DEMO DEMO

FINAL REPORT

Accession ID: 2784847605

Name: DEMO DEMO
Date of Birth: 11-12-1990
Biological Sex: Male
Age: 35
Height: 64 inches
Weight: 160 lbs
Fasting:

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

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

Report Information

📍 Current Result   ⬤ Previous Result | In Control | Moderate | Risk

Specimen Information

Sample Type	Collection Time	Received Time	Report	Final Report Date
Serum	2026-01-15 10:00 (PST)	2026-01-15 16:39 (PST)	Neural Zoomer - P2	2026-01-16 09:48 (PST)

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

Neural Zoomer

Your Neural Health Report

Patient Name: **DEMO DEMO**
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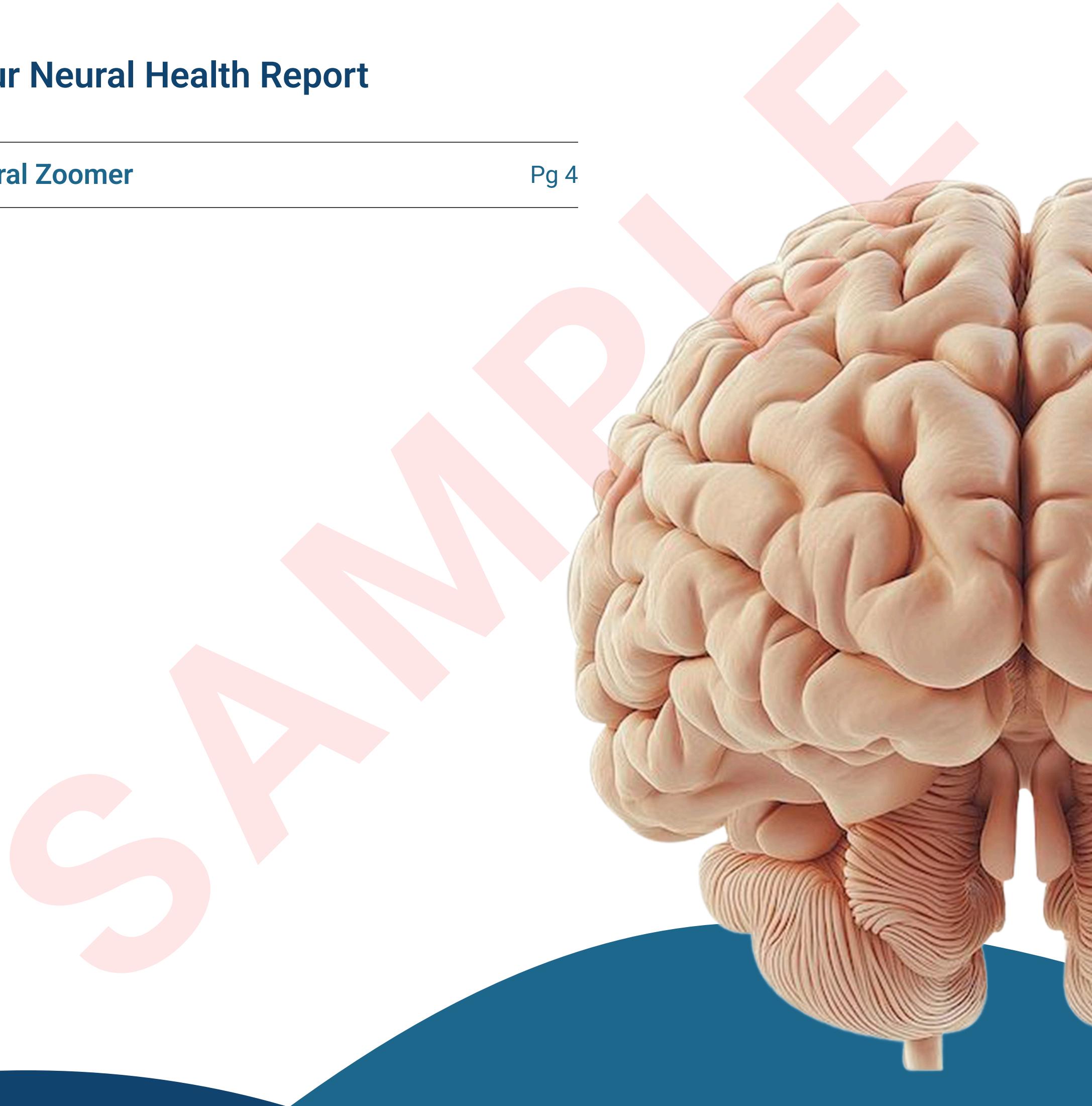
Neural Zoomer

INTRODUCTION

Vibrant Wellness is pleased to present to you 'Neural Zoomer Plus', to help you make healthy lifestyle and dietary choice in consultation with your healthcare provider. It is intended to be used as a tool to encourage a general state of health and well-being.

The Vibrant Neural Zoomer Plus is an array of neural antigens and genetic tests which offers very specific antibody-to-antigen recognition and potential risk to develop Neurological Autoimmune disease. The panel is designed to assess an individual's IgG, IgA, and IgM sensitivity to these antigens. Neural Zoomer plus aims to reduce the prevalence of neurological conditions by empowering patients and healthcare providers with a vital resource for early risk detection and an enhanced focus on personalized primary prevention.

Methodology:

The Vibrant Neural Zoomer test is a semiquantitative assay that detects IgG, IgA, and IgM antibodies in human serum/DBS for the neural antigens with multiplexed chemiluminescence immunoassay (CLIA) methodology. The Vibrant ApoE genetics test uses real-time PCR methodology. DNA is extracted and purified from blood/saliva samples and a SNP (single nucleotide polymorphism) genotyping assay is performed using real-time PCR to detect the specific allele target.

Interpretation of Report:

The Neural Zoomer summary page provides concise information on the list of antigens with antibody titers that are outside the normal reference range. Reference ranges have been established using 2000 healthy individuals. Vibrant utilizes proprietary reporter-based analysis which is designed to assay specific total IgG (subclasses 1, 2, 3, 4), total IgA (subclasses 1, 2), and total IgM antibodies. Additionally, the previous value (if available) is also indicated to help check for improvements every time the test is ordered.

This is followed by a complete list of all antigens tested including IgG+IgA and IgM antibody titers. A classification of Green denotes a results that is within the normal reference range, the classification of Yellow denotes a result that is moderately elevated titer with respect to the reference range and the classification of Red denotes a result that is elevated with respect to the normal reference range.

The Vibrant Wellness platform provides tools for you to track and analyze your general wellness profile. Testing for Neural Zoomer + panel is performed by Vibrant America, a CLIA certified lab CLIA#:05D2078809 and ApoE Genetics is performed by Vibrant Genomics, a CLIA certified lab CLIA#: 05D2098445. Vibrant Wellness provides and makes available this report and any related services pursuant to the Terms of Use Agreement (the "Terms") on its website at www.vibrant-wellness.com. By accessing, browsing, or otherwise using the report or website or any services, you acknowledge that you have read, understood, and agree to be bound by these terms. If you do not agree to these terms, you shall not access, browse, or use the report or website. The statements in this report have not been evaluated by the Food and Drug Administration and are only meant to be lifestyle choices for potential risk mitigation. Please consult your healthcare provider for medication, treatment, or lifestyle management. This product is not intended to diagnose, treat, or cure any disease.

Please note:

It is important that you discuss any modifications to your diet, exercise, and nutritional supplementation with your healthcare provider before making any changes. Pediatric reference ranges have not been established for this test

Neural Zoomer - Summary

Neural Zoomer

Reference Range: | In Control: ≤10 | Moderate: 10.1-20 | Risk: >20

Optical and Autonomic Nervous System Disorders	Current (IgG + IgA)	IgM	Previous (IgG + IgA)	IgM
Anti-Recoverin	15.7	4.1		

Recoverin is a member of the neuronal calcium sensor (NCS) protein family. It is present in the outer segments of photoreceptors (specialized cells for vision) present in the retina. Thus, recoverin is important for vision. Autoantibodies against recoverin are associated with various disorders, including retinal dysfunction associated with early-stage diabetes and cancer-associated retinopathy. Retinopathy is characterized by impaired vision and photosensitivity.

Peripheral Neuropathy	Current (IgG + IgA)	IgM	Previous (IgG + IgA)	IgM
Anti-Ri	19.5	4.3		

Patients with anti-Ri autoantibodies show symptoms such as difficulty in walking or swallowing, loss of muscle tone, loss of fine motor coordination, slurred speech, memory loss, vision problems, sleep disturbances, dementia, seizures, sensory loss in the limbs, and vertigo or dizziness. Progression of these symptoms can lead to paraneoplastic syndromes (conditions caused due to the body's response to cancer). The antineuronal anti-Ri antibody is also seen to be associated with neurological disorders such as opsoclonus/myoclonus (autoimmune disorder associated with involuntary eye movement, muscle jerks, and loss of balance) and cerebellar ataxia (loss of coordination due to damaged or dysfunctional cerebellum).

	Current		Previous	
Anti-Amphiphysin	14.8	7.0		

Amphiphysin is a membrane protein that is located at nerve terminals. Amphiphysin antibodies affect the retrieval of membrane constituents after neurotransmitter exocytosis (transport of molecules out of the cell). Amphiphysin antibodies are seen in stiff person syndrome (also known as Moersch-Woltman) which is characterized by fluctuating muscle rigidity in the trunk and limbs, heightened sensitivity to stimuli such as noise and touch, and excessive muscle spasms. Amphiphysin antibodies are also seen to be associated with cerebellar degeneration (death of neurons in the cerebellum), myelopathy (injury to the spinal cord resulting in pain and numbness), and neuropathy (nerve damage resulting in pain and numbness).

Neuromuscular disorders	Current (IgG + IgA)	IgM	Previous (IgG + IgA)	IgM
Anti-Acetylcholine receptors	12.1	5.5		

Acetylcholine receptors (AChR) are present at nerve terminals, especially at the neuromuscular junction. They get activated by the neurotransmitter acetylcholine which helps in nerve conduction and brings about muscle action. Anti-acetylcholine antibodies interfere with muscle function and cause muscle weakness. Studies reveal that serum anti-AChR usually has an inverse relationship to muscle strength. Anti-AChR antibody is associated with myasthenia gravis (MG) which is characterized by weakness in muscles, fatigue, double vision, difficulties with speech and chewing. Anti-AChR antibody can also lead to restricted ocular myasthenia which affects the muscles that move the eyes and eyelids, resulting in blurry vision and drooping eyelids.

Brain Autoimmunity	Current (IgG + IgA)	IgM	Previous (IgG + IgA)	IgM
Anti-Purkinje cell	11.8	8.0		

Purkinje cells are neurons of the cerebellar cortex. They play pivotal roles in coordination, control, and learning of movements. Most Purkinje neurons release a neurotransmitter called GABA (gamma-aminobutyric acid), which exerts inhibitory actions on neurons and thereby reduces the transmission of nerve impulses. Antibodies to Purkinje cells are associated with paraneoplastic cerebellar degeneration (cancer- associated immune response affecting the cerebellar neurons resulting in their death) which is characterized by unsteady gait, double vision, and difficulty with fine hand movements. These symptoms can progress to give rise to cerebellar ataxia (loss of coordination due to damaged or dysfunctional cerebellum).

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Neural Zoomer - Summary

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Brain Autoimmunity	Current		Previous	
	(IgG + IgA)	IgM	(IgG + IgA)	IgM
Anti-Amyloid beta (1-42)	13.8	4.5		

Amyloid-beta (1-42) is a major component of senile plaques in the brains of patients with Alzheimer's disease (AD). AD, one of the most common neurodegenerative brain diseases, is characterized by plaque formation. These plaques consist of amyloid-beta (Aβ) peptides. Patients might experience symptoms like memory loss, mental confusion, and cognitive impairment. Antibodies to Aβ (1-42) may contribute to onset and progression of AD and other neurodegenerative disorders.

Anti-Tau	11.9	3.8		

Alzheimer's disease (AD) is one of the most common neurodegenerative brain diseases, which is characterized by the aggregation of amyloid-beta (Aβ) plaques and neurofibrillary tangles (NFTs). Tau is a structural protein that stabilizes microtubules present in neurons. While plaque formation is caused by the deposition of Aβ proteins, NFTs are formed by the deposition of abnormal tau protein which has undergone a chemical change. These protein aggregates are seen to get accumulated in the regions of the brain associated with learning and memory. As a result, AD patients suffer from memory loss, mental confusion, and cognitive impairment. Anti Tau protein antibodies have been found to decline in AD in comparison to healthy subjects.

Anti-Alpha-synuclein	17.0	5.6		

The neural protein alpha-synuclein helps in the regulation of neural impulse transmission across the synapse (the gap between two neurons that allows nerve impulse passage). Its aggregation plays a major role in the pathogenesis of Parkinson's disease (PD). Antibodies against alpha-synuclein are seen to be associated with synucleinopathies including PD, PD dementia, dementia with Lewy bodies, and multiple system atrophy (neurodegeneration that affects multiple areas in the brain).

Infections	Current		Previous	
	IgG	IgM	IgG	IgM
Epstein Barr Virus EBNA1	>30	6.7		

The Epstein-Barr virus (EBV) infection is characterized by symptoms like extreme fatigue, fever, sore throat, head and body aches, swollen lymph nodes in the neck and armpits, swollen liver and/or spleen, and rash. Severe progression of this condition can lead to various central nervous system complications including encephalitis (brain inflammation), meningitis (inflammation of the covering of the brain and spinal cord) , cerebellitis (inflammation of the cerebellum), acute disseminated encephalomyelitis (inflammation and damage to the myelin sheath), transverse myelitis (spinal cord inflammation across its entire width), and radiculopathy (pinched nerve). Silent EBV infection is seen to be involved in the pathogenesis of multiple sclerosis.

Cytomegalovirus GlyB	11.4	7.5		

Cytomegalovirus (CMV) infection is a common herpes virus infection. It can cause mild illness with symptoms like fever, sore throat, fatigue, and swollen glands. However, individuals with weakened immune systems are likely to suffer from symptoms affecting the eyes, lungs, liver, esophagus, stomach, and intestines. Severe conditions of CMV infection can affect the central nervous system leading to encephalitis (brain inflammation), myelitis (inflammation of the spinal cord), and retinitis (inflammation of the retina). Also, Guillain-Barré syndrome is frequently associated with the presence of CMV-specific antibodies.

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Infections	Current		Previous	
	IgG	IgM	IgG	IgM
Cytomegalovirus p52	15.9	3.8		

Cytomegalovirus (CMV) infection is a common herpes virus infection. It can cause mild illness with symptoms like fever, sore throat, fatigue, and swollen glands. However, individuals with weakened immune systems are likely to suffer from symptoms affecting the eyes, lungs, liver, esophagus, stomach, and intestines. Severe conditions of CMV infection can affect the central nervous system leading to encephalitis (brain inflammation), myelitis (inflammation of the spinal cord), and retinitis (inflammation of the retina). Also, Guillain-Barré syndrome is frequently associated with the presence of CMV-specific antibodies.

Epstein Barr Virus p18	15.7	6.8		

The Epstein-Barr virus (EBV) infection is characterized by symptoms like extreme fatigue, fever, sore throat, head and body aches, swollen lymph nodes in the neck and armpits, swollen liver and/or spleen, and rash. Severe progression of this condition can lead to various central nervous system complications including encephalitis (brain inflammation), meningitis (inflammation of the covering of the brain and spinal cord) , cerebellitis (inflammation of the cerebellum), acute disseminated encephalomyelitis (inflammation and damage to the myelin sheath), transverse myelitis (spinal cord inflammation across its entire width), and radiculopathy (pinched nerve). Silent EBV infection is seen to be involved in the pathogenesis of multiple sclerosis.

Epstein Barr Virus p23	14.0	7.4		

The Epstein-Barr virus (EBV) infection is characterized by symptoms like extreme fatigue, fever, sore throat, head and body aches, swollen lymph nodes in the neck and armpits, swollen liver and/or spleen, and rash. Severe progression of this condition can lead to various central nervous system complications including encephalitis (brain inflammation), meningitis (inflammation of the covering of the brain and spinal cord) , cerebellitis (inflammation of the cerebellum), acute disseminated encephalomyelitis (inflammation and damage to the myelin sheath), transverse myelitis (spinal cord inflammation across its entire width), and radiculopathy (pinched nerve). Silent EBV infection is seen to be involved in the pathogenesis of multiple sclerosis.

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Demyelination Antigens	Current (IgG + IgA)	IgM	Previous (IgG + IgA)	IgM
Anti-Tubulin	4.6	6.0		
Anti-Myelin basic protein	6.6	5.2		
Anti-Myelin oligodendrocyte glycoprotein	5.4	5.4		
Anti-Myelin proteolipid protein	3.1	5.5		
Anti-Neurofascin	4.3	6.2		
Anti-MAG	4.2	6.9		

Blood Brain Barrier Disruption	Current (IgG + IgA)	IgM	Previous (IgG + IgA)	IgM
Anti-s100b	6.1	5.9		
Anti-Glial fibrillary acidic protein	2.1	5.8		
Anti-Microglia	9.5	8.2		
Anti-Glucose regulated protein 78	3.6	5.0		

Optical and Autonomic Nervous System Disorders	Current (IgG + IgA)	IgM	Previous (IgG + IgA)	IgM
Anti-Neuron specific enolase	3.1	6.2		
Anti-Aquaporin4	2.3	5.3		
Anti-Recoverin	15.7	4.1		
Anti-CV2	7.9	5.1		

Peripheral Neuropathy	Current (IgG + IgA)	IgM	Previous (IgG + IgA)	IgM
Anti-GM1	2.2	4.3		
Anti-GM2	0.6	4.1		
Anti-Hu	4.5	5.2		
Anti-Ri	19.5	4.3		
Anti-Amphiphysin	14.8	7.0		

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Neuromuscular disorders	Current (IgG + IgA)	IgM	Previous (IgG + IgA)	IgM
Anti-Acetylcholine receptors	12.1	5.5		
Anti-Muscle specific kinase	2.9	7.3		
Anti-Voltage gated calcium channels	2.3	3.7		
Anti-Voltage gated potassium channels	0.7	6.5		
Anti-Titin	4.0	5.1		

Brain Autoimmunity	Current (IgG + IgA)	IgM	Previous (IgG + IgA)	IgM
Anti-Cerebellum	4.3	6.0		
Anti-Purkinje cell	11.8	8.0		
Anti-Yo	4.2	4.5		
Anti-Amyloid beta (25-35)	3.3	4.2		
Anti-Amyloid beta (1-42)	13.8	4.5		
Anti-RAGE peptide	9.7	4.9		
Anti-Tau	11.9	3.8		
Anti-Glutamate	3.2	6.6		
Anti-Dopamine	5.0	4.8		
Anti-Hydroxytryptamine	7.3	5.4		
Anti-Alpha-synuclein	17.0	5.6		
Anti-α1 and β2 adrenergic receptors	4.8	4.8		
Anti-Endothelin A receptor	1.7	4.1		

Brain Inflammation	Current (IgG + IgA)	IgM	Previous (IgG + IgA)	IgM
Anti-NMDA receptor	2.6	5.4		
Anti-AMPA receptor	4.6	7.3		
Anti-GABA receptors	3.7	5.8		

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Brain Inflammation	Current		Previous	
	(IgG + IgA)	IgM	(IgG + IgA)	IgM
Anti-Dipeptidyl aminopeptidase like protein 6	3.5	4.3		
Anti-Glycine receptor	0.5	4.3		
Anti-Neurexin 3	6.3	4.1		
Anti-Contactin-Associated Protein-like 2 Antibodies	0.5	3.3		
Anti-Leucine-rich glioma-inactivated protein 1 (Anti-LGI1)	5.3	5.5		
Anti-Ma	3.5	3.9		
Anti-Dopamine receptor 1	1.0	5.1		
Anti-Dopamine receptor 2	7.0	4.3		

Infections	Current		Previous	
	IgG	IgM	IgG	IgM
Cytomegalovirus EIA Antigen	5.9	5.5		
Cytomegalovirus GlyB	11.4	7.5		
Cytomegalovirus p150	7.3	5.2		
Cytomegalovirus p28	5.9	2.5		
Cytomegalovirus p52	15.9	3.8		
Cytomegalovirus p65	1.8	5.0		
Cytomegalovirus p38	8.0	7.3		
Epstein Barr Virus EA Antigen	5.6	1.8		
Epstein Barr Virus EBNA1	>30	6.7		
Epstein Barr Virus VCA gp125	9.0	3.9		
Epstein Barr Virus p18	15.7	6.8		
Epstein Barr Virus p23	14.0	7.4		
HSV-1	0.7	7.2		
HSV-2	3.4	6.0		

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Infections	Current IgG	IgM	Previous IgG	IgM
HHV-6	1.0	6.5		
HHV-7	3.4	3.1		
Streptococcal A	4.2	6.1		

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Risk and Limitations

This test has been developed and its performance characteristics determined by Vibrant America LLC., a CLIA certified lab and Vibrant Genomics, a CLIA certified lab. These assays have not been cleared or approved by the U.S. Food and Drug Administration. Vibrant Wellness provides additional contextual information on these tests and provides the report in a more descriptive fashion.

Vibrant Neural Zoomer panel does not demonstrate absolute positive and negative predictive values for any condition.

Vibrant Neural Zoomer panel testing is performed at Vibrant America, a CLIA certified laboratory utilizing ISO-13485 developed technology and Vibrant Genomics, a CLIA certified laboratory. Vibrant America and Vibrant Genomics have effective procedures in place to protect against technical and operational problems. However, such problems may still occur. Examples include failure to obtain the result for a specific test due to circumstances beyond Vibrant's control. Vibrant may re-test a sample to obtain these results but upon re-testing the results may still not be obtained. As with all medical laboratory testing, there is a small chance that the laboratory could report incorrect results. A tested individual may wish to pursue further testing to verify any results.

Genetic testing is helpful in analyzing the risk of various diseases. However, it is important to note that Genetic risk determinants are neither necessary nor sufficient for the development of diseases. Environmental and lifestyle risk factors could also affect the risk of disease development. Results from genetic analysis should always be interpreted along with clinical findings on the individual. Genetic testing evaluates only for the genotypes indicated; it does not test for other genetic abnormalities found elsewhere in the genome. Different genetic variants can be tested by different genetic labs to evaluate the risk for a particular disease, depending on what is tested, genetic risk may not be comparable between labs. It should be realized that there are possible sources of error like any lab testing which include sample misidentification, trace contamination of PCR reactions, technical errors and rare genetic variants that may interfere with analysis.

Some individuals may feel anxious about getting their genetic test health results. If the potential user feels very anxious, such user should speak to his or her doctor or other health care professional prior to collection of a sample for testing. Users should consult with their doctor or other health care professional if they have any questions or concerns about the results of their test or their current state of health. Users of the test are also encouraged to discuss their test results with a genetic counselor, board-certified clinical molecular geneticist, or equivalent health care professional.

The information in this report is intended for educational purposes only. While every attempt has been made to provide current and accurate information, neither the author nor the publisher can be held accountable for any errors or omissions. Tested individuals may find their experience is not consistent with Vibrant's selected peer reviewed scientific research findings of relative improvement for study groups. The science in this area is still developing and many personal health factors affect diet and health. Since subjects in the scientific studies referenced in this report may have had personal health and other factors different from those of tested individuals, results from these studies may not be representative of the results experienced by tested individuals. Further, some recommendations may or may not be attainable, depending on the tested individual's physical ability or other personal health factors. A limitation of this testing is that many of these scientific studies may have been performed in selected populations only. The interpretations and recommendations are done in the context of these studies, but the results may or may not be relevant to tested individuals of different or mixed ethnicities.

Vibrant Wellness makes no claims as to the diagnostic or therapeutic use of its tests or other informational materials. Vibrant Wellness reports and other information do not constitute medical advice and are not a substitute for professional medical advice. Please consult your healthcare practitioner for questions regarding test results, or before beginning any course of medication, supplementation, or dietary changes.

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.