DEMO DEMO

Name: DEMO DEMO
Date of Birth: 00-00-0000
Biological Sex: Female
Age: 21
Height:
Weight:
Fasting:

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

FINAL REPORT

Accession ID: 2803231522

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
Metal Free Urine	Local 2026-10-08 12:21	2026-10-09 13:25 (PST)	Gut Baseline - P2	2026-10-16 17:37 (PST)
Stool	Local 2026-10-08 12:21	2026-10-09 13:25 (PST)	Gut Baseline - P2	2026-10-16 17:37 (PST)
Unpreserved Stool	Local 2026-10-08 12:21	2026-10-09 13:25 (PST)	Gut Baseline - P2	2026-10-16 17:37 (PST)

SAMPLE

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VIBRANT

YOUR GUT HEALTH REPORT

Gut Baseline

01 BASELINE SUMMARY — PG 3
Overview of your test results

02 GUT MICROBIOME — PG 4

03 GUT INFLAMMATION — PG 7

04 GUT PERMEABILITY & ANTIBODIES — PG 7

05 DIGESTION & MALABSORPTION — PG 8

06 GUT METABOLITES — PG 9

07 GUT PATHOGENS — PG 10

08 ADVANCED INSIGHTS — PG 11

09 SUGGESTIONS — PG 12

GENERATED ON
OCT 16, 2026

SAMPLE

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PATIENT NAME: DEMO DEMO
ACCESSION ID: 2803231522 DATE OF BIRTH: 00-00-0000
SERVICE DATE: 2026-10-08 12:21 (PDT)

GutBaseline - SUMMARY

BASELINE SUMMARY

Collected Oct 8, 2026 • Reported Oct 16, 2026 • Previous Jun 10, 2026

Normal Low Moderate High Level = Need for Support 0-3 ▲ ▼ Increase / Decrease since last test

GUT MICROBIOME

See P.4 ↘

MODERATE — Moderate Need for Support
Previous: Moderate

Probiotic & Keystone Species	2 of 42 low
SCFA & Lactate Production	2 of 54 low
Nutrient Support	0 of 34 low
Metabolism & Hormone Handling	2 of 41 low
Gut Barrier & Mucus Support	0 of 3 low
Toxic & Inflammatory Compounds	3 of 23 high
Gas Production	2 of 14 high
Hormone & Toxin Recycling	4 of 16 high
Shannon's Index	2.4

GUT INFLAMMATION

See P.7 ↘

LOW ▼ — Low Need for Support
Previous: Moderate

Fecal Eosinophil Protein X	11.1 ▲
Calprotectin	9.4 ▼
Fecal Lactoferrin	<0.05 ▼
Fecal Immunochemical Test (FIT)	0.1 ▼

GUT PERMEABILITY & ANTIBODIES

See P.7 ↘

LOW — Low Need for Support
Previous: Low

Fecal Zonulin	335.5 ▲
sIgA	1443.1 ▲
Lipopolysaccharide Antibody (IgG+IgA)	8.1 ▲
Tissue Transglutaminase (IgG+IgA)	6.5 ▲
Deamidated Gliadin Peptide (IgG+IgA)	5.5 ▲

DIGESTION & MALABSORPTION

See P.8 ↘

NORMAL
Previous: Normal

Pancreatic Elastase 1	444.4 ▲
Total Fecal Fat	17.9 ▼
Total Fecal Triglycerides	1.7 ▲

GUT METABOLITES

See P.9 ↘

MODERATE — Moderate Need for Support
Previous: Moderate

Total Short Chain Fatty Acids	19.9 ▼
Butyrate	4.8
Acetate	69.7 ▼
Propionate	19.4 ▲
ß-Glucuronidase	997 ▲
Cholic Acid (CA)	0.27 ▲

GUT PATHOGENS

See P.10 ↘

HIGH ▲ — High Need for Support
Previous: Low

Bacterial pathogens	1 of 20 detected
Protozoan parasites	0 of 6 detected
Helminth parasites	1 of 10 detected
Viruses	0 of 11 detected
Fungi & yeast	1 of 6 detected
Antibiotic-resistance genes	1 of 7 detected

Each category shows its Need for Support level, the markers that set it, and what to consider with your provider. Levels are computed from marker status (in range · borderline · out of range). Previous result: 2026-06-10.

SAMPLE

GUT MICROBIOME

Previous (Jun 10, 2026): MODERATE **MODERATE**

SUMMARY

Probiotic & Keystone Species

2 of 42 low

MARKER	RESULTS	FUNCTION
Lactobacillus casei	Low	Probiotic species
Lactobacillus paracasei	Low	Probiotic species

SCFA & Lactate Production

2 of 54 low

MARKER	RESULTS	FUNCTION
Lactobacillus casei	Low	Lactate production
Lactobacillus paracasei	Low	Lactate production

Toxic & Inflammatory Compounds

3 of 23 high

MARKER	RESULTS	FUNCTION
Prevotella	High	Cysteine metabolism
Parabacteroides	High	Indole production Polyamine production
Peptostreptococcus	High	p-Cresol production

Nutrient Support

0 of 34 low

MARKER	RESULTS	FUNCTION
None low		

Hormone & Toxin Recycling

4 of 16 high

MARKER	RESULTS	FUNCTION
Parabacteroides	High	β-glucuronidase (hormone/toxin recycling) Sulfatase (steroid/sulfate recycling)
Peptostreptococcus	High	β-glucuronidase (hormone/toxin recycling)
Prevotella	High	Sulfatase (steroid/sulfate recycling)
Akkermansia muciniphila	High	Sulfatase (steroid/sulfate recycling)

Metabolism & Hormone Handling

2 of 41 low

MARKER	RESULTS	FUNCTION
Lactobacillus casei	Low	Bile-salt conversion (BSH)
Lactobacillus paracasei	Low	Bile-salt conversion (BSH)

Gut Barrier & Mucus Support

0 of 3 low

MARKER	RESULTS	FUNCTION
None low		

Gas Production

2 of 14 high

MARKER	RESULTS	FUNCTION
Phascolarctobacterium	High	Hydrogen production
Methanobrevibacter smithii	High	Methane production

SAMPLE

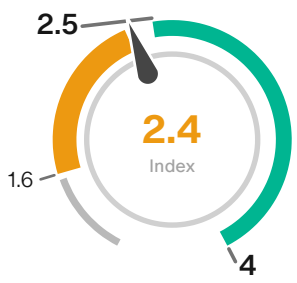
Continued - GUT MICROBIOME

GUT DIVERSITY & BALANCE

• DIVERSITY SUB-INDEX 1

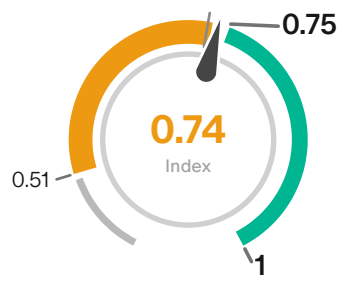
Shannon Index
Richness | Scored

Moderate ▼



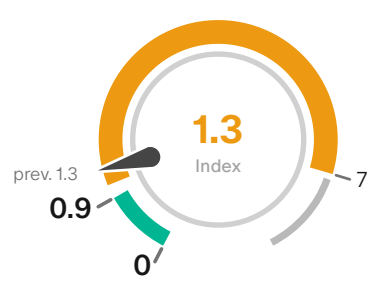
Simpson Index
Evenness | Tie-break

Moderate ▼



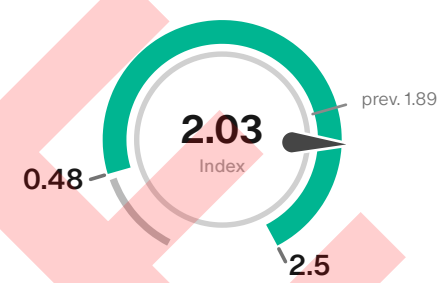
F / B Ratio
Firmicutes/Bacteroidetes | Context

Moderate ▲



P / B Ratio
Prevotella/Bacteroides | Context

In Range



Total Abundance & Phylum Distribution

TEST	RESULTS	REF.	PREV.
Bacteroidetes	38.5 %	29.7 41	37.8 % Jun 10, 2026
Firmicutes	49.2 %	42.9 54.8	48.0 % Jun 10, 2026
Proteobacteria	4.2 %	7.4	4.6 % Jun 10, 2026
Actinobacteria	5.2 %	3.4 10.5	6.4 % Jun 10, 2026

TEST	RESULTS	REF.	PREV.
Verrucomicrobia	1.4 %	0.5 2.3	1.7 % Jun 10, 2026
Fusobacteria	0.7 %	1.2	0.7 % Jun 10, 2026
Euryarchaeota	0.8 %	0.9	0.8 % Jun 10, 2026

Keystone species

TEST	RESULTS	REF.	PREV.
Akkermansia muciniphila	22.6	9.9 20	26.7 Jun 10, 2026
Bifidobacterium adolescentis	12.8	9.9 20	10.1 Jun 10, 2026
Blautia	16.8	9.9 20	15.7 Jun 10, 2026
Butyrivibrio	28.8	9.9	>30 Jun 10, 2026
Eubacterium rectale	15.9	9.9 20	12.8 Jun 10, 2026
Faecalibacterium prausnitzii	18.2	9.9 20	17.0 Jun 10, 2026

TEST	RESULTS	REF.	PREV.
Lachnospiraceae	16.8	9.9	18.1 Jun 10, 2026
Prevotella	>30	9.9 20	29.1 Jun 10, 2026
Pseudobutyrivibrio	19.0	9.9	18.4 Jun 10, 2026
Roseburia intestinalis	16.7	9.9 20	15.9 Jun 10, 2026
Ruminococcus bromii	17.6	9.9	>30 Jun 10, 2026

SAMPLE

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Beneficial

39 Targets

ORGANISM	CURR.	PREV.	REF.
Bifidobacterium animalis subspecies lactis	15.7	11.2	≥10.0
Lactobacillus	23.1	12.4	≥10.0
Bacillus coagulans	27.5	27.5	≥10.0
Bacillus subtilis	27.1	29.9	≥10.0
Bifidobacterium bifidum	13.8	10.9	≥10.0
Bifidobacterium breve	17.7	12.9	≥10.0
Bifidobacterium longum	17.7	22.5	≥10.0
Lactobacillus acidophilus	11.9	12.4	≥10.0
Lactobacillus bulgaricus	11.0	14.0	≥10.0
Lactobacillus casei	7.8	9.5	≥10.0
Lactobacillus fermentum	14.4	13.6	≥10.0
Lactobacillus paracasei	9.6	6.0	≥10.0
Lactobacillus plantarum	13.9	15.5	≥10.0
Lactobacillus salivarius	29.6	28.0	≥10.0
Bifidobacterium infantis	14.9	12.3	≥10.0
Lactobacillus rhamnosus GG	17.9	12.2	≥10.0
Saccharomyces boulardii	29.7	28.2	≥10.0
Bifidobacterium	13.8	18.2	≥10.0
Bifidobacterium animalis	13.0	13.9	≥10.0
Bifidobacterium catenulatum	17.7	23.9	≥10.0
Bifidobacterium dentium	15.1	10.7	≥10.0
Lactococcus	12.8	11.1	≥10.0
Leuconostoc	28.1	29.4	≥10.0
Streptococcus thermophilus	14.6	14.0	≥10.0
Lactobacillaceae	12.0	7.9	≥10.0
Lactobacillus rhamnosus	14.4	13.3	≥10.0
Lactobacillus ruminis	12.1	11.5	≥10.0
Lactobacillus sakei	26.7	23.3	≥10.0
Butyrivibrio	28.8	>30	≥10.0
Lachnospiraceae	16.8	18.1	≥10.0
Pseudobutyrivibrio	19.0	18.4	≥10.0
Ruminococcus bromii	17.6	>30	≥10.0
Alistipes	16.1	17.8	≥10.0
Collinsella	11.3	12.9	≥10.0
Holdemania	11.6	12.8	≥10.0
Clostridia clusters XIVa	27.0	25.3	≥10.0
Clostridium	14.7	15.6	≥10.0
Roseburia	>30	29.0	≥10.0
Ruminococcus	16.6	17.8	≥10.0

Disruptive

9 Targets

ORGANISM	CURR.	PREV.	REF.
Desulfovibrio piger	14.1	15.4	≤20.0
Atopobium	11.7	11.8	≤20.0
Atopobium parvulum	7.8	10.4	≤20.0
Enterococcus gallinarum	11.9	10.8	≤20.0
Enterobacter aerogenes	11.8	9.3	≤20.0
Proteus mirabilis	12.4	12.4	≤20.0
Pseudomonas	12.8	12.9	≤20.0
Desulfovibrio	10.7	12.9	≤20.0
Methanobrevibacter smithii	24.5	21.5	≤20.0

Variable

27 Targets

ORGANISM	CURR.	PREV.	REF.
Lactobacillus reuteri	13.4	12.1	10.0-20.0
Streptococcus	17.4	14.6	10.0-20.0
Enterococcus	14.7	13.7	10.0-20.0
Akkermansia muciniphila	22.6	26.7	10.0-20.0
Bifidobacterium adolescentis	12.8	10.1	10.0-20.0
Blautia	16.8	15.7	10.0-20.0
Eubacterium rectale	15.9	12.8	10.0-20.0
Faecalibacterium prausnitzii	18.2	17.0	10.0-20.0
Prevotella	>30	29.1	10.0-20.0
Roseburia intestinalis	16.7	15.9	10.0-20.0
Bacteroides	15.2	15.4	10.0-20.0
Bacteroides caccae	13.8	17.9	10.0-20.0
Bacteroides vulgatus	17.0	25.4	10.0-20.0
Parabacteroides	28.4	25.4	10.0-20.0
Phascolarctobacterium	27.6	22.2	10.0-20.0
Prevotella copri	11.3	10.3	10.0-20.0
Veillonella	14.9	18.4	10.0-20.0
Dorea	12.5	11.5	10.0-20.0
Coprococcus	15.9	22.0	10.0-20.0
Fusobacterium	15.8	14.6	10.0-20.0
Escherichia coli	12.3	14.7	10.0-20.0
Clostridium ramosum	12.2	9.1	10.0-20.0
Peptostreptococcus	28.8	27.2	10.0-20.0
Staphylococcus species	12.3	10.9	10.0-20.0
Clostridium hathewayi	12.2	8.2	10.0-20.0
Tyzzerella	13.4	11.8	10.0-20.0
Acinetobacter	19.7	12.9	10.0-20.0

SAMPLE

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GutBaseline - RESULTS

GUT INFLAMMATION

Previous (Jun 10, 2026): MODERATE ▼ (Improved) LOW

Allergic inflammation

TEST	RESULTS	REF.	PREV.
Fecal Eosinophil Protein X	11.1 mcg/g	4.8	10.7 mcg/g Jun 10, 2026

Occult blood

TEST	RESULTS	REF.	PREV.
Fecal Immunochemical Test (FIT)	0.1 mcg/g	10	0.2 mcg/g Jun 10, 2026

Mucosal inflammation

TEST	RESULTS	REF.	PREV.
Calprotectin	9.4 mcg/g	50 119.9	93.4 mcg/g Jun 10, 2026
Fecal Lactoferrin	<0.05 mcg/ml	6.4	9.8 mcg/ml Jun 10, 2026

GUT PERMEABILITY & ANTIBODIES

Previous (Jun 10, 2026): LOW LOW

Barrier integrity

TEST	RESULTS	REF.	PREV.
Fecal Zonulin	335.5 ng/mL	25 160.8	262.3 ng/mL Jun 10, 2026

Bacterial translocation

TEST	RESULTS	REF.	PREV.
Lipopolysaccharide Antibody (IgG+IgA)	8.1	10 20	3.1 Jun 10, 2026

Mucosal immunity

TEST	RESULTS	REF.	PREV.
sIgA	1443.1 mcg/g	425.9 1450	720.4 mcg/g Jun 10, 2026

IBD-associated serology

TEST	RESULTS	REF.	PREV.
Anti-Saccharomyces Cerevisiae Antibody (IgG+IgA)	20.8	10 20	3.4 Jun 10, 2026

Celiac & gluten

TEST	RESULTS	REF.	PREV.
Tissue Transglutaminase (IgG+IgA)	6.5	10 20	3.6 Jun 10, 2026
Deamidated Gliadin Peptide (IgG+IgA)	5.5	10 20	2.9 Jun 10, 2026
Fecal Anti Gliadin (IgG+IgA)	8.1	10 20	6.6 Jun 10, 2026

Autoimmune / barrier

TEST	RESULTS	REF.	PREV.
Actin Antibody (IgG+IgA)	5.0	10 20	7.1 Jun 10, 2026

SAMPLE

PATIENT NAME: DEMO DEMO
ACCESSION ID: 2803231522 DATE OF BIRTH: 00-00-0000
SERVICE DATE: 2026-10-08 12:21 (PDT)

GutBaseline - RESULTS

DIGESTION & MALABSORPTION

Previous (Jun 10, 2026): NORMAL **NORMAL**

Fat malabsorption

TEST	RESULTS	REF.	PREV.
Total Fecal Fat	17.9 mg/g	2.8 – 37.5	18.8 mg/g Jun 10, 2026
Total Fecal Triglycerides	1.7 mg/g	0.2 – 2.5	1.2 mg/g Jun 10, 2026
Long Chain Fatty Acids	12.0 mg/g	0.8 – 28.1	6.6 mg/g Jun 10, 2026
Total Cholesterol	1.8 mg/g	0.4 – 5.3	2.9 mg/g Jun 10, 2026
Total Phospholi-pids	0.8 mg/g	0.2 – 6.4	5.9 mg/g Jun 10, 2026

Pancreatic function

TEST	RESULTS	REF.	PREV.
Pancreatic Elastase 1	444.4 mcg/g	100 – 199.9	245.4 mcg/g Jun 10, 2026

SAMPLE

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PATIENT NAME: DEMO DEMO
ACCESSION ID: 2803231522 DATE OF BIRTH: 00-00-0000
SERVICE DATE: 2026-10-08 12:21 (PDT)

GutBaseline - RESULTS

GUT METABOLITES

Previous (Jun 10, 2026): MODERATE **MODERATE**

Primary bile acids

TEST	RESULTS	REF.	PREV.
Cholic Acid (CA)	0.27 %	0.36	0.14 % Jun 10, 2026
Chenodeo-xycholic Acid (CDCA)	0.42 %	1.25	1.15 % Jun 10, 2026

Secondary bile acids

TEST	RESULTS	REF.	PREV.
Deoxycholic Acid (DCA)	48.41 %	24.24 – 75.84	54.51 % Jun 10, 2026
Lithocholic Acid (LCA)	37.78 %	24.15 – 75.75	36.64 % Jun 10, 2026

Bile-acid balance

TEST	RESULTS	REF.	PREV.
LCA/DCA Ratio	0.78	0.31 – 3.38	0.67 Jun 10, 2026

Short-chain fatty acids

TEST	RESULTS	REF.	PREV.
Acetate	69.7 %	60.1 – 72.7	70.8 % Jun 10, 2026
Propionate	19.4 %	15.3 – 30.3	18.8 % Jun 10, 2026
Butyrate	4.8 %	5 – 12.4	4.8 % Jun 10, 2026
Valerate	1.3 %	0.7 – 3.5	2.7 % Jun 10, 2026
Total Short Chain Fatty Acids	19.9 micromol/g	45.3 – 210.1	20.9 micromol/g Jun 10, 2026

Deconjugation (estrobolome & beyond)

TEST	RESULTS	REF.	PREV.
ß-Glucuroni-dase	997 U/mL	2300	847 U/mL Jun 10, 2026

SAMPLE

PATIENT NAME: DEMO DEMO
ACCESSION ID: 2803231522 DATE OF BIRTH: 00-00-0000
SERVICE DATE: 2026-10-08 12:21 (PDT)

GutBaseline - RESULTS

GUT PATHOGENS

Previous (Jun 10, 2026): LOW ▲ (Worsened) **HIGH**

DETECTED ORGANISMS • 4 OF 60 TARGETS

ORGANISM	CLASS	CURR.	PREV.	REFERENCE	STATUS
HELICOBACTER PYLORI	bacteria	8.6e3	5.1e3	≤3000.0	DETECTED
ENTEROBIUS VERMICULARIS	helminth	DETECTED	NOT DETECTED	NOT DETECTED	DETECTED
CANDIDA ALBICANS	fungi	6.8e2	3.1e2	≤250.0	DETECTED
HELICOBACTER - CLARITHROMYCIN	R · resistance gene	DETECTED	NOT DETECTED	NOT DETECTED	DETECTED

Bacterial pathogens

20 Targets

ORGANISM	CURR.	PREV.	STATUS
Clostridium difficile	<1e1	<1e1	NOT DETECTED
Clostridium difficile Toxin A	<1e2	<1e2	NOT DETECTED
Clostridium difficile Toxin B	<1e2	<1e2	NOT DETECTED
Campylobacter spp.	<1e1	<1e1	NOT DETECTED
Campylobacter coli	<1e1	<1e1	NOT DETECTED
Campylobacter jejuni	<1e1	<1e1	NOT DETECTED
Campylobacter upsaliensis	<1e1	<1e1	NOT DETECTED
Vibrio (cholerae)	<1e2	<1e2	NOT DETECTED
Enteroaggregative E.coli (EAEC)	<1e2	<1e2	NOT DETECTED
Shiga-Like Toxin Producing E.coli (STEC) Stx1/Stx2	<1e2	<1e2	NOT DETECTED
E.coli O157	<1e2	<1e2	NOT DETECTED
Shigella/EIEC	<1e2	<1e2	NOT DETECTED
Enteropathogenic E.coli (EPEC)	<1e2	<1e2	NOT DETECTED
Enterotoxigenic E.coli (ETEC) Lt/St	<1e2	<1e2	NOT DETECTED
Klebsiella pneumoniae	<1e2	<1e2	NOT DETECTED
Salmonella	<1e2	<1e2	NOT DETECTED
Staphylococcus aureus	<1e3	<1e3	NOT DETECTED
Helicobacter pylori	**8.6e3**	**5.1e3**	**DETECTED**
Yersinia enterocolitica	<1e2	<1e2	NOT DETECTED
Plesiomonas shigelloides	<1e2	<1e2	NOT DETECTED

Protozoan parasites

6 Targets

ORGANISM	CURR.	PREV.	STATUS
Cryptosporidium	<1e3	<1e3	NOT DETECTED
Entamoeba histolytica	<1e2	<1e2	NOT DETECTED
Cyclospora spp.	<1e3	<1e3	NOT DETECTED
Cyclospora cayetanensis	<1e3	<1e3	NOT DETECTED
Chilomastix mesnili	<1e2	<1e2	NOT DETECTED
Giardia lamblia	<1e2	<1e2	NOT DETECTED

Helminth parasites

10 Targets

DETECTED Enterobius vermicularis

NOT DETECTED Fasciola/Fasciolopsis, Necator americanus, Strongyloides stercoralis, Hymenolepis, Trichuris trichiura, Dipylidium caninum, Ancylostoma duodenale, Diphyllobothrium latum, Ascaris lumbricoides

Viruses

11 Targets

ORGANISM	CURR.	PREV.	STATUS
Adenovirus F40/41	<1e2	<1e2	NOT DETECTED
Astrovirus	<1e2	<1e2	NOT DETECTED
Norovirus GI	<1e1	<1e1	NOT DETECTED
Norovirus GII	<1e1	<1e1	NOT DETECTED
Rotavirus A	<1e2	<1e2	NOT DETECTED
Sapovirus I	<1e2	<1e2	NOT DETECTED
Sapovirus II	<1e2	<1e2	NOT DETECTED
Sapovirus IV	<1e2	<1e2	NOT DETECTED
Sapovirus V	<1e2	<1e2	NOT DETECTED
Epstein Barr virus	<1e2	<1e2	NOT DETECTED
Cytomegalovirus	<1e2	<1e2	NOT DETECTED

Fungi & yeast

6 Targets

ORGANISM	CURR.	PREV.	STATUS
Candida spp.	<1e1	<1e1	NOT DETECTED
Candida glabrata	<1e2	<1e2	NOT DETECTED
Candida albicans	**6.8e2**	**3.1e2**	**DETECTED**
Geotrichum spp.	<1e3	<1e3	NOT DETECTED
Rodotorula spp.	<1e2	<1e2	NOT DETECTED
Microsporidium spp.	<1e3	<1e3	NOT DETECTED

Antibiotic-resistance genes

7 Targets

DETECTED Helicobacter - Clarithromycin

NOT DETECTED Helicobacter - Fluoroquinolones, Fluoroquinolones, b-lactamase, Bactrim, Vancomycin, Macrolides

SAMPLE

ADVANCED INSIGHTS - GUT MICROBIOME

01	Methanobrevibacter smithii	24.5	20	21.5 Jun 10, 2026	02	Desulfovibrio piger	14.1	20	15.4 Jun 10, 2026

Gas microbes suggest methane or sulfide type

Assess gas-producing microbes (methane or sulfide)

- Why: Different gas-making microbes cause different symptoms, so the methane side and the hydrogen-sulfide side are read separately.
- Methanobrevibacter 01 makes methane, which slows the gut down, so a high value fits constipation. Desulfovibrio 02 makes hydrogen sulfide, which speeds up and irritates the gut, so a high value fits urgency, loose stools and rotten-egg gas. These are opposite patterns.

ADVANCED INSIGHTS - GUT INFLAMMATION

01	Fecal Eosinophil Protein X	11.1 mcg/g	4.8	10.7 mcg/g Jun 10, 2026	03	Fecal Lactoferrin	<0.05 mcg/ml	6.4	9.8 mcg/ml Jun 10, 2026
02	Calprotectin	9.4 mcg/g	50 119.9	93.4 mcg/g Jun 10, 2026	04	Fecal Immuno-chemical Test (FIT)	0.1 mcg/g	10	0.2 mcg/g Jun 10, 2026

Inflammation markers separate IBD, allergy and IBS

Assess inflammation markers to separate IBD, allergy and IBS

- Why: Several inflammation markers tend to rise together, so they are read as a group to tell inflammatory bowel disease apart from IBS and from allergy-related inflammation.
- When calprotectin 02 and lactoferrin 03 rise together, they suggest true inflammation of the gut lining rather than IBS. A high eosinophil protein X 01 instead suggests allergy- or food-related inflammation, or a parasitic infection. A positive FIT 04, meaning hidden blood, is linked to a higher chance of bowel polyps or inflammation regardless of the others.

SAMPLE

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SUGGESTIONS

Probiotics

Probiotics are beneficial live microorganisms designed to restore and maintain healthy gut microbiome balance and support digestive and immune function. These agents work by colonizing the intestinal tract, competing with harmful bacteria, producing beneficial metabolites, or modulating immune responses. Based on individual microbiome assessments, this report provides recommendations for appropriate probiotic strains tailored to the specific imbalances or digestive concerns identified. These recommendations serve as guidance and must be reviewed with a qualified healthcare provider to ensure proper selection, colony count, and duration of supplementation. Responsible use of probiotics is essential to optimize gut health benefits and minimize potential digestive discomfort during initial colonization.

SUPPLEMENTS

- Enterococcus faecium — 1.6 × 108 CFU/g
- Bacillus subtilis — 2.0 × 108 CFU/g
- Saccharomyces cerevisiae — 3.0 × 108 CFU/g
- Probiotics — 10–100 billion CFU/day
- Butyrate — 300 mg/day

FOOD SOURCES

- **Fruits**
  Green Bananas
- **Vegetables**
  Sauerkraut, Tempeh
- **Dairy**
  Butter, Ghee, Cow Milk, Goat Milk, Sheep Milk, Parmesan Cheese, Hard Cheeses, Cream, Yogurt, Kefir
- **Fiber**
  Natto, Bread

Nutrients

Nutrients are a diverse group of essential vitamins, minerals, and compounds designed to support fundamental cellular processes, energy production, and overall physiological function throughout the body. These agents work by serving as cofactors in enzymatic reactions, supporting cellular repair mechanisms, or providing building blocks for optimal metabolic function. Based on individual health assessments, this report provides recommendations for appropriate nutrient supplementation tailored to the specific deficiencies or requirements identified. These recommendations serve as guidance and must be reviewed with a qualified healthcare provider to ensure proper selection, dosage, and duration of supplementation. Responsible use of nutrients is essential to optimize absorption and utilization while preventing potential imbalances or toxicity.

SUPPLEMENTS

- Docosahexaenoic acid (DHA) — 1 g/day
- Eicosapentaenoic acid (EPA) — 1 g/day
- Whey protein — 1g/lb bodyweight
- Omega-3 fatty acids — 950 mg/day
- Curcumin — 500-2000 mg/day
- Resveratrol — 100-500 mg/day
- Quercetin — 500-2000 mg/day
- Glutamine — 30 g/day
- Whey Protein Hydrolysate — 30 g/day
- Vitamin A — 2,333 IU/day

FOOD SOURCES

- **Fruits**
  Mango, Papaya
- **Vegetables**
  Soybeans, Cabbage, Carrots, Sweet Potatoes, Spinach, Kale
- **Dairy**
  Milk, Yogurt, Cheese, Butter
- **Fiber**
  Beans
- **Animal Protein**
  Eggs, Fish Oil, Algae, Fish, Krill Oil, Salmon, Mackerel, Sardines, Herring, Anchovies, Tuna, Trout, Cod Liver, Oysters, Meat, Egg Yolk

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Antioxidants

Antioxidants are protective compounds designed to neutralize free radicals and reduce oxidative stress that can damage cells, proteins, and DNA throughout the body. These agents work by donating electrons to unstable molecules, supporting cellular repair mechanisms, or enhancing the body's natural antioxidant defense systems. Based on individual health assessments, this report provides recommendations for appropriate antioxidant supplementation tailored to the specific cellular protection needs identified. These recommendations serve as guidance and must be reviewed with a qualified healthcare provider to ensure proper selection, dosage, and duration of use. Responsible use of antioxidants is essential to optimize cellular protection while maintaining proper balance in natural oxidative processes.

SUPPLEMENTS

- Lactoferrin — 1.5 g/day
- Resveratrol — 100-250 mg/day
- Quercetin — 12.5 mg/day
- Green tea extract — 300mg/day

FOOD SOURCES

- **Fruits**
  Blueberries, Cranberries, Red Grapes, Purple Grapes, Red Wine, Mulberries, Apples, Blackberries, Cherries, Elderberry
- **Vegetables**
  Red Onions, Yellow Onions, Shallots, Capers, Kale, Broccoli, Asparagus
- **Dairy**
  Milk, Colostrum, Cheese, Yogurt, Butter
- **Herbs & Spices**
  Japanese Knotweed
- **Nuts**
  Peanuts, Pistachios
- **Other**
  Green Tea

Botanicals

Botanicals are plant-derived compounds designed to support health and wellness through natural bioactive substances found in herbs, roots, leaves, and other plant materials. These agents work by providing phytochemicals that can modulate various physiological processes to promote optimal function, reduce inflammation, or support immune health. Based on individual health assessments, this report provides recommendations for appropriate botanical supplements tailored to the specific health concerns identified. These recommendations serve as guidance and must be reviewed with a qualified healthcare provider to ensure proper selection, dosage, and duration of use. Responsible use of botanicals is essential to optimize health benefits and minimize potential interactions or adverse effects.

SUPPLEMENTS

- Curcumin — 500-1000 mg/day
- Demulcent herbs — 500-4000 mg/day
- Milk thistle — 400 mg/day

FOOD SOURCES

- **Herbs & Spices**
  Turmeric Root, Turmeric Powder, Curry Powder, Golden Milk, Turmeric Tea, Turmeric-containing Spice Blends, Milk Thistle

SAMPLE

Peptides

Peptides are short chains of amino acids designed to support specific physiological functions, including the integrity of the gut lining and the regulation of tight junctions between intestinal cells. These agents work by signaling to cells, modulating barrier proteins, or supporting tissue repair processes. Based on individual health assessments, this report provides recommendations for appropriate peptide supplementation tailored to the specific barrier or repair needs identified. These recommendations serve as guidance and must be reviewed with a qualified healthcare provider to ensure proper selection, dosage, and duration of use. Responsible use of peptides is essential to optimize their targeted benefits while minimizing potential interactions or adverse effects.

SUPPLEMENTS

- Larazotide acetate — 1.5 mg/day

FOOD SOURCES

No food sources for these supplements.

Prebiotics

Prebiotics are non-digestible fiber compounds designed to selectively nourish beneficial gut bacteria and promote healthy microbiome composition and function. These agents work by serving as food sources for beneficial microbes, stimulating their growth and metabolic activity, or creating an environment that supports optimal gut barrier function. Based on your health assessments, this report provides recommendations for appropriate prebiotic supplementation tailored to the specific requirements identified. These recommendations serve as guidance and must be reviewed with a qualified healthcare provider to ensure proper selection, dosage, and gradual introduction protocol. Responsible use of prebiotics is essential to optimize gut flora balance while minimizing potential digestive discomfort during microbiome adaptation.

SUPPLEMENTS

- FOS — 10-20 g/day
- Inulin — 10 g/day
- Prebiotics — 5-15 g/day

FOOD SOURCES

- **Fruits**
  Bananas
- **Vegetables**
  Garlic, Asparagus, Onions
- **Fiber**
  Wheat, Chicory Root

Synbiotics

Synbiotics are combinations of probiotics and prebiotics designed to work together, supplying beneficial live microorganisms along with the fibers that nourish them. These agents work by introducing helpful bacteria while providing the substrates that support their survival, growth, and activity in the intestinal tract. Based on individual microbiome assessments, this report provides recommendations for appropriate synbiotic supplementation tailored to the specific imbalances identified. These recommendations serve as guidance and must be reviewed with a qualified healthcare provider to ensure proper selection, colony count, fiber dose, and duration of use. Responsible use of synbiotics is essential to optimize gut flora balance while minimizing potential digestive discomfort during adaptation.

SUPPLEMENTS

- Synbiotics — 10–100 billion CFU probiotics plus 3–10 g prebiotics/day

FOOD SOURCES

No food sources for these supplements.

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Continued - SUGGESTIONS

• Hormone Support

Hormone support compounds are designed to support optimal endocrine function and help maintain healthy hormone balance throughout various life stages and physiological changes. These agents work by providing hormone precursors or factors that support glandular function, modulating hormone metabolism, or enhancing cellular hormone sensitivity. Based on individual health assessments, this report provides recommendations for appropriate hormone-supporting supplements tailored to the specific endocrine imbalances identified. These recommendations serve as guidance and must be reviewed with a qualified healthcare provider to ensure proper selection, dosage, and monitoring protocols. Responsible use of hormone support supplements is essential to optimize endocrine function while preventing potential disruption of delicate hormonal feedback systems.

SUPPLEMENTS

- Palmitoylethanolamide — 200 mg/day

FOOD SOURCES

- Fiber
  Soybeans, Peanuts
- Animal Protein
  Eggs

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INTRODUCTION

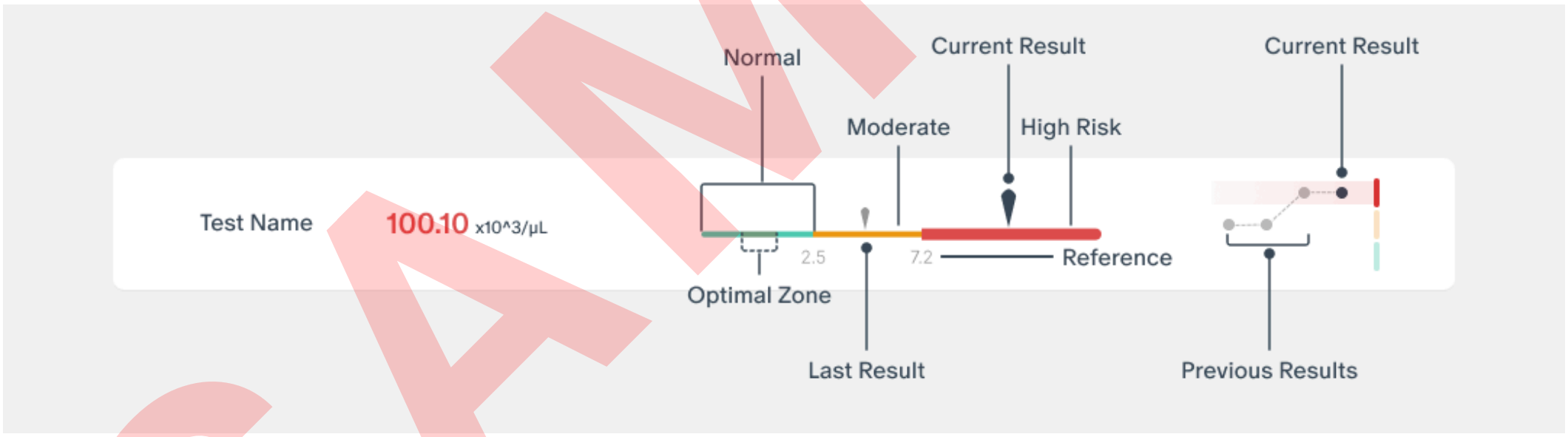
Vibrant Wellness is pleased to present Gut Baseline testing to support healthy lifestyle choices in consultation with your healthcare provider. The Gut Baseline evaluates biomarkers across key gastrointestinal health categories, including Gut Commensals, Phyla & Diversity Indices, Gut Inflammation, Digestion and Malabsorption, Gut Metabolites, Gut Permeability and Antibodies, Gut Pathogens and Antibiotic Resistance Genes. Results are intended to be interpreted by healthcare providers to guide personalized wellness strategies informed by the gastrointestinal ecosystem.

Methodology

Gut Baseline is split into 7 sections: Gut Pathogens, Gut Commensal, Gut Inflammation, Digestion and Malabsorption, Gut Permeability and Antibodies, Gut Metabolites, and Gut Diversity. Gut Pathogens uses real-time PCR Assay designed for semi-quantitative and qualitative detection of group-specific DNA in clinical stool samples. Gut Commensal uses deep metagenomic PCR to semi-quantitatively assess the presence of key commensal bacterial populations, providing resolution from phylum down to species level to support comprehensive gut microbiome profiling. Digestion and Malabsorption panel and Gut Inflammation are quantitative assays that detects calprotectin, anti-gliadin, eosinophil protein X, lactoferrin, and pancreatic elastase 1 levels with sandwich ELISA (enzyme-linked immunosorbent assay) methodology. ELISA methodology is used for detecting ß-glucuronidase and fecal immunochemical test (FIT). The Gut Permeability and Antibodies panel uses multiplexed microarray chip technology to provide accurate quantitative analysis of gut-related antibody markers such as sIgA and the gut permeability marker, zonulin. Liquid chromatography tandem mass spectrometry methodology (LC-MS/MS) is used for detecting Gut Metabolites like short chain fatty acids markers and bile acid markers. Colorimetric assay methodology is used for detecting fat malabsorption like fecal fat, fecal triglycerides, and total phospholipids.

Interpretation of Report

The following terminologies are used consistently in the report and are explained below.



Gut Diversity is an indicator for the amount of individual bacteria from each of the bacterial species present in your gut microbiome. There are two indices calculated including Shannon's Index (scale 0-3) and Simpson's Index (scale 0-1). For both calculations, higher index value represents increased diversity of species. While Shannon's is a better indicator of "richness" of the diversity, Simpson's is a better indicator of "evenness." The calculated Index values are surrounded with a risk indicator (green – high diversity, yellow – moderate diversity, and red – low diversity). Key Ratios are calculated and displayed comprising of F/B (Firmicutes to Bacteroidetes ratio) and P/B (Prevotella to Bacteroides ratio), along with the corresponding risk indicator.

Gut Commensal bacteria is represented using relative abundance values. Relative abundance is the percent composition of an organism of a particular kind relative to the total number of organisms in your gut microbiome. The abundance of individual bacterial phylum/family/genus/species is calculated by comparing the relative abundance to the healthy reference range. Reference ranges have been established using results from 200 healthy adults over 18 years of age, and pediatric reference ranges are not available.

AMPL

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Continued - INTRODUCTION

Gut pathogens, including pathogenic bacteria, parasites, viruses, and fungi, are reported both qualitatively and quantitatively. Pathogenic bacteria, parasites, viruses, and fungi are reported in copies/µL. Quantitative results are expressed in scientific notation, where "e" denotes the exponent of 10. For instance, a value of 1e2 corresponds to 1×10^2, or 100 copies/µL for the specified organism. Worms and antibiotic resistance genes are reported as DETECTED or NOT DETECTED, depending on the test outcome.

Digestion and Malabsorption, Gut Inflammation, Gut Permeability and Antibodies, and **Gut Metabolites** markers are displayed along with a risk indicator and the corresponding reference range. Reference ranges for these markers were calculated using results from 200 healthy adults over 18 years of age, and pediatric reference ranges are not available. All test results are displayed with a risk indicator and abundance direction as applicable. (red – high risk, yellow – moderate risk and green – low risk).

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. If someone is on immunosuppressants or immunosuppressed, it may alter the antibody testing results and should be factored into the results interpretation by the ordering physician.

Regulatory Disclaimer: Test*: Gut Commensals and Gut Pathogens

Test‡: Short-Chain Fatty Acids and Bile Acid Metabolites

This test was performed by Vibrant America Clinical Laboratory at 3521 Leonard Ct, Santa Clara, CA 95054 (CLIA No. 05D2078809, CAP No. 8970308), and Vibrant Genomics LLC at 3521 Leonard Ct, Santa Clara, CA 95054 (CLIA No.05D2098445, CAP No. 9282409). All PCR-based Tests* are performed by Vibrant Genomics LLC. This test was developed, and its performance characteristics determined, by Vibrant America Clinical Laboratory and Vibrant Genomics LLC. This test has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The New York State Department of Health has not evaluated any test‡ claims nor reviewed the accuracy of this test.

SAMPLE

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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