DEMO DEMO

Name: DEMO DEMO
Date of Birth: 00-00-0000
Biological Sex: Male
Age: 52
Height:
Weight:
Fasting:

Telephone: 000-000-0000
Street Address:
Email:

FINAL REPORT

Accession ID: 2729284205

Provider Information

Practice Name: DEMO CLIENT, MD
Provider Name: DEMO CLIENT, MD
Phlebotomist: 0

Telephone: 000-000-0000
Address: 3521 Leonard Ct, Santa Clara, CA 95054

Specimen Information

Sample Type	Collection Time	Received Time	Report	Final Report Date
Serum	Local 2026-10-21 10:00	2026-10-22 22:38 (UTC)	Foundation Baseline - P2	2026-10-30 02:04 (UTC)
EDTA	Local 2026-10-21 10:00	2026-10-22 22:38 (UTC)	Foundation Baseline - P2	2026-10-30 02:04 (UTC)
Plasma	Local 2026-10-21 10:00	2026-10-22 22:38 (UTC)	Foundation Baseline - P2	2026-10-30 02:04 (UTC)

SAMPLE

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VIBRANT

YOUR FOUNDATION HEALTH REPORT

Foundation Baseline

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SAMPLE

PATIENT NAME: DEMO DEMO
ACCESSION ID: 2729284205 DATE OF BIRTH: 00-00-0000
SERVICE DATE: 2026-10-21 10:00 (PDT)

Foundation Baseline - RESULTS

METABOLIC SCORE 94/100 NORMAL

Liver 94/100

TEST	RESULTS	REF.
Albumin	4.7 g/dL	3.4 – 5.2
Total Protein	6.5 g/dL	6.1 – 8
AST	22 U/L	40
ALP	59 U/L	39 – 129
ALT	31 U/L	41
GGT	12 U/L	60
Bilirubin Direct	0.5 mg/dL	0.3
Bilirubin Total	1.1 mg/dL	1.2

Insulin resistance 93/100

TEST	RESULTS	REF.
HbA1c	5.5 %	5.6 – 6.4
Fasting Insulin	4.4 µU/mL	2.5 – 24.9
HOMA-IR (calculated)	0.9	0.6 – 2
Fasting Glucose	84 mg/dL	69 – 100
Lipase	27.8 U/L	12.9 – 60
Adiponectin	13.2 ug/mL	4.4 – 58.5
Fructosamine	234 umol/L	285
Ferritin	124 ng/mL	29 – 400

Kidney 96/100

TEST	RESULTS	REF.
Uric Acid	4.7 mg/dL	3.3 – 7
Creatinine	0.99 mg/dL	0.69 – 1.2
BUN/ Creatinine Ratio	16	9 – 20
Cystatin C	0.81 mg/L	0.6 – 0.95
eGFR	>90	30 – 59
BUN	16 mg/dL	5 – 20
Serum Osmolality	307.4 mOsm/kg	284.9 – 315
Sodium	144 mmol/L	135 – 145
Potassium	4.5 mmol/L	3.4 – 5.1
Chloride	107 mmol/L	97 – 107
CO_2	24 mmol/L	17 – 29

SAMPLE

PATIENT NAME: DEMO DEMO
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SERVICE DATE: 2026-10-21 10:00 (PDT)

Foundation Baseline - RESULTS

INFLAMMATION SCORE 93/100 NORMAL

Immune resilience 93/100

TEST	RESULTS	REF.
Neutrophil/ Lymphocyte Ratio	2.52	0.77 – 3.81 – 6.99
Neutrophil count	2.90 x 10^3/µL	1.77 – 5.38
Immature Granulocyte count	<0.03 x 10^3/µL	0.1
Immature Granulocytes	0.4 %	2.1
Lymphocyte count	1.15 x 10^3/µL	1.31 – 3.57
Basophil count	<0.03 x 10^3/µL	0.08
Eosinophil count	0.06 x 10^3/µL	0.54
Monocyte count	0.46 x 10^3/µL	0.19 – 0.9
Neutrophils	62.8 %	33.9 – 67.9
Lymphocytes	24.9 %	21.7 – 53.1
Basophils	0.6 %	0.1 – 1.2
Eosinophils	1.3 %	0.7 – 7
Monocytes	10.0 %	5.2 – 12.2
Total IgG	841 mg/dL	766 – 1590
Total IgM	80 mg/dL	44 – 281

Inflammation 99/100

TEST	RESULTS	REF.
hs-CRP	<0.15 mg/L	0.9 – 3
Total WBC	4.62 x 10^3/µL	4.22 – 9.07

Autoimmune 88/100

TEST NAME	RESULT	PATTERN	TITER
ANA	CURR. NEGATIVE	Not Applicable	< 1:40

LAB NOTE The testing method is an indirect immunofluorescence assay (IFA) manufactured by EUROIMMUN and performed on the EUROPattern system.

TEST	RESULTS	REF.
RF IgM	23 IU/mL	14

SAMPLE

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Foundation Baseline - RESULTS

NEURAL SCORE 89/100 MODERATE

Cognitive health 79/100

TEST	RESULTS	REF.
Homocysteine	13 µmol/L	9 – 14
Vitamin B12	417 pg/mL	231 – 1245
Folate	8.2 ng/mL	4.5 –

CARDIO SCORE 94/100 NORMAL

Lipids/Lipoproteins 95/100

TEST	RESULTS	REF.
Apo B	34 mg/dL	89 – 119
Apo B/Apo A-1 Ratio	0.28	0.69 – 0.9
Lp(a)	7 mg/dL	29 –
sdLDL	9.8 mg/dL	50 –
Triglycerides	45 mg/dL	149 – 200
HDL Direct	45 mg/dL	34 – 55
Apo A-1	121 mg/dL	119 –
Total Cholesterol	84 mg/dL	199 – 240
LDL Direct	28 mg/dL	99 – 129
Cholesterol/ HDL Ratio	1.9	3.5 – 4.9
LDL, Calculated	23 mg/dL	100 –

Plaque 87/100

TEST	RESULTS	REF.
Lp(a)	7 mg/dL	29 –
MPO	629.0 pmol/L	599.9 – 2999.9
Homocysteine	13 µmol/L	9 – 14
IRF	8.4 %	2.2 – 13.4
MPV	11.1 fL	9.3 – 12.4
Platelet Count	260.0 x 10^3/µL	128.9 – 326

SAMPLE

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Foundation Baseline - RESULTS

RECOVERY AND RESILIENCE SCORE 96/100 NORMAL

Muscle building 98/100

TEST	RESULTS	REF.
IGF-1	121 ng/mL	47 – 209

Muscle breakdown 97/100

TEST	RESULTS	REF.
LDH	179 U/L	134 – 225
Total CK	102 U/L	29 – 223
AST	22 U/L	40
Uric Acid	4.7 mg/dL	3.3 – 7

Bone integrity 94/100

TEST	RESULTS	REF.
Vitamin D, 25-OH	39.8 ng/mL	29.9 – 108
Calcium	9.4 mg/dL	8.8 – 10.6
ALP	59 U/L	39 – 129
Inorganic phosphate	4.0 mg/dL	2.4 – 4.5

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PATIENT NAME: DEMO DEMO
ACCESSION ID: 2729284205 DATE OF BIRTH: 00-00-0000
SERVICE DATE: 2026-10-21 10:00 (PDT)

Foundation Baseline - RESULTS

HORMONE SCORE 97/100 NORMAL

Sex hormones 95/100

TEST	RESULTS	REF.
Total Testosterone	594.0 ng/dL	204.6 – 1450.1
Free Testosterone	9.09 ng/dL	3.54 – 36.86
Estradiol	30.3 pg/mL	25.7 – 60.7
Progesterone	0.155 ng/mL	0.595
SHBG	52.4 nmol/L	19.2 – 76.4
LH	5.0 mIU/mL	1.6 – 8.6
FSH	2.2 mIU/mL	1.4 – 12.4
Prolactin	7.81 ng/mL	4.03 – 15.2

Thyroid 97/100

TEST	RESULTS	REF.
Anti-TPO	18 IU/mL	34
Anti-TG	15.7 IU/mL	115
TSH	1.490 µIU/mL	0.11 – 4.91
Free T4	1.3 ng/dL	0.8 – 1.7
Free T3	3.1 pg/mL	1.9 – 4.4
Total T3	1.1 ng/mL	0.7 – 2
Total T4	7.6 µg/dL	4.4 – 9.8
Serum Iron	140 ug/dL	58 – 158

Adrenal stress 99/100

TEST	RESULTS	REF.
Cortisol	13.3 µg/dL	6.1 – 19.4
DHEA-S	213.0 µg/dL	44.2 – 331

SAMPLE

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Foundation Baseline - RESULTS

CELLULAR SCORE

85/100 MODERATE

Mitochondrial health

97/100

TEST	RESULTS	REF.
TIBC	259 µg/dL	170 – 505
Transferrin	214 mg/dL	202 – 362
Transferrin Saturation	54 %	14 – 50
UIBC	119 µg/dL	111 – 347
Hematocrit	43.0 %	40 – 51
Hemoglobin	14.1 g/dL	13.6 – 17.5
MCH	31.6 pg	25.6 – 32.2
MCHC	32.8 g/dL	32.2 – 36.5
MCV	96.4 fL	78.9 – 92.2
Nucleated RBC count	<0.01 x 10^3/µL	0.012
Nucleated RBC%	0.0 /100WBC	0.2
RBC Count	4.46 x 10^6/µL	4.62 – 6.08
RDW - CV	12.7 %	11.5 – 14.4
RDW - SD	44.9 fL	35 – 43.9
Reticulocyte Count	0.0486 x 10^6/µL	0.0443 – 0.1451
Retic-Hemoglobin	35.1 pg	28.1 – 35.7
Reticulocyte %	1.1 %	3

SAMPLE

INTRODUCTION

Vibrant Wellness is pleased to offer Foundation Baseline testing to support healthy lifestyle choices in consultation with your healthcare provider. The Foundation Baseline evaluates biomarkers across key scoring domains including: Cellular Score, Inflammation Score, Metabolic Score, Neural Score, Cardio Score, Recovery and Resilience Score, and Hormone Score. Results are intended to be interpreted by healthcare providers to support a systems-based understanding of overall health and to guide personalized wellness strategies.

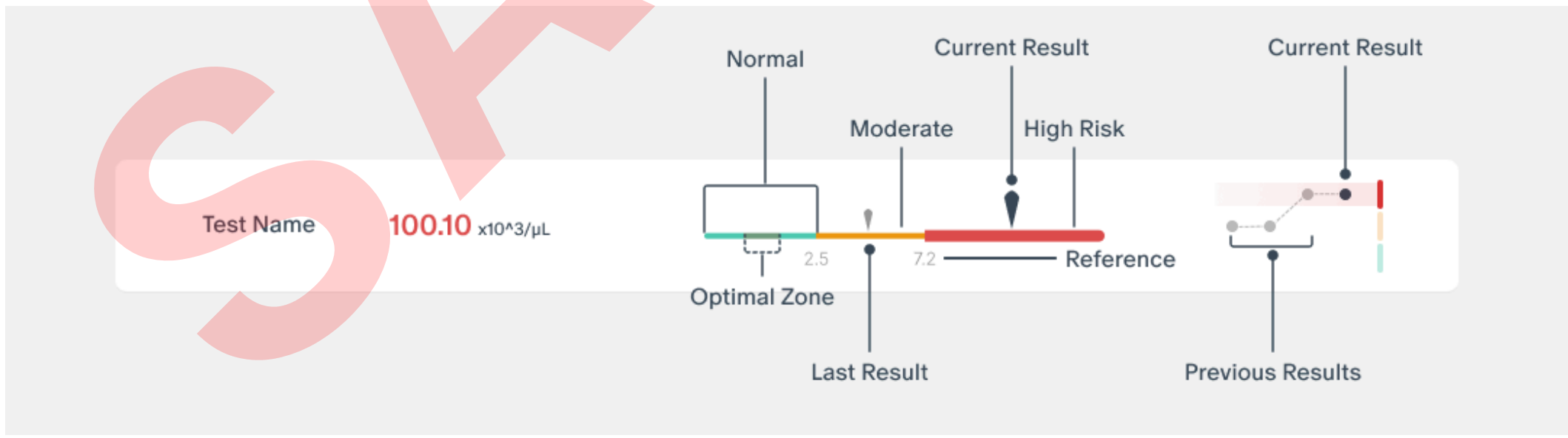
Methodology

The Foundation Baseline uses the FDA-approved Roche Cobas platform for markers evaluating the Cellular Score, Inflammation Score, Metabolic Score, Neural Score, Cardio Score, Recovery and Resilience Score, and Hormone Score.

Interpretation of Report

The Foundation Baseline report begins with a comprehensive summary page that provides an integrated overview of the patient's overall health status across core physiological systems. The summary highlights system-level health scores on a standardized 100-point scale, categorizing results into risk tiers to help prioritize clinical attention. Key scoring domains include: Cellular Score (Oxidative Damage and Mitochondrial Health), Inflammation Score (Inflammation, Immune Resilience and Autoimmune), Metabolic Score (Liver, Insulin Resistance and Kidney), Neural Score (Cognitive Health and Neural Inflammation), Cardio Score (Lipids/Lipoproteins, Plaque, Endothelial Function), Recovery and Resilience Score (Muscle Building, Muscle Breakdown and Bone Integrity), and Gut Inflammation) and Hormone Score (Sex Hormones, Adrenal Stress and Thyroid). These scores are visually mapped onto a full-body anatomical illustration, allowing for intuitive visualization of system-specific imbalances and their relative severity. A green score is >89 and indicates optimal functioning, a yellow score is 89 but 70 and indicates sub-optimal functioning, and a red score is <70 and indicates impaired functioning.

This integrative presentation supports rapid risk stratification and helps guide targeted follow-up testing, lifestyle interventions, and personalized care planning based on the cumulative impact of underlying biochemical, hormonal, inflammatory, and metabolic markers. Reference ranges have been established based on cohorts of 500 relatively healthy adults over 18 years of age. Reference populations and age stratification may vary by analyte for FDA-approved tests included in this panel. This is followed by critical values if applicable and follow-up recommendations of additional testing and a complete list of all biomarkers tested with quantitative results to enable a full overview along with the corresponding reference ranges, with results displayed in a quantile-style format using horizontal bars segmented into dark green (optimum), green (in control), and red (risk) zones , positioning the patient's value as a pin to intuitively convey relative risk levels. The patient's value is considered normal if it falls within the dark green (optimum) or green (in control) zone. The optimum zone determination is based on literature findings associated with mortality and longevity, clinical consensus, and research institute sentiment. The current result and previous result are listed to the left of the reference range. The reference metric, used to establish where a patient's result lies in the reference range, is listed to the right of the reference range. See the image below for an example of a visual representation of the results.



Please note: Consider all supplements in relation to medical history and symptoms. Not all recommended supplements are appropriate in all individual cases. It is important that you discuss any modifications to your diet, exercise, drug, and/or nutritional supplementation with your healthcare provider before making any changes.

Regulatory Disclaimer: This test was performed by Vibrant America Clinical Laboratory at 3521 Leonard Ct, Santa Clara, CA 95054 (CLIA No. 05D2078809, CAP No. 8970308). This test† was developed, and its performance characteristics determined, by Vibrant America Clinical Laboratory. This test has not been cleared or approved by the U.S. Food and Drug Administration (FDA).

Test†: adiponectin, leptin, small dense LDL (sdLDL), and myeloperoxidase (MPO).

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ABBREVIATIONS AND ACRONYMS

Abbreviation	Term	Abbreviation	Term
25-OH	25-Hydroxy	IgG	Immunoglobulin G
ACTH	Adrenocorticotropic Hormone	IgM	Immunoglobulin M
ALP	Alkaline Phosphatase	IL-6	Interleukin-6
ALT	Alanine Aminotransferase	IRF	Immature Reticulocyte Fraction
ANA	Antinuclear Antibody	LC-MS/MS	Liquid Chromatography–Tandem Mass Spectrometry
Anti-CCP3	Anti-Cyclic Citrullinated Peptide (3rd Generation) Antibody	LDH	Lactate Dehydrogenase
Anti-TG	Anti-Thyroglobulin Antibody	LDL	Low-Density Lipoprotein
Anti-TPO	Anti-Thyroid Peroxidase Antibody	LH	Luteinizing Hormone
Apo A-1	Apolipoprotein A-1	Lp(a)	Lipoprotein(a)
Apo B	Apolipoprotein B	Lp-PLA2	Lipoprotein-Associated Phospholipase A2 (PLAC Test)
AST	Aspartate Aminotransferase	LPS	Lipopolysaccharide
BUN	Blood Urea Nitrogen	MCH	Mean Corpuscular Hemoglobin
CK	Creatine Kinase	MCHC	Mean Corpuscular Hemoglobin Concentration
CLIA	Chemiluminescent Immunoassay	MCV	Mean Corpuscular Volume
CO2	Carbon Dioxide	MPO	Myeloperoxidase
Cr	Creatinine	MPV	Mean Platelet Volume
CRH	Corticotropin-Releasing Hormone	ox-LDL	Oxidized Low-Density Lipoprotein
CRP	C-Reactive Protein	PTH	Parathyroid Hormone
Cys	Cystatin C	RBC	Red Blood Cell
DHEA-S	Dehydroepiandrosterone Sulfate	RDW - CV	Red Cell Distribution Width (Coefficient of Variation)
eGFR	Estimated Glomerular Filtration Rate	RDW - SD	Red Cell Distribution Width (Standard Deviation)
FSH	Follicle-Stimulating Hormone	Retic-Hemoglobin	Reticulocyte Hemoglobin Content
GGT	Gamma-Glutamyl Transferase	RF	Rheumatoid Factor
GH	Growth Hormone	sdLDL	Small Dense Low-Density Lipoprotein
GnRH	Gonadotropin-Releasing Hormone	SHBG	Sex Hormone-Binding Globulin
Hb	Hemoglobin	T3	Triiodothyronine
HbA1c	Hemoglobin A1c (Glycated Hemoglobin)	T4	Thyroxine
Hct	Hematocrit	TIBC	Total Iron-Binding Capacity
HDL	High-Density Lipoprotein	TNF-α	Tumor Necrosis Factor Alpha
HOMA-IR	Homeostatic Model Assessment of Insulin Resistance	TRH	Thyrotropin-Releasing Hormone
hs-CRP	High-Sensitivity C-Reactive Protein	TSH	Thyroid-Stimulating Hormone
IgA	Immunoglobulin A	UIBC	Unsaturated Iron-Binding Capacity
IGF-1	Insulin-like Growth Factor 1	WBC	White Blood Cell

SAMPLE

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RISK AND LIMITATIONS

Test results reflect biological and analytical findings at the time of specimen collection and may vary between individuals. Reference ranges for most of laboratory-developed tests (LDT) were established using a healthy adult population and may not be representative of other specific populations (e.g. pediatric, pregnant, individuals with chronic conditions or from all ethnic backgrounds). They do not provide absolute levels at which the symptoms may occur and hence clinical correlation by the provider is recommended.

Results may be affected by pre-analytical variables related to specimen collection, handling, transport, storage, and inherent biological variability. Specimens including urine, saliva, stool, and blood-based samples (serum, plasma, EDTA whole blood, TES, and dried blood spots) may be impacted by improper collection technique, contamination, insufficient sample volume, delayed shipment or processing, temperature excursions, or improper storage conditions. Additional factors such as hemolysis; anticoagulant effects; clotting, centrifugation, or mixing parameters; incomplete mixing with transport media; and variability in dried blood spot application or saturation may further affect analyte stability or result accuracy. Specimen-specific factors, including urine dilution or concentration, variability in saliva composition or flow rate, and intermittent microbial shedding in stool, may also contribute to result variability. For stool-based testing, one negative specimen does not rule out the possibility of parasitic infection or the presence of other pathogens. These pre-analytical variables may impact result accuracy and, in some cases, lead to a Test Not Performed (TNP). When clinically appropriate, repeat testing may be recommended; however, repeat testing may still fail to produce a reportable result if the underlying limitations persist.

All laboratory testing methodologies are subject to inherent analytical limitations related to instrument performance, assay design, methodological variability, and the specifications of FDA-approved and laboratory-developed analytes included in a test panel. As with all clinical laboratory testing, there is a small possibility of incorrect results due to technical errors, sample misidentification, contamination, rare genetic variants, or software-related issues.

Genetic testing is helpful in analyzing risks to various diseases. However, it is important to note that genetic risk determinants are neither necessary nor sufficient for the development of disease. Environmental and lifestyle risk factors could also affect the risk of disease development. Genetic risk does not indicate how common a health condition or variant is within the population; a risk-associated variant may be common or uncommon. Interpretation of genetic results should consider individual health context, as population-based reference frameworks may not fully represent all age groups, ethnic backgrounds, or health profiles. Genetic testing evaluates only the genotypes indicated and does not assess other genetic abnormalities found elsewhere in the genome. Different laboratories may test different variants when evaluating genetic risk for a given condition; therefore, genetic risk results may not be directly comparable between laboratories.

Some individuals may experience anxiety related to their genetic test results. Vibrant encourages any concerned individual to consult with a qualified healthcare professional prior to sample collection for a genetic test. Users of the test are encouraged to discuss their test results with a genetic counselor, board-certified clinical molecular geneticist, or equivalent health care professional. In some cases, the identification of risk-associated genetic variants may prompt discussion with a healthcare provider about additional testing or follow-up.

The reported analytes, SNPs, and associated informational content are informed by scientific knowledge at the time of reporting, including peer-reviewed scientific publications, publicly available research, and guidance from recognized scientific and public health organizations. Interpretive content may be updated as scientific knowledge continues to evolve. Clinical interpretations and associated risk assessments are largely derived from studies conducted in specific populations and may not be fully applicable to all individuals, including those of differing sexes, ages, ethnic backgrounds, ancestries, or underlying health conditions not represented in the original study population. Thus, accounting for a patient's full clinical picture should be considered when extrapolating patients results to specific lab result-associated health outcomes. The informational content included in this report is derived from publicly available scientific literature and is provided for educational and informational purposes only. This content does not replace medical advice from a qualified healthcare professional. Any wellness, nutritional, or dietary recommendations, diagnoses of medical conditions, or treatment decisions based on these results are made at the discretion and responsibility of the ordering healthcare professional.

Vibrant does not diagnose, treat, or cure medical conditions and does not replace the care of a licensed medical practitioner or counselor, nor does Vibrant recommend self-diagnosis or self-medication. Depending on the nature of testing, individuals who receive moderate- or high-risk results may be advised to pursue confirmatory testing and appropriate medical follow-up. Vibrant assumes no liability for any loss, injury, or damages arising from the procurement, compilation, interpretation, delivery, or reporting of information contained in this report, nor from any decisions made or actions taken based on these results.

The supplement recommendations and dosage guidelines provided are intended for general informational purposes only and should not replace professional medical advice; final dosage decisions must be made in consultation with your healthcare provider. Vibrant disclaims any liability for adverse effects, outcomes, or consequences arising from the use of these suggestions.

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