DEMO DEMO

Name: DEMO DEMO
Date of Birth: 00-00-0000
Biological Sex: Female
Age: 42
Height:
Weight:
Fasting:

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

FINAL REPORT

Accession ID: 2381674359

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
Stool	Local 2026-04-11 17:23	2026-04-17 15:51 (PDT)	Gut Zoomer- NY - P2	2026-04-26 01:50 (PDT)
Unpreserved Stool	Local 2026-04-11 17:23	2026-04-17 15:51 (PDT)	Gut Zoomer- NY - P2	2026-04-26 01:50 (PDT)

VibrantWellness
3521 Leonard Ct, Santa Clara, CA 95054
1-866-364-0963 | support@vibrant-america.com | www.vibrant-wellness.com

TNP Test not performed

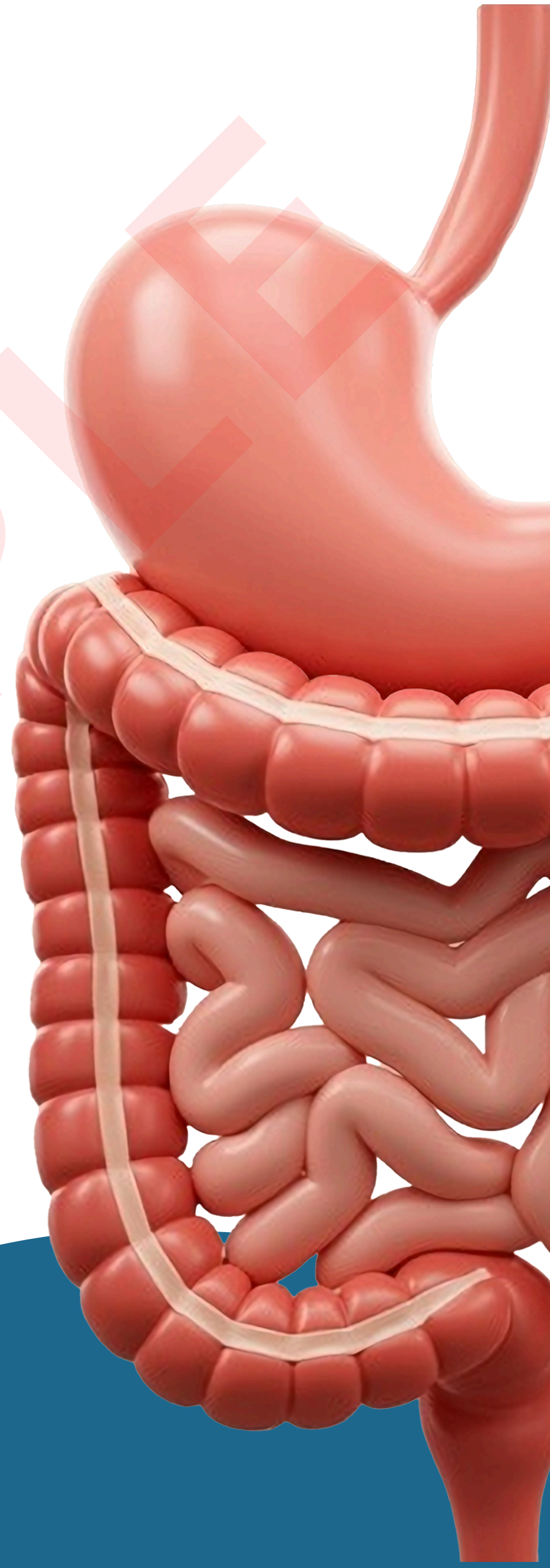
R&L Refer to risks and limitations at the end of report

Notes Refer to Lab notes at the end of the table

VibrantWellness

Gut Zoomer

Your Gut Health Report



Gut Zoomer- NY

INTRODUCTION

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

Methodology

Gut Zoomer is split into 6 sections: Gut Diversity, Gut Commensals, Gut Pathogens, Gut Inflammation, Digestion and Malabsorption, and Gut Metabolites. Gut Pathogens uses real-time PCR Assay designed for 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 and Gut Inflammation are assessed via a quantitative assay that detects calprotectin and pancreatic elastase 1 levels with sandwich ELISA (enzyme-linked immunosorbent assay) methodology. Liquid chromatography tandem mass spectrometry methodology (LC-MS/MS) is used for detecting Gut Metabolites like short-chain fatty acid markers and bile acid markers.

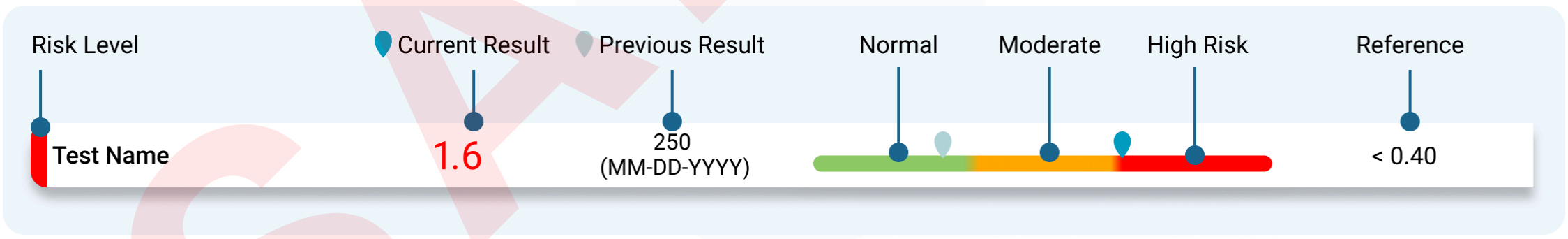
Interpretation of Report

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 by a risk indicator (green – high diversity, yellow – moderate diversity, and red – low diversity). **Gut Phyla** distribution is displayed in a pie chart with each pie representing the % of individual phyla tested. 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 are 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. The abundance is always mentioned in the report along with the potential associated risks; however, it is applicable only when indicated in RED.

Gut Pathogens, including pathogenic bacteria, parasites, and viruses are reported qualitatively. **Gut Inflammation** and **Gut Metabolites** are displayed along with a risk indicator and the corresponding reference range. Reference ranges for **Gut Inflammation** and **Gut Metabolites** 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). The patient's risk score is considered low if it falls within the green (normal) zone. The current result and previous result are listed to the left of the reference range illustration. The reference metric, used to establish the reference range, is listed to the right of the reference range illustration (see image below)



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: The Gut Commensals test was performed by Vibrant Genomics LLC, 3521 Leonard Court, Santa Clara, CA 95054 (CLIA #05D2098445; CAP #9282409). This test was developed, and its performance characteristics were determined, by Vibrant Genomics LLC. The Gut Commensals 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 the test claims or reviewed the accuracy of this test.

The Gut Metabolites test was performed by Vibrant America Clinical Laboratory, 3521 Leonard Court, Santa Clara, CA 95054 (CLIA #05D2078809; CAP #8970308). This test was developed, and its performance characteristics were determined, by Vibrant America Clinical Laboratory. The Gut Metabolites 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 the test claims or reviewed the accuracy of this test.

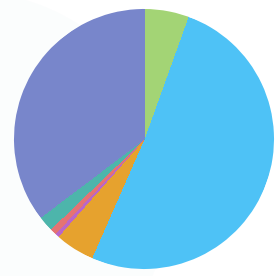
The Gut Pathogens, Gut Inflammation, and Digestion & Malabsorption Markers tests have been cleared or approved by the U.S. Food and Drug Administration (FDA) and are used according to the manufacturer's instructions. Performance characteristics were verified by Vibrant America Clinical Laboratory in accordance with CLIA requirements.

Patient Name: **DEMO DEMO**
Date of Birth: **00-00-0000** Accession ID: **2381674359**
Service Date: **2026-04-11 10:23 (PDT)**

Gut Zoomer- NY - Summary

Gut Diversity

INDEX	Reference	Current	Previous
Shannon's Index	≥ 2.40	2.4	
Simpson's Index	≥ 0.74	0.74	



- 5.5% Proteobacteria⁻
- 4.9% Actinobacteria
- 0.8% Fusobacteria⁻
- 35.3% Bacteroidetes⁻
- 51.1% Firmicutes
- 0.5% Euryarchaeota
- 1.9% Verrucomicrobia⁻

NOTE

Shannon's Index: Higher values indicate richness.

Simpson's Index: Higher values indicate evenness.

KEY RATIOS	Current	Previous	Result	Reference
Firmicutes/Bacteroidetes	1.4		0 0.9 7	≤0.9
Higher risk for obesity, metabolic disorders, and inflammation.				
Prevotella/Bacteroides	0.60		0 0.47	≥0.48

Gut Commensals

Test Name	Current	Previous	Result	Reference
Alistipes	23.2		0.1 20	≤20.0
Bifidobacterium	7.7		0 9.9	≥10.0
Bifidobacterium adolescentis	28.6		0 9.9 20	10.0-20.0
Bifidobacterium longum	9.8		0 9.9	≥10.0
Blautia	20.4		0 9.9 20	10.0-20.0
Clostridium hathewayi⁻	21.9		0 20	≤20.0
Coprococcus	24.3		0 9.9 20	10.0-20.0
Lactobacillus plantarum	8.3		0 9.9	≥10.0
Lactobacillus rhamnosus	9.9		0 9.9	≥10.0
Phascolarctobacterium⁻	2.0		0 9.9	≥10.0

Gut Zoomer- NY - Summary

Gut Pathogens

Virus	Current	Previous
Sapovirus	DETECTED	

Gut Inflammation

No markers are outside the normal reference range

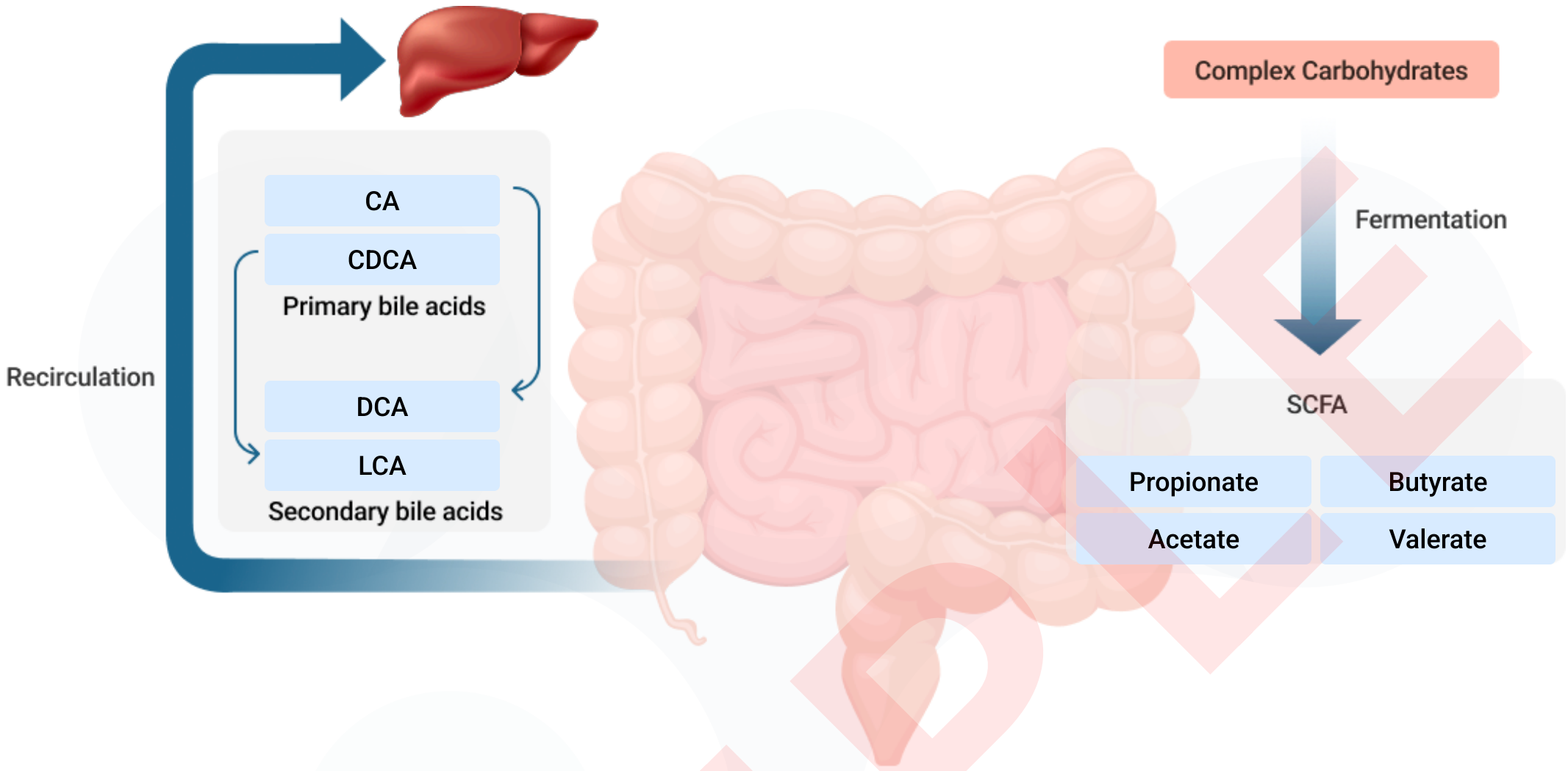
Digestion And Malabsorption

Test Name	Current	Previous	Result	Reference
Pancreatic Elastase (mcg/g)	150.0		0 100 199	≥200.0

Pancreatic Elastase, an enzyme produced by the exocrine pancreas, plays a vital role in protein digestion and serves as a non-invasive marker of exocrine pancreatic function. In the digestive tract, elastase is not broken down by other enzymes and is eventually excreted in the stool. Normal pancreatic function results in detectable levels of elastase in stool, while decreased levels indicate exocrine pancreatic insufficiency (EPI). EPI leads to insufficient production of digestive enzymes, causing malabsorption and symptoms such as steatorrhea (fatty stools), weight loss, bloating, and abdominal discomfort. Low elastase levels are associated with conditions such as chronic pancreatitis, cystic fibrosis, diabetes, and pancreatic cancer.

Gut Zoomer- NY - Summary

Gut Metabolites



CHOLIC ACID (CA)

- Fat malabsorption (greasy stools) from dysregulated bile synthesis and affected cholesterol metabolism.
- Digestive discomfort due to gut dysbiosis.

Gallbladder, Liver, Gut

ACETATE

- Dysregulated cholesterol levels due to altered lipid metabolism.
- Mood swings from affected neuronal signaling.
- Increased inflammation.

Colon, Brain

CHENODEOXYCHOLIC ACID (CDCA)

- Affected bowel movements from gut inflammation and impaired motility.
- Insulin resistance and poor blood sugar regulation due to disrupted GLP-1 sensitivity.

Brown adipose tissue, Gut

PROPIONATE

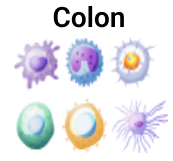
- Potential weight regulation issues due to altered energy homeostasis.
- Impaired satiety leading to overeating due to affected GLP-1 secretion.

Liver, Pancreas

DEOXYCHOLIC ACID (DCA)

- Elevated gut inflammation via NF-κB.
- Bowel discomfort due to low stool water content affecting gut motility and bowel movement.

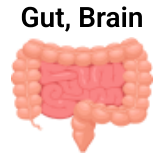
Immune cells, Colon



BUTYRATE

- Gastric discomfort from weakened intestinal lining.
- Poor blood sugar control due to disrupted glucose regulation via GLP-1.
- Brain fog from impaired neurogenesis.

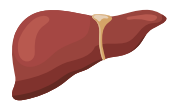
Gut, Brain



LITHOCHOLIC ACID (LCA)

- Toxin build-up due to poor detoxification
- Frequent gut infections from reduced immunity via VDR.
- Bloating and irregular stools from gut dysbiosis.

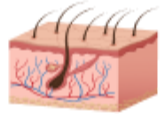
Liver, Gut



VALERATE

- Affected skin barrier function leading to dry, irritated, and itchy skin

Skin



Gut Zoomer- NY - Summary

Gut Metabolites

SHORT CHAIN FATTY ACIDS	Current	Previous	Result	Reference
Total Short Chain Fatty Acids (micromol/g)	22.9		0 45.3 210	45.4-210.1

Total short-chain fatty acids (SCFAs) refer to the combined concentration of acetate, butyrate, propionate, valerate, iso-butyrate, and other SCFAs in the gut. They are produced through the anaerobic fermentation of indigestible dietary fibers, such as resistant starch and polysaccharides, by gut microbiota. SCFAs play essential roles in maintaining gut health by serving as energy sources for intestinal epithelial cells, strengthening the gut barrier, and regulating microbial diversity. They help suppress intestinal inflammation, support gut homeostasis, and influence systemic metabolic and immune responses. SCFAs interact with G-protein-coupled receptors 41 and 43 (GPR41 and GPR43), affecting gut motility, energy metabolism, and inflammatory pathways. Their benefits extend beyond the gut, impacting insulin sensitivity, lipid metabolism, and neuroimmune interactions. Low fecal SCFA levels indicate dysbiosis and are linked to various health conditions, including irritable bowel syndrome, inflammatory bowel disease, obesity, and metabolic disorders. Symptoms of reduced SCFAs may include bloating, abdominal discomfort, fatigue, and irregular bowel movements.

Gut Zoomer- NY - All Markers

Gut Commensals - Gut Microbiome

Test Name	Current	Previous	Result	Reference
Acinetobacter⁻	9.4		0 — 20	≤20.0
Actinomyces	17.0		0.1 — 20	≤20.0
Akkermansia muciniphila⁻	27.2		0 — 9.9	≥10.0
Alistipes	23.2		0.1 — 20	≤20.0
Alloprevotella⁻	28.8		0 — 9.9	≥10.0
Atopobium	13.9		0 — 20	≤20.0
Atopobium parvulum	9.6		0 — 20	≤20.0
Bacillus subtilis	26.0		0 — 9.9	≥10.0
Bacteroidales⁻	19.3		0 — 9.9 — 20	10.0-20.0
Bacteroides⁻	18.1		0 — 9.9 — 20	10.0-20.0
Bacteroides caccae⁻	18.9		0 — 20	≤20.0
Bacteroides vulgatus⁻	27.6		0 — 9.9	≥10.0
Bifidobacterium	7.7		0 — 9.9	≥10.0
Bifidobacterium adolescentis	28.6		0 — 9.9 — 20	10.0-20.0
Bifidobacterium animalis	13.5		0 — 9.9	≥10.0
Bifidobacterium animalis subspecies lactis	11.9		0 — 9.9	≥10.0
Bifidobacterium catenulatum	13.6		0 — 9.9	≥10.0
Blautia	20.4		0 — 9.9 — 20	10.0-20.0
Blautia hydrogenotorophica	16.4		0 — 9.9 — 20	10.0-20.0
Bradyrhizobiaceae⁻	13.7		0 — 20	≤20.0
Butyricimonas⁻	28.8		0 — 9.9	≥10.0
Butyrivibrio	27.1		0 — 9.9	≥10.0
Catenibacterium	23.3		0 — 9.9	≥10.0

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Gut Zoomer- NY - All Markers

Gut Commensals - Gut Microbiome

Test Name	Current	Previous	Result	Reference
Christensenella minuta	23.0		0 9.9	≥10.0
Clostridia clusters IV	25.2		0 9.9	≥10.0
Clostridia clusters XIVa	>30		0 9.9	≥10.0
Clostridia clusters XVIII	18.1		0 9.9	≥10.0
Clostridiales Family XIV Incertae Sedis	26.6		0 9.9	≥10.0
Clostridiales Incertae Sedis IV	14.3		0 20	≤20.0
Clostridium hathewayi⁻	21.9		0 20	≤20.0
Clostridium ramosum	9.0		0 20	≤20.0
Clostridium symbiosum⁻	13.1		0 20	≤20.0
Collinsella	13.5		0 20	≤20.0
Coprococcus	24.3		0 9.9 20	10.0-20.0
Desulfovibrio⁻	17.6		0 20	≤20.0
Desulfovibrio piger⁻	14.4		0 9.9 20	10.0-20.0
Dialister invisus⁻	10.4		0 9.9	≥10.0
Dorea	18.5		0 20	≤20.0
Eggerthella lenta	14.6		0 20	≤20.0
Enterobacter aerogenes⁻	11.8		0 20	≤20.0
Enterococcus	16.0		0 9.9 20	10.0-20.0
Enterococcus gallinarum	14.0		0 20	≤20.0
Eubacterium	28.8		0 9.9	≥10.0
Eubacterium rectale	16.5		0 9.9 20	10.0-20.0
Faecalibacterium prausnitzii	16.7		0 9.9 20	10.0-20.0
Fusobacterium⁻	16.2		0 9.9 20	10.0-20.0

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Gut Zoomer- NY - All Markers

Gut Commensals - Gut Microbiome

Test Name	Current	Previous	Result	Reference
Hafnia	29.6		0 9.9	≥10.0
Holdemania	7.8		0.1 20	≤20.0
Lachnospiraceae	18.4		0 9.9 20	10.0-20.0
Lactobacillaceae	4.9		0 20	≤20.0
Lactobacillus	13.2		0 9.9	≥10.0
Lactobacillus animalis	18.5		0 9.9	≥10.0
Lactobacillus ruminis	10.6		0 20	≤20.0
Lactobacillus sakei	25.7		0 9.9	≥10.0
Lactococcus	14.4		0.1 20	≤20.0
Leuconostoc	29.9		0 9.9	≥10.0
Marvinbryantia	11.4		0.1 20	≤20.0
Methanobrevibacter smithii	14.5		0 9.9 20	10.0-20.0
Mycoplana[-]	8.5		0 20	≤20.0
Oscillospira[-]	19.3		0 9.9	≥10.0
Parabacteroides	28.7		0 9.9	≥10.0
Pediococcus	11.4		0 9.9	≥10.0
Peptostreptococcus	26.1		0 9.9	≥10.0
Phascolarctobacterium[-]	2.0		0 9.9	≥10.0
Porphyromonas gingivalis[-]	14.9		0 20	≤20.0
Prevotella[-]	10.8		0 9.9 20	10.0-20.0
Prevotella copri[-]	8.0		0.1 20	≤20.0
Propionibacterium freudenreichii	28.2		0 9.9	≥10.0
Proteus mirabilis[-]	13.9		0 20	≤20.0

Gut Zoomer- NY - All Markers

Gut Commensals - Gut Microbiome

Test Name	Current	Previous	Result	Reference
Pseudobutyrivibrio⁻	25.8		0 9.9	≥10.0
Pseudomonas⁻	4.4		0 20	≤20.0
Roseburia	>30		0 9.9	≥10.0
Roseburia intestinalis	19.9		0 9.9 20	10.0-20.0
Ruminococcaceae	19.3		0 9.9 20	10.0-20.0
Ruminococcus	19.7		0 9.9 20	10.0-20.0
Ruminococcus bromii	11.8		0 9.9	≥10.0
Ruminococcus gnavus	15.1		0 9.9 20	10.0-20.0
Ruminococcus obeum	8.9		0 20	≤20.0
Solobacterium moorei	8.9		0 20	≤20.0
ß-Galactosidase producing bacteria	18.7		0 20	≤20.0
ß-Glucuronidase producing bacteria	5.8		0 20	≤20.0
Staphylococcus epidermidis	11.3		0 20	≤20.0
Staphylococcus pasteuri	15.4		0 20	≤20.0
Tyzzerella	13.8		0 20	≤20.0
Tyzzerella 4	14.3		0 20	≤20.0
Veillonella⁻	14.9		0 9.9 20	10.0-20.0
Veillonellaceae⁻	14.7		0 9.9	≥10.0

Gut Commensals - Probiotic Organisms

Test Name	Current	Previous	Result	Reference
Bacillus coagulans	27.2		0 9.9	≥10.0
Bifidobacterium bifidum	17.8		0 9.9	≥10.0
Bifidobacterium breve	14.4		0 9.9	≥10.0

Gut Zoomer- NY - All Markers

Gut Commensals - Probiotic Organisms

Test Name	Current	Previous	Result	Reference
Bifidobacterium dentium	12.2		0 9.9	≥10.0
Bifidobacterium infantis	19.0		0 9.9	≥10.0
Bifidobacterium longum	9.8		0 9.9	≥10.0
Escherichia coli Nissle⁻	29.5		0 9.9	≥10.0
Lactobacillus acidophilus	17.6		0 9.9	≥10.0
Lactobacillus brevis	15.6		0 9.9	≥10.0
Lactobacillus bulgaricus	16.6		0 9.9	≥10.0
Lactobacillus casei	16.1		0 9.9	≥10.0
Lactobacillus fermentum	14.4		0 9.9	≥10.0
Lactobacillus paracasei	>30		0 9.9	≥10.0
Lactobacillus plantarum	8.3		0 9.9	≥10.0
Lactobacillus reuteri	17.6		0 9.9	≥10.0
Lactobacillus rhamnosus	9.9		0 9.9	≥10.0
Lactobacillus rhamnosus GG	19.2		0 9.9	≥10.0
Lactobacillus salivarius	28.6		0 9.9	≥10.0
Saccharomyces boulardii	26.3		0 9.9	≥10.0
Streptococcus thermophilus	16.7		0 9.9 20	10.0-20.0

Gut Pathogens

Bacteria	Current	Previous	Bacteria	Current	Previous
Campylobacter spp (jejuni and coli)	NOT DETECTED		Enterotoxigenic E.coli (ETEC)	NOT DETECTED	
Plesiomonas shigelloides	NOT DETECTED		Salmonella spp	NOT DETECTED	
Shiga-Like Toxin Producing E.coli (STEC) Stx1/Stx2	NOT DETECTED		Shigella/EIEC	NOT DETECTED	
Vibrio spp	NOT DETECTED		Yersinia enterocolitica	NOT DETECTED	

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Gut Zoomer- NY - All Markers

Gut Pathogens

Parasites - Protozoans	Current	Previous	Parasites - Protozoans	Current	Previous
Cryptosporidium	NOT DETECTED		Entamoeba histolytica	NOT DETECTED	
Giardia lamblia	NOT DETECTED				
Virus	**Current**	**Previous**	**Virus**	**Current**	**Previous**
Adenovirus F40/41	NOT DETECTED		Human Astrovirus	NOT DETECTED	
Norovirus GI/GII	NOT DETECTED		Rotavirus A	NOT DETECTED	
Sapovirus	DETECTED				

Gut Inflammation

Test Name	Current	Previous	Result	Reference
Calprotectin (mcg/g)	<33.5		0 50 119	≤50.0

Digestion And Malabsorption

Test Name	Current	Previous	Result	Reference
Pancreatic Elastase (mcg/g)	150.0		0 100 199	≥200.0

Gut Metabolites

BILE ACID METABOLITES	Current	Previous	Result	Reference
Cholic Acid (CA) (%)	0.22		0 0.36	≤0.36
Chenodeoxycholic Acid (CDCA) (%)	0.38		0 1.25	≤1.25
Deoxycholic Acid (DCA) (%)	49.12		0 24.2 75.8	24.25-75.84
Lithocholic Acid (LCA) (%)	39.64		0 24.1 75.7	24.16-75.75
LCA/DCA Ratio	0.81		0 0.31 3.38	0.32-3.38
SHORT CHAIN FATTY ACIDS	**Current**	**Previous**	**Result**	**Reference**
Acetate (%)	60.5		0 60.1 72.7	60.2-72.7
Propionate (%)	9.5		0 5 12.4	5.1-12.4
Butyrate (%)	23.8		0 15.3 30.3	15.4-30.3

Patient Name: **DEMO DEMO**
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Service Date: **2026-04-11 10:23 (PDT)**

Gut Zoomer- NY - All Markers

Gut Metabolites

SHORT CHAIN FATTY ACIDS	Current	Previous	Result	Reference
Valerate (%)	2.9		0 0.7 3.5	0.8-3.5
Total Short Chain Fatty Acids (micromol/g)	22.9		0 45.3 210	45.4-210.1

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. These factors 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. 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.