX/XX/XXXX

TESTED:

TEST REF: TST-NL-XXXX

XXXXXXXXXXX

XXXXXXXXXXXXXXXXXXX

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TEST NUMBER: T-NL-XXXXX (XXXXXXXXXX)

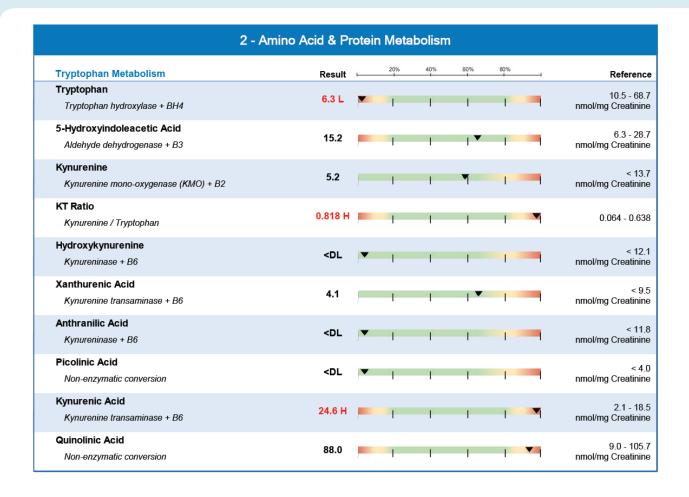
GENDER: XYZ AGE: XX COLLECTED: XX/XX/XXXX
RECEIVED: XX/XX/XXXX

XX/XX/XXXX

TESTED:

TEST REF: TST-NL-XXXX
PRACTITIONER:

## **TEST NAME: OMX (Urine)**



KEY: < dl = Results below detection limit.



TEST NUMBER: T-NL-XXXXX (XXXXXXXXXX)

GENDER: XYZ AGE: XX COLLECTED: XX/XX/XXXX

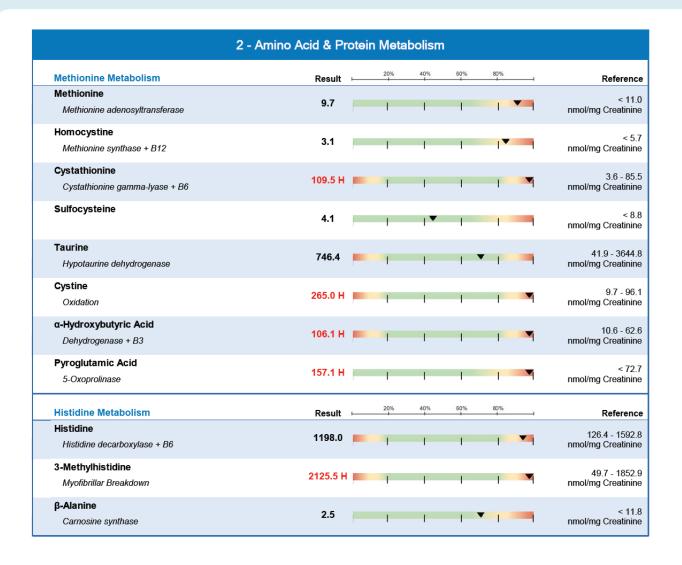
RECEIVED: XX/XX/XXXX

XX/XX/XXXX

TESTED:

TEST REF: TST-NL-XXXX
PRACTITIONER:

## **TEST NAME: OMX (Urine)**



KEY: < dl = Results below detection limit.



TEST NUMBER: T-NL-XXXXX (XXXXXXXXXX)

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

XX/XX/XXXX

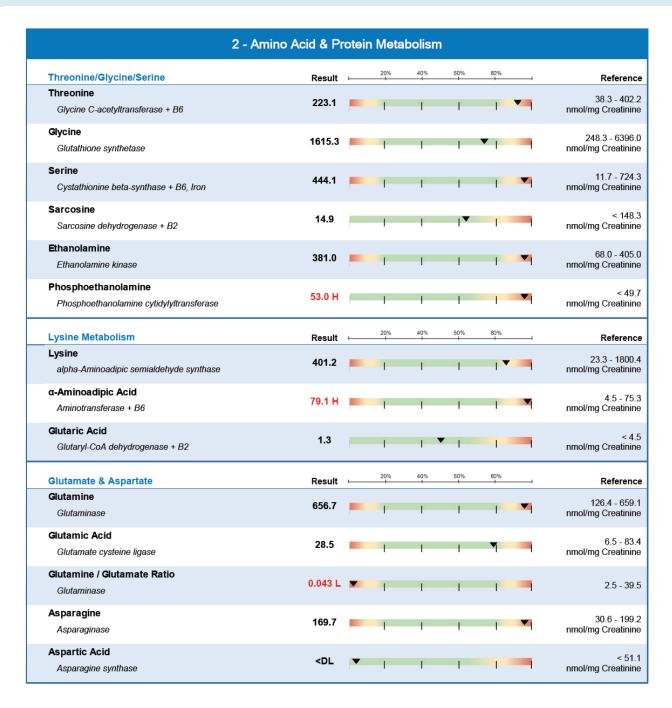
TESTED:

TEST REF: TST-NL-XXXX
PRACTITIONER:

**XXXXXXXXXXX** 

XXXXXXXXXXXXXXXXXXX

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TEST NUMBER: T-NL-XXXXX (XXXXXXXXXX)

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

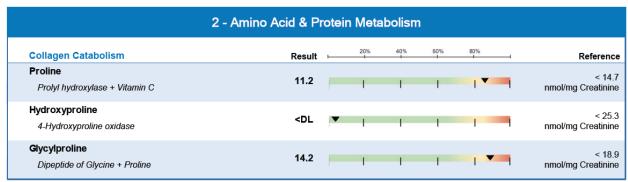
TEST REF: TST-NL-XXXX

PRACTITIONER:

XXXXXXXXXXX

XXXXXXXXXXXXXXXXXXX

# **TEST NAME: OMX (Urine)**





KEY: < dl = Results below detection limit.



TEST NUMBER: T-NL-XXXXX (XXXXXXXXXXX)

GENDER: XYZ XX

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

XX/XX/XXXX

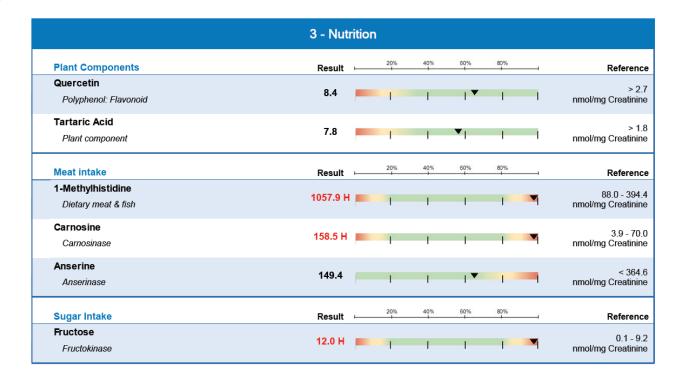
TESTED:

PRACTITIONER XXXXXXXXXXXX

TEST REF: TST-NL-XXXX

XXXXXXXXXXXXXXXXXXXX

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KEY: < dl = Results below detection limit.



TEST NUMBER: T-NL-XXXXX (XXXXXXXXXX)

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

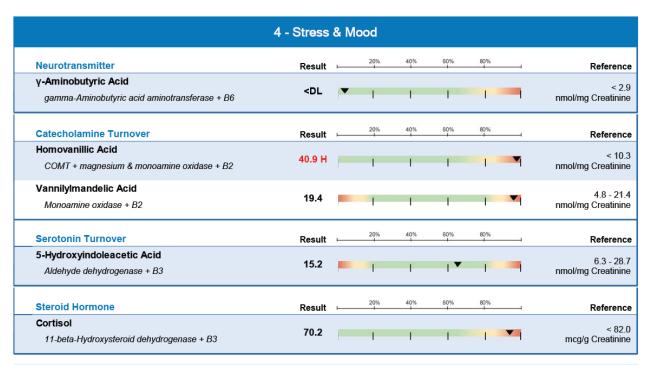
XX/XX/XXXX

TESTED:

TEST REF: TST-NL-XXXX
PRACTITIONER:
XXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXX

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TEST NUMBER: T-NL-XXXXX (XXXXXXXXXX)

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

XX/XX/XXXX

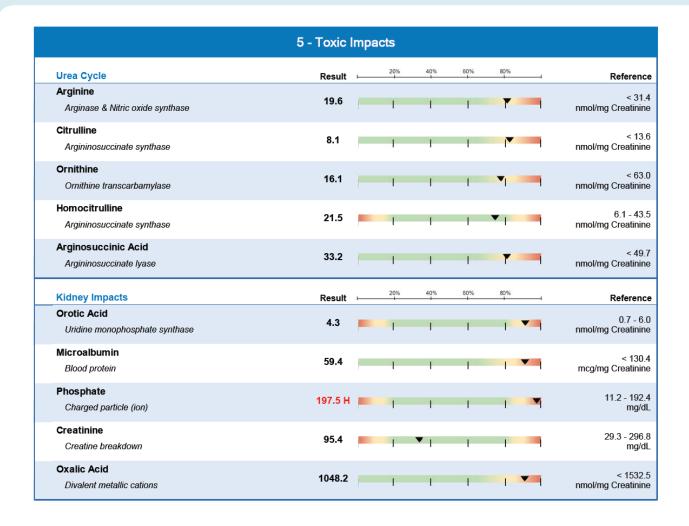
TESTED:

TEST REF: TST-NL-XXXX
PRACTITIONER:

XXXXXXXXXXX

XXXXXXXXXXXXXXXXXXX

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**TEST NAME: OMX (Urine)** 

#### PATIENT: XXXXXXXXXXXXXXXXXXX

TEST NUMBER: T-NL-XXXXX (XXXXXXXXXX)

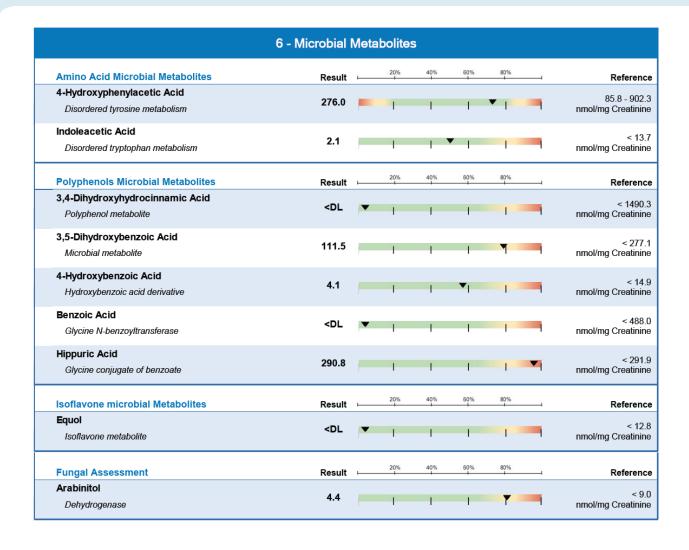
GENDER: XYZ AGE: XX COLLECTED: XX/XX/XXXX
RECEIVED: XX/XX/XXXX
TESTED: XX/XX/XXXX

TEST REF: TST-NL-XXXX

PRACTITIONER:

**XXXXXXXXXXX** 

XXXXXXXXXXXXXXXXXXXX



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TEST NUMBER: T-NL-XXXXX (XXXXXXXXXX)

GENDER: XYZ XX

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

XX/XX/XXXX

TESTED:

TEST REF: TST-NL-XXXX PRACTITIONER:

XXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

# **TEST NAME: OMX (Urine)**

### PERSONALIZED METABOLOMIC RECOMMENDATIONS

Note: Nutrient supplementation is up to the treating clinician's discretion with full understanding of the patient's medical history and current clinical condition.

MICRONUTRIENTS	Support Required	Recommendations	Food Sources	
B-Complex	None	No Additional Support	Mixed diet	
Thiamin (B1)	Moderate	20 mg	Rice, wheat germ, lentils, peas, pork, whole wheat bread, spinach	
Riboflavin (B2)	None	1.3 mg*	Mi k, almonds, eggs, salmon, chicken, broccoli, spinach	
Niacin (B3)	None	16 mg*	Chicken, tuna, turkey, cereal, peanuts, lentils, coffee	
Cobalamine (B12)	None	2.4 mcg*	Clams, mussels, mackerel, crab, beef, salmon, milk, eggs	
Folate (B9)	None	400 mcg DFE*	Lentils, garbanzo beans, spinach, asparagus, lima beans, orange juice	
Biotin (B7)	High	1000 mcg	eggs, liver, salmon, avacado, raspberries, cauliflower, bread	
CoQ10	Moderate	60+ mg	Beef, herring, chicken, canola oil, Rainbow trout, peanuts, pistachio nuts, brocolli	
Magnesium	None	420 mg*	Beef, pork, mi k, cod, chicken, avocado	
Carnitine	None	10+ mg	Beef, pork, mi k, cod, chicken, avocado	
Copper	None	0.9 mcg	Eastern oysters, crab meat, clams, cashews, sunflowers, hazelnuts, almonds	
* DV or Daily Values are the recommended amounts of autricute are day for a bactitive and deficient adult				

<sup>\*</sup> DV or Daily Values, are the recommended amounts of nutrients per day for a healthy, non-deficient adult.

PROTEIN	Findings	Suggested Recommendation
Phenylalanine	High	Increases in protein can impact results; check catecholamine turnover; Evaluate risk of diabetes, mood disorders
Isoleucine/allo-Isoleucine	High	Represents protein intake 24-48 hrs before collection; consider metabolic conditions and BMI; check B6 need and alpha-ketoglutaric acid
Leucine	High	Represents protein intake 24-48 hrs before collection; consider metabolic conditions; check B6 and alpha- ketoglutaric acid
Valine	High	Represents protein intake 24-48 hrs before collection; consider metabolic conditions and BMI; check B6 need and alpha-ketoglutaric acid
Tryptophan	Low	Assess calorie and protein intake; evaluate digestion; check inflammation, kidney function and mood disorders; check pathways (kynurenine, serotonin, indoles)
Methionine	Adequate	No Additional Support
Threonine	Adequate	No Additional Support
Lysine	Adequate	No Additional Support
Histidine	Adequate	No Additional Support
Arginine	Adequate	No Additional Support
Glycine	Adequate	No Additional Support
Taurine	Adequate	No Additional Support

ADDITIONAL SUPPORT	Support Required	Suggested Recommendation
Glutathione Need	None	No Additional Support
Inflammation	None	No Additional Support
Liver Parameters	None	No Additional Support
Kidney Parameters	None	No Additional Support

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