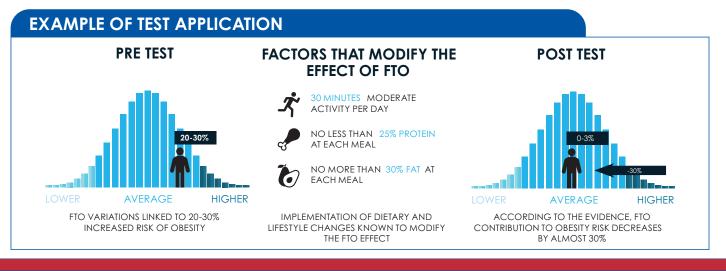




Version 1: July 2020

# MYDNA COMPREHENSIVE WELLNESS

# THE IMPORTANCE OF GENETICS FOR HEALTH AND WELLNESS NUTRITION LIFESTYLE Food, diet, Daily Routine & Behaviour **GENETICS &** cuisines **UP TO 60% HEALTH ENVIRONMENT HEALTH** Pollution, Epigenetics **GENETICS** Nutrigenomics 10% 30-80% MEDICAL CARE Drugs, PERSONALISED WELLNESS **ONE SIZE FITS ALL NUTRIGENOMICS TEST**





# SETTING THE RIGHT EXPECTATION FOR YOUR PATIENTS

# WHAT THIS TEST WILL TELL

This test will **NOT** predict the risk of a disease or condition, but will identify the individual's lifestyle factors that can modify the gene effect and improve health.

# WHAT THE PATIENT SHOULD EXPECT:

- To be guided to make dietary and lifestyle changes for a healthier life by choosing the nutrition and exercise regimens that are more in line with their genetic make up
- To learn about the interactions between their genes and their lifestyle and be recommended the actions that can help modify the effects of their genes.
- To identify those genetic factors that contribute to, without being the cause of, their body weight, vitamin needs and other aspects of their wellbeing.

# WHAT THE PATIENT SHOULDN'T EXPECT:

- Will not confirm or exclude the suspected diagnosis of a medical condition, intolerance or allergy.
- Will not identify whether they are carriers of a condition they could pass onto their children.
- Will not establish whether they are biologically related to other people.
- Will not predict a quantifiable risk of a disease or condition, such as breast cancer, Alzheimer's, cardiovascular disease, obesity, diabetes.

DHCR7 GC VDR

TMPRSS6

TF

# **REPORT**

#### 45 SNPs COVERED OVER 37 GENES

FTO	FAD\$1	ADORA2A	COL1A1
PPARG	GRK4	CYP1A2	COL5A1
MTIF3	NOS3	AHR	BCM01
ADIPOQ	CD36	ACTN3	SLC23A1
MC4R	TAS2R38	AGT	NBPF3
UCP1	TAS1R2	AMPD1	MTHFR
APOA5	MCM6	PPARGC1A	FUT2
LIPC	CYP1A1-CYP1A2	IL6	CYP2R1

# 5 HEALTH AND WELLNESS AREAS COVERED

TASTE PREFERENCE & FOOD RESPONSE FITNESS HEART HEALTH
WEIGHT MANAGEMENT VITAMINS

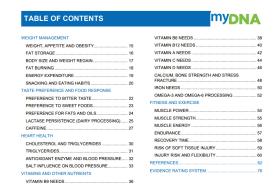




# **TEST IMPLEMENTATION**

# **HOW TO USE THIS TEST**

Identify the primary focus of the patient (Weight Loss, Vitamin levels, Heart Health, Food response, Fitness)



Consider primarily utilising the "Your Genetic Summary"

# WEIGHT MANAGEMENT

The balance between the number of calories you consume and the calories you burn is important for your weight management. This balance is controlled by a combination of your DNA and your environment. Your DNA controls your weight from within by influencing your appellite, your food choices, how quickly you burn calories and how fall is stored around your body. For each person, the relative influence that their DNA has on their body is different and unique.

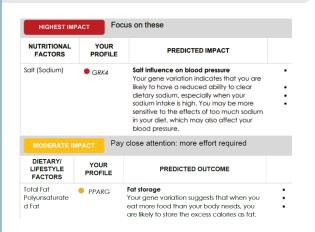
Based on the scientific literature that investigates the interaction between DNA and nutrients, we have created your personalized profile to help locus your attention on the dietary and lifestyle factors that are most relevant for you. We hope to empower you to make better decisions in your everyday life that will influence your long-term weight and health.

# WHAT DO YOU NEED TO FOCUS ON TO BETTER MANAGE YOUR HEALTH?

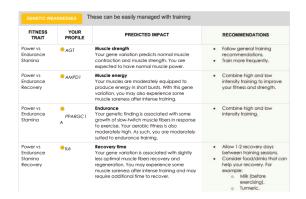
Based on your DNA markers, the following dietary/lifestyle factors are important for your health and weigh management. This information is unique to you, so please consider these factors when making decision about your health and weltbeing.

MODERATE IMPACT Pay close attention: more effort required			
DIETARY/ LIFESTYLE FACTORS	YOUR		RECOMMENDATIONS
Total Fat Polyunsaturate	PPAR	Fat storage Your gene variation suggests that when you	Limit total calories.     Limit total fat intake.

Focus on the results in High Impact group (Red) and Moderate Impact (Orange)



Include relevant "Recommendations" from the results in your patients treatment plan



5 Find additional information on each result in the Genetic Result summary

#### WEIGHT, APPETITE AND OBESITY



Find all References and Evidence Rating explanation at the end of the report

****	Systematic review of meta-analyses Single RCT (random controlled trial) with narrow confidence intervals			
***	Meta-analysis of cohort studies Prospective cohort with 80% follow up. Single RCT not in 5 Good qualify ecological research Genome-wide association studies	ETHER Nox5 FR 1, Sameer AS, Ganole BA, Folote: metabolism, genes, polymor pol 4,833([):11-20. Cabo R, Herner S, Sletton A, Haugen M, Ye S, Blomhodt R, et al. Effect on metabolism on the concentration of serum folder and patema folds more shared total nor short-term folce and supplementation: a randomized, double blind, cra-Anderson CA, Beredord SA, McLeron D, Lampe JM, Deab S, Feng Z, et al.		
***	Multiple case control studies Meta-analysis of case control Follow up cohort <80% Cross sectional studies >1000 people Case control good quality	concentrations to folic acid supplementation depends on methylemets results from a crossover frol. Mol. Nath 700 See, 2013;25(1):452-44. McAuby E, McNathy H, Hugher C, Stein J, JJ, Word M, Bibollovin stohu, M visiones and migroticionis for personidar uniforin. The Proceedings C Gracia-Minguillan CJ, Fernancie Editari JD, Cewelo S, Bost L, Bueno Q, modellis the effect on inelhylemetetricity without local services (MINTR) C modellis from the Color of the Minguillan C, Minguillan C, McMathy H, Dowey Is CD, Stein JJ, Durne A, Word M, Mollay PAA, et al. McMathy H, Dowey Is CD, Stein JJ, Durne A, Word M, Mollay PAA, et al. McMathy H, Dowey Is CD, Stein JJ, Durne A, Word M, Mollay PAA, et al. McMathy H, Dowey Is CD, Stein JJ, Durne A, Word M, Mollay PAA, et al. McMathy H, Dowey Is CD, Stein JD, Durne A, Word M, Mollay PAA, et al. McMathy H, Dowey Is CD, Stein JD, Durne A, Word M, Mollay PAA, et al. McMathy H, Dowey Is CD, Stein JD, Durne A, Word M, Mollay PAA, et al. McMathy H, Dowey Is CD, Stein JD, Durne A, Word M, Mollay PAA, et al. McMathy H, Dowey Is CD, Stein JD, Durne A, Word M, Mollay PAA, et al. McMathy H, Dowey Is CD, Stein JD, Durne A, Word M, Mollay PAA, et al. McMathy H, Dowey Is CD, Stein JD, Durne A, Word M, Mollay PAA, et al. McMathy H, Dowey Is CD, Stein JD, Durne A, Word M, Mollay PAA, et al. McMathy H, Dowey Is CD, Stein JD, Durne A, Word M, Mollay PAA, et al. McMathy H, Dowey Is CD, Stein JD, Durne A, Word M, Mollay PAA, et al. McMathy H, Dowey Is CD, Stein JD, Park PA, Word M, Mathy PAA, et al. McMathy PAA, et al. McMathy H, Dowey Is CD, Stein JD, Park PA, Word PAA, et al. McMathy P		
**	Single case control not in 3  Case-series  Cross sectional <1000 people	Wison CP, Ward M, McNully H, Sir ain JJ, Trouton TG, Horigan G, et al. R hyperfersion in patients with the MIHFR 677TI genotype: a 4-y follow-up Wison CP, McNully H, Ward M, Skrain JJ, Trouton TG, Hoeff BA, et al. Blo with the MIHFR 677TI genotype is responsive to intervention with riboflal hyperfersion. 2013;41(s):1302-3.		
*	Single case report Expert opinion Biochemistry First principle Animal/bacteria analogy	Rol, V., Methykinetelerchydrofoxle Reductiase CATT Polymorphism and population: A Nedro-andysis, Indian of Join Biochem, 2018. 3 (8) (p. 462-1 Chen, H. X., Yang, and M. Lu, Methykenetelerichydrofoxlar reductiose jac Indiano; a visional review and metho-andysis. Act of, Special Closel Yadav, U., et al., "Polymorphism in folder methodolem genes as mattern metho-andysis." Alboth Seria Dis. 2013. 3 (9) (1): p. 744. Chen H. Yang X. Lu M. Methykenetelrichydrofoxlar erductiose gene pol China: a systematic review and metho-andysis. Act Of gynecol Ostell. 2		

Systematic review of multiple RCT (meta-analysis)

