

Dr Test Doctor (Test Doctor) Test Clinic. 123 Test Street, Test Suburb Victoria 3125

Lab ID
Patient ID P000060
Ext ID 26139-0303

Test Patient

Sex: Female • 56yrs • 01-Jan-70
123 Home Street, Test Suburb VIC 3125

RECEIVED
19-May-26

MOE-Tox Complete Environmental Toxins

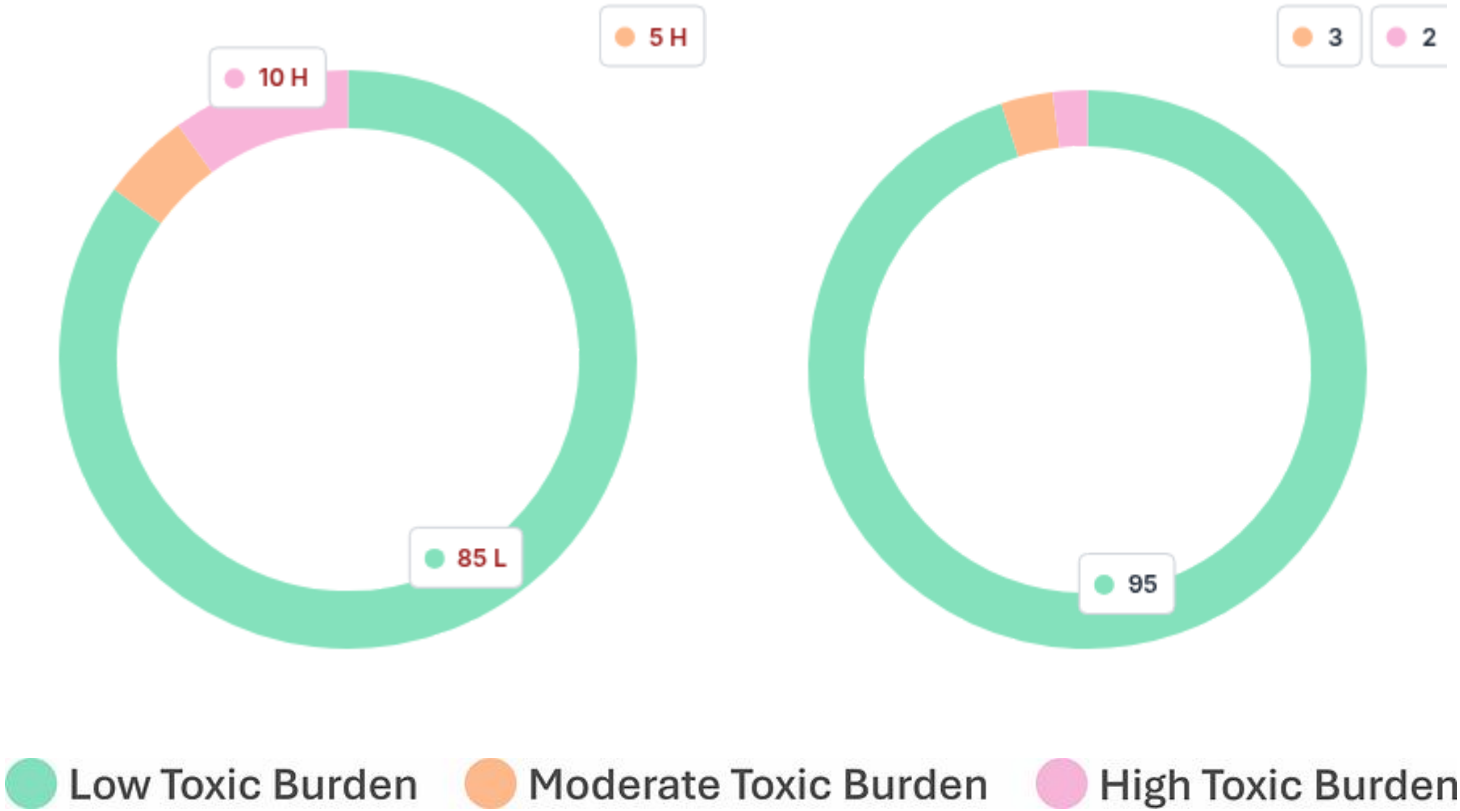
Specimen type - Urine, Spot

Collected

08-Apr-26 12:42pm

TOTAL BURDEN INDEX

HEALTHY INDEX



TEST RESULT

Toxic Burden Legend

High

Interpretation:

Markedly elevated results suggest significant or chronic toxicant accumulation that may carry clinical relevance. Such elevations warrant investigation of occupational, dietary, or environmental exposures and assessment of detoxification efficiency, mitochondrial status, and organ function. A structured detoxification protocol under clinical supervision is recommended, including source removal, targeted antioxidant and mitochondrial support, and medically guided use of binders or glutathione supplementation. Re-evaluation after intervention is advised to ensure toxin clearance and metabolic recovery.

Mineral Imbalance/Mitochondrial Dysfunction

HIGH Priority

Aflatoxin Group
Ochratoxin A
Gliotoxin Derivative
Tricothecenes Group

Moderate Priority

Propylparaben
Zearalenone



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OCHRATOXINS GROUP

Ochratoxin A

TEST	RESULT	H/L	INTERPRETATION	REFERENCE	UNITS
Ochratoxin A	3.750	H	PRESENT	(<1.800)	ppb

AFLATOXINS GROUP

Aflatoxin B1, Aflatoxin B2, Aflatoxin G1, Aflatoxin G2

TEST	RESULT	H/L	INTERPRETATION	REFERENCE	UNITS
Aflatoxin Group	1.667	H	PRESENT	(<0.800)	ppb

TRICOTHECENES GROUP

Roridin A, Roridin E, Roridin H, Roridin L-2, Verrucarin A, Verrucarin J, Satratoxin G, Satratoxin H, Isosatratoxin F

TEST	RESULT	H/L	INTERPRETATION	REFERENCE	UNITS
Tricothecenes Group	0.215	H	PRESENT	(<0.070)	ppb

GLIOTOXINS GROUP

Glotoxin Derivative

TEST	RESULT	H/L	INTERPRETATION	REFERENCE	UNITS
Glotoxin Derivative	1.465	H	PRESENT	(<0.500)	ppb

ZEARALENONE GROUP

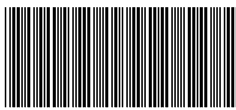
Zearalenone

TEST	RESULT	H/L	INTERPRETATION	REFERENCE	UNITS
Zearalenone	1.426	H	PRESENT	(<0.500)	ppb

Reference Ranges Interpretation

MYCOTOXIN GROUP	Not Present	EQUIVOCAL	PRESENT
Ochratoxin Group	< 1.80 ppb	1.80 - 2.00 ppb	> 2.00 ppb
Aflatoxin Group	< 0.80 ppb	0.80 - 1.00 ppb	> 1.00 ppb
Tricothecenes Group	< 0.07 ppb	0.07 - 0.09 ppb	> 0.09 ppb
Glotoxins Group	< 0.50 ppb	0.50 - 1.00 ppb	> 1.00 ppb
Zearalenone Group	< 0.50 ppb	0.50 - 0.70 ppb	> 0.70 ppb

Testing performed at Real Time Labs, Carrollton, TX, USA.



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Mycotoxins Comment

AFLATOXINS GROUP ELEVATED (URINE):

Elevated urinary aflatoxins indicate exposure to hepatotoxic and carcinogenic mycotoxins produced by Aspergillus species, commonly associated with contaminated grains, nuts, seeds, and improperly stored foods. Urinary aflatoxin metabolites reflect recent exposure and hepatic detoxification activity.

Clinically, aflatoxin exposure is associated with hepatic oxidative stress, impaired phase I and phase II detoxification, immune suppression, and increased long-term risk of hepatocellular carcinoma. Symptoms may include fatigue, nausea, abdominal discomfort, and heightened sensitivity to toxins.

From a functional medicine perspective, intervention focuses on strict dietary avoidance of contaminated foods, assessment of food storage practices, and support of hepatic detoxification capacity. Evidence supports the role of antioxidants (e.g. glutathione support), adequate protein intake, and micronutrients involved in liver function. Use of targeted binders may assist in reducing reabsorption. Ongoing exposure risk should be carefully assessed, particularly in vulnerable populations.

GLIOTOXINS GROUP ELEVATED (URINE):

Elevated urinary gliotoxins reflect exposure to immunosuppressive mycotoxins produced primarily by Aspergillus fumigatus. Gliotoxin detection may indicate active mould exposure or colonisation in susceptible individuals.

Clinically, gliotoxins are associated with immune suppression, increased susceptibility to infections, fatigue, and impaired inflammatory regulation. They may also interfere with macrophage and neutrophil function, contributing to chronic or recurrent illness.

From a functional medicine perspective, interpretation should include assessment of immune status, chronic inflammatory conditions, and possible ongoing environmental exposure. Management emphasises exposure control, immune system support, optimisation of antioxidant defences, and consideration of antifungal strategies where clinically indicated and appropriately supervised.

Treatment: Eliminate mold exposure, use immune modulators (zinc, vitamin D, beta-glucans), and upregulate glutathione pathways.

OCHRATOXINS GROUP ELEVATED (URINE):

Elevated urinary ochratoxins, most commonly ochratoxin A, indicate exposure to mould-derived nephrotoxic mycotoxins produced by Aspergillus and Penicillium species. Urinary detection reflects recent exposure and renal clearance, while ochratoxins are also known to accumulate in tissues with prolonged exposure.

Clinically, ochratoxin exposure is associated with renal tubular stress, oxidative damage, immune dysregulation, and potential endocrine disruption. Reported symptoms may include fatigue, brain fog, polyuria, increased thirst, and susceptibility to recurrent infections. Chronic exposure has been linked to nephrotoxicity and carcinogenic risk in animal and epidemiological studies.

From a functional medicine perspective, management should prioritise source identification and removal, including assessment of indoor water damage, mould contamination, and dietary exposure (e.g. grains, coffee, dried fruits). Supportive strategies commonly include optimisation of hydration to promote renal clearance, nutritional support for antioxidant capacity (e.g. glutathione pathways), and use of evidence-based binders where clinically appropriate to reduce enterohepatic recirculation. Renal function should be considered when implementing detoxification strategies.

Treatment: Antioxidants (grape seed extract, NAC), phase II detox support, avoid high-risk foods (e.g., coffee, processed meats, wine).

ZEARALENONE GROUP ELEVATED (URINE):

Elevated urinary zearalenone indicates exposure to oestrogenic mycotoxins produced by Fusarium species, commonly found in contaminated grains and cereals. Urinary detection reflects recent exposure and metabolic clearance.

Clinically, zearalenone acts as a potent endocrine disruptor with oestrogen-like activity. Symptoms may include menstrual irregularities, premenstrual symptoms, infertility, gynaecomastia, or other hormone-related disturbances in both females and males.

From a functional medicine perspective, management should focus on dietary source elimination, reduction of grain-based exposure where appropriate, and assessment of overall endocrine balance. Support of hepatic oestrogen metabolism and avoidance of additional endocrine-disrupting chemicals may be beneficial. Interpretation should consider patient age, sex, hormonal status, and symptom profile.

Treatment: Avoid grains, support estrogen detox (DIM, calcium-D-glucarate), and consider hormonal evaluation.



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TRICHOTHECENES GROUP ELEVATED (URINE):

Elevated urinary trichothecenes indicate exposure to highly cytotoxic mycotoxins produced by Fusarium, Stachybotrys, and related species. These compounds are potent inhibitors of protein synthesis and are commonly associated with water-damaged buildings and contaminated grains.

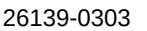
Clinically, trichothecene exposure is associated with prominent inflammatory and neurological symptoms, including headaches, fatigue, cognitive dysfunction, mucosal irritation, gastrointestinal disturbance, and immune dysregulation. Trichothecenes are considered among the more clinically aggressive mycotoxins.

From a functional medicine perspective, management requires urgent identification and removal of environmental exposure, particularly from indoor mould sources. Supportive strategies may include inflammatory modulation, antioxidant support, gut barrier protection, and carefully titrated binders under clinical supervision. Due to their potency, treatment should be individualised and paced to avoid symptom exacerbation.



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PHYSIOLOGICAL MINERALS

TEST	RESULT	H/L	REFERENCE	UNITS
● Calcium	74.81		(<450.00)	mg/gCR
● Iron	13		(<200)	ug/gCR
● Magnesium	84.08		(<290.00)	mg/gCR
● Zinc	141.63		(<900.00)	ug/gCR

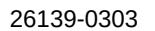
TRACE MINERALS

	TEST	RESULT	H/L	REFERENCE	UNITS
●	Boron	886		(<5500)	ug/gCR
●	Chromium	0.16		(<4.60)	ug/gCR
●	Cobalt	0.12		(<1.60)	ug/gCR
●	Copper	6.4		(<55.0)	ug/gCR
●	Germanium	0.00		(<1.50)	ug/gCR
●	Iodine	114.28		(>100.00)	ug/L
●	Lithium	11.12		(<55.00)	ug/gCR
●	Manganese	0.07		(<1.50)	ug/gCR
●	Molybdenum	34.31		(<65.00)	ug/gCR
●	Nickel	0.40		(<2.00)	ug/gCR
●	Rubidium	1512		(<3000)	ug/gCR
●	Selenium	30.84		(10.00-63.00)	ug/gCR
●	Strontium	73.05		(<310.00)	ug/gCR
●	Vanadium	0.53		(<8.00)	ug/gCR



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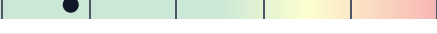
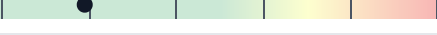
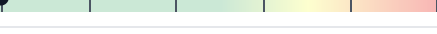
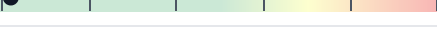
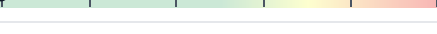
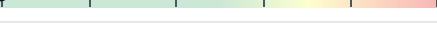
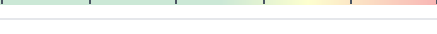
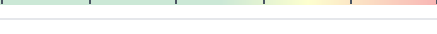
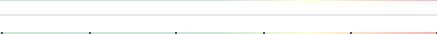
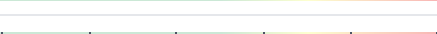
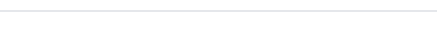
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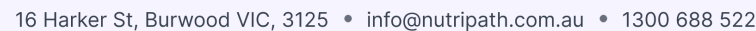


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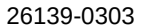
TOXIC METALS

TEST	RESULT	H/L	REFERENCE	UNITS
Aluminium	0.83		(<40.00)	ug/gCR
Antimony	<DL		(<1.00)	ug/gCR
Arsenic	8.94		(<35.00)	ug/gCR
Barium	5.26		(<5.70)	ug/gCR
Beryllium	0.04		(<0.60)	ug/gCR
Bismuth	<DL		(<1.00)	ug/gCR
Bromine	1017		(<4800)	ug/gCR
Cadmium	0.15		(<0.60)	ug/gCR
Cesium	3.05		(<10.30)	ug/gCR
Gadolinium	0.00		(<0.23)	ug/gCR
Gallium	<DL		(<0.10)	ug/gCR
Lead	0.27		(<8.00)	ug/gCR
Mercury	<DL		(<3.0)	ug/gCR
Palladium	<DL		(<15.00)	ug/gCR
Platinum	<DL		(<1.00)	ug/gCR
Silver	<DL		(<0.10)	ug/gCR
Tellurium	<DL		(<0.80)	ug/gCR
Thallium	0.16		(<1.50)	ug/gCR
Tin	0.09		(<0.50)	ug/gCR
Titanium				ug/gCR
Tungsten	0.06		(<0.50)	ug/gCR
Uranium	<DL		(<0.10)	ug/gCR
Zirconium	0.00		(<5.00)	ug/gCR



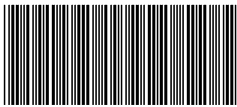
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VOLATILE ORGANIC COMPOUNDS						
TEST	RESULT	H/L		REFERENCE	UNITS	
2-hydroxyethyl-mercapturic acid (HEMA)	<DL			(<5.00)	ug/gCR	
Mandelic Acid	89.4			(<340.0)	ug/gCR	



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TEST	RESULT	H/L	REFERENCE	UNITS
● Phenylglyoxylic Acid	213.8	●	(<300.0)	ug/gCR
● Mandelic Acid + Phenylglyoxylic Acid	303.2	●	(<610.0)	ug/gCR

BENZENES EXPOSURE

TEST	RESULT	H/L	REFERENCE	UNITS
● t,t-Muconic Acid	0.03	●	(<0.12)	mmol/molCR
● 3,4-Dimethylhippuric Acid	< 0.01	●	(<0.01)	mmol/molCR

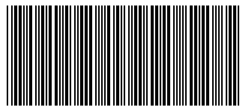
TOLUENES EXPOSURE

TEST	RESULT	H/L	REFERENCE	UNITS
● Benzoic Acid	< 0.50	●	(<9.30)	mmol/molCR
● Hippuric Acid	98.6	●	(<603.0)	mmol/molCR

XYLENES EXPOSURE

TEST	RESULT	H/L	REFERENCE	UNITS
● 2-Methylhippuric Acid	0.01	●	(<0.04)	mmol/molCR
● 3-Methylhippuric Acid	0.01	●	(<0.11)	mmol/molCR

TEST	RESULT	H/L	REFERENCE	UNITS
Creatinine, Urine	13.70	●	(2.47-19.20)	mmol/L



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Parabens Comment

PROPYLPARABEN ELEVATED (URINE):

Elevated urinary propylparaben suggests increased exposure to paraben-containing personal care products and cosmetics. Propylparaben is more lipophilic than methyl- and ethylparaben and may exhibit greater endocrine activity.

Clinically, propylparaben exposure has been associated with endocrine-disrupting effects in experimental models, though human symptoms are variable.

From a functional medicine perspective, this finding should be interpreted in the context of cumulative paraben exposure and hormonal balance, with emphasis on exposure identification and reduction.

Treatment considerations: Avoid paraben-containing products. Support estrogen clearance and phase II detox pathways (methylation, glucuronidation, sulfation). Consider antioxidant support.

METHYLPARABEN ELEVATED (URINE):

Elevated urinary methylparaben suggests increased exposure to paraben-containing products, including cosmetics, toiletries, processed foods, and pharmaceuticals. Methylparaben is one of the most commonly used parabens.

Clinically, elevated methylparaben exposure may be associated with hormonal modulation, although overt clinical symptoms are uncommon.

From a functional medicine perspective, this result should be interpreted in the context of total paraben burden and endocrine balance, with focus on reducing exposure sources rather than treating the urinary finding itself.

Treatment considerations: Transition to paraben-free hygiene and cosmetic products. Ensure adequate intake of detox-supportive nutrients such as glutathione, selenium, and B-vitamins.

Pesticides Comment

DIETHYLTHIOPHOSPHATE (DETP) ELEVATED (URINE):

Elevated urinary diethylthiophosphate (DETP) suggests exposure to organophosphate pesticides and represents a non-specific marker of such exposure.

Clinically, organophosphate exposure may lead to neurological or systemic symptoms at higher exposure levels, although many individuals with low-level exposure are asymptomatic.

From a functional medicine perspective, this result should be interpreted in conjunction with other dialkyl phosphate metabolites and exposure history, with focus on cumulative exposure assessment and reduction.

Treatment considerations: Limit OP exposure. Support biotransformation with nutrients like selenium, B-vitamins, and amino acids (glycine, taurine). Promote glutathione synthesis and consider antioxidant therapy. Evaluate overall pesticide burden.

Phthalates Comment

MONO-N-OCTYLPHTHALATE (mOP) ELEVATED (URINE):

Elevated urinary mono-n-octylphthalate (mOP) suggests exposure to di-n-octyl phthalate (DnOP), used in certain plastics, coatings, and industrial materials.

Clinically, exposure to DnOP is less common but contributes to overall phthalate burden and endocrine-disrupting potential.

From a functional medicine perspective, this finding should be interpreted as part of cumulative phthalate exposure rather than an isolated abnormality.

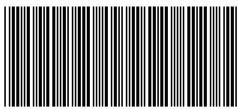
Treatment considerations: Avoid contact with soft plastics and dust exposure in poorly ventilated buildings. Support liver detoxification and oxidative stress pathways.

MONO-2-ETHYLHEXYL PHTHALATE (MEHP) ELEVATED (URINE):



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Elevated urinary mono-2-ethylhexyl phthalate (MEHP) reflects exposure to di-2-ethylhexyl phthalate (DEHP), a widely used plasticiser in food packaging, medical devices, and flexible plastics.

Clinically, DEHP exposure has been associated with endocrine and reproductive effects, particularly with sustained exposure.

From a functional medicine perspective, this result should be interpreted in the context of dietary packaging exposure, medical device history, and cumulative phthalate load.

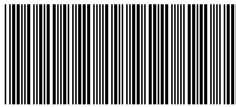
Treatment considerations: Avoid DEHP sources (e.g., PVC plastics, processed foods). Antioxidant therapy, dietary fiber, and sauna therapy may assist excretion. Evaluate for other endocrine disruptors.

Environmental Toxins Comment

ENVIRONMENTAL POLLUTANTS PROFILE:

The reported markers in the Environmental Pollutants Profile commonly originate from industrial/manufacturing products or their associated byproducts. Exposures are often occupationally-related and typically through either inhalation or topical exposure.

Metabolism of these products occurs via the liver detoxification pathways leading to excretion into the urine. Chronic exposures may also lead to build up of these products in fatty tissue deposits.



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MICROBIAL OVERGROWTH

N/A

YEAST/FUNGAL METABOLITES

N/A

ENVIRONMENTAL EXPOSURES

N/A

MITOCHONDRIA/ENERGY

N/A

FATTY ACID / KETONE METABOLISM

N/A

CARBOHYDRATE / GLYCAEMIC METABOLISM

N/A

NEUROTRANSMITTER METABOLISM

N/A

AMINO ACIDS METABOLISM

N/A

VITAMINS / NUTRITIONAL MARKERS

N-Acetylcysteine (NAC)

DETOXIFICATION / GLUTATHIONE FUNCTION

N-Acetylcysteine (NAC)

OXIDATIVE DAMAGE / INFLAMMATION

N/A

OXALATE METABOLISM

N/A



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ORGANIC ACIDS INTRODUCTION

Organic acids are small carbon-based molecules produced as by-products of everyday metabolic processes in the body. They are measurable in urine and serve as functional windows into the biochemical pathways that govern energy production, detoxification, immune regulation, neurotransmitter synthesis, and nutritional status. Organic acid testing offers a uniquely deep and clinically meaningful picture of a patient's metabolic health.

The Organic Acids Test (OAT) is a comprehensive urine-based analysis that examines over 120 individual metabolic markers across the following key domains:

Microbial Overgrowth - Identifies markers associated with bacterial dysbiosis and overgrowth of potentially pathogenic organisms in the gastrointestinal tract, including phenolic and aromatic compounds produced by microbial fermentation of dietary substrates.

Yeast & Fungal Metabolites - Screens for metabolites associated with yeast and fungal overgrowth, including Candida-related markers such as arabinitol, tartaric acid, and tricarballic acid, which may interfere with mitochondrial function and nutrient absorption.

Mitochondrial & Energy Metabolism - Evaluates the functional integrity of the citric acid (TCA) cycle through measurement of key intermediates including citric acid, cis-aconitic acid, isocitric acid, and alpha-ketoglutaric acid.

Fatty Acid Oxidation & Ketone Metabolism - Assesses the efficiency of both mitochondrial beta-oxidation and the alternative omega-oxidation pathway through dicarboxylic acid markers, providing insight into fatty acid handling, carnitine sufficiency, and metabolic flexibility.

Amino Acid & Branched-Chain Metabolism - Examines the catabolism of essential and branched-chain amino acids, identifying impairments in leucine, isoleucine, valine, methionine, threonine, and tyrosine pathways that may contribute to fatigue, mood dysregulation, and neurological symptoms.

Neurotransmitter Metabolism - Profiles the major catecholamine and indole pathways, including dopamine, norepinephrine, and serotonin metabolites, as well as the tryptophan-kynurenine pathway, offering functional insight into mood, cognition, stress response, and sleep regulation.

Vitamins & Nutritional Cofactor Markers - Provides functional assessment of B-vitamin status (B1, B2, B3, B5, B6, B12, folate, biotin), glutathione and antioxidant capacity, and key cofactors required for enzymatic activity across multiple metabolic pathways.

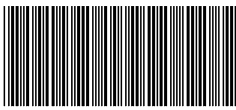
Detoxification & Glutathione Function - Evaluates markers of phase I and phase II hepatic detoxification, glutathione cycling via pyroglutamic acid, and NAC status, reflecting the body's capacity to manage oxidative burden and chemical exposure.

Oxidative Stress & Inflammation - Measures markers of DNA oxidative damage and inflammatory mediators, including 8-hydroxy-deoxyguanosine and leukotriene E4, providing a functional picture of systemic oxidative load.

Oxalate Metabolism - Screens for markers of excess oxalate production or absorption, which may be associated with gut dysbiosis, dietary factors, or impaired detoxification.

Environmental & Xenobiotic Exposures - Identifies urinary metabolites of common environmental chemicals including xylene, benzene, toluene, phthalates, parabens, and endocrine-disrupting compounds such as Bisphenol A (BPA) and Bisphenol S (BPS), providing objective evidence of toxic load.

Please Note: We acknowledge that certain compounds appear in multiple sections of the report. This is intentional, as these analytes have relevance across different clinical pathways. Their inclusion in multiple categories supports more accurate pattern recognition and enhances the interpretive value of Organic Acids testing.



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Sex: Female • 56yrs • 01-Jan-70
123 Home Street, Test Suburb VIC 3125

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MICROBIAL OVERGROWTH

TEST	RESULT	H/L	REFERENCE	UNITS
1 Benzoic Acid	< 0.50		(<9.30)	mmol/molCR
2 Hippuric Acid	98.6		(<603.0)	mmol/molCR
3 4-Hydroxybenzoic Acid (4-HBA)	0.08		(<0.57)	mmol/molCR
4 3,4-Dihydroxybenzoic Acid (3,4-DHBA)	8.52		(<45.00)	mmol/molCR
5 3-Hydroxyphenylacetic Acid (3-HPAA)	2.54		(<10.00)	mmol/molCR
6 3,4-Dihydroxyphenylpropionic Acid (DHPPA)	0.30		(<5.30)	mmol/molCR
7 Furancarboxylglycine	0.04		(<2.00)	mmol/molCR

Amino Acid Metabolism

8 Phenylacetic Acid (PAA)	0.18		(<3.90)	mmol/molCR
9 Phenylpropionic Acid	0.01		(<0.10)	mmol/molCR
10 3-Phenyllactic Acid (3-PLA)	0.12		(<2.00)	mmol/molCR
11 2-Hydroxyphenylacetic Acid (2-HPAA)	0.27		(0.05-0.70)	mmol/molCR
12 4-Hydroxyphenyllactic Acid (4-HPLA)	0.56		(<3.90)	mmol/molCR

SCFA Metabolism

13 3-Hydroxypropionic Acid (3-HPA)	2.37		(<17.00)	mmol/molCR
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Clostridial Markers

14 4-Cresol	1.81		(<3.00)	ug/mgCR
15 4-Hydroxyphenylacetic Acid (4-HPAA)	3.59		(<14.60)	mmol/molCR
16 Indoleacetic Acid (IAA)	3.00		(<11.00)	mmol/molCR
17 3-(3-Hydroxyphenyl)-3-hydroxypropionic Acid (HPHPA)	78.00		(<120.00)	mmol/molCR

YEASTS & FUNGAL METABOLITES

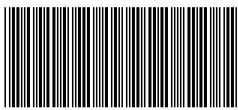
TEST	RESULT	H/L	REFERENCE	UNITS
18 Arabinitol	3.8		(<36.0)	mmol/molCR
19 Arabinose	3.24		(<32.00)	mmol/molCR
20 Citramalic Acid	1.10		(<3.60)	mmol/molCR
21 3-Oxoglutaric Acid	0.13		(<0.50)	mmol/molCR

Aspergillus Markers

22 5-Hydroxymethyl-2-furoic Acid	1.25		(<10.00)	mmol/molCR
23 Furan-2,5-dicarboxylic Acid	0.88		(<15.00)	mmol/molCR
24 Tartaric Acid	0.37		(<15.00)	mmol/molCR

Fusarium

25 Tricarballic Acid	0.13		(<0.44)	mmol/molCR
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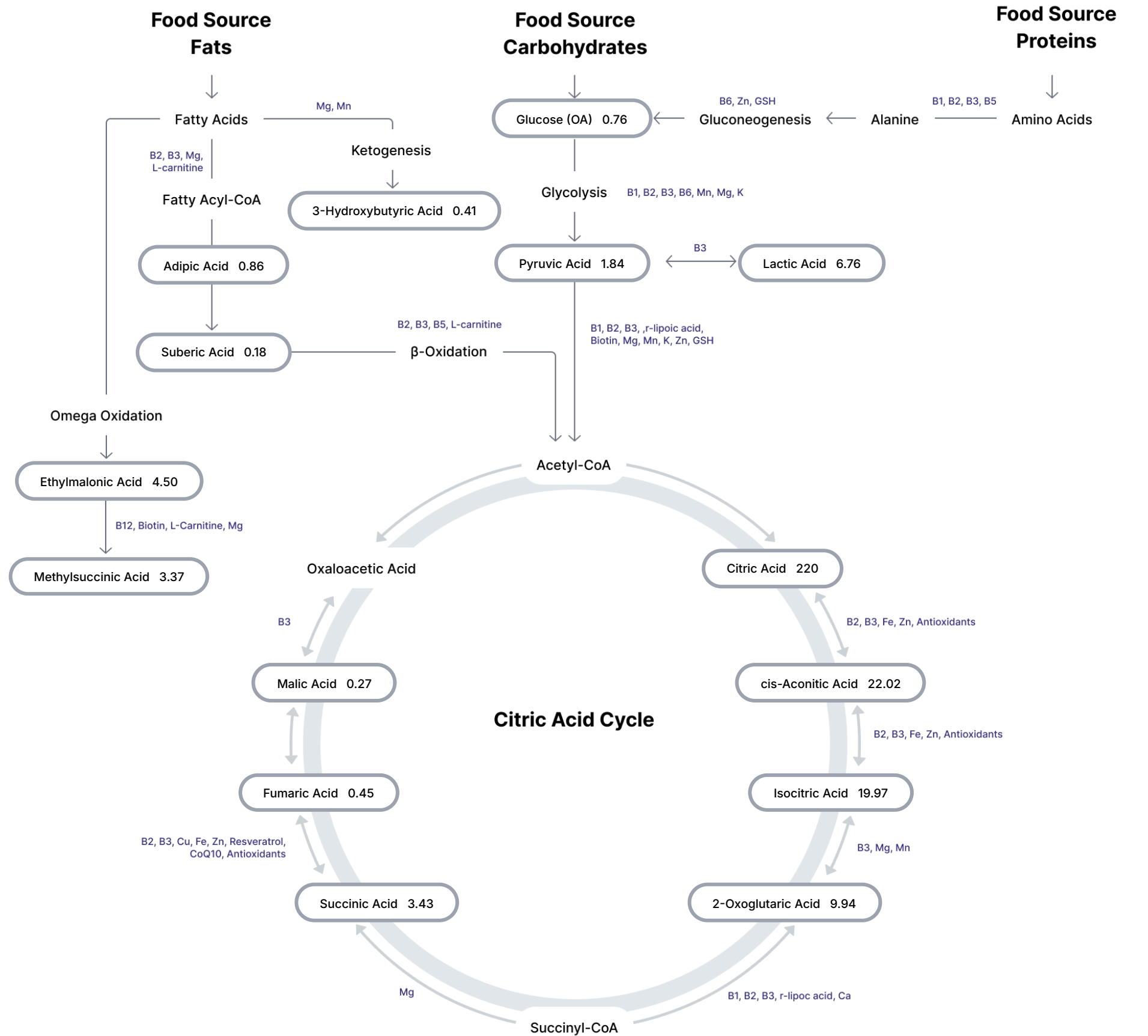
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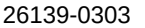
Legend Not Tested Within Range Out of Range L = Low, LL = Critically Low H = High, HH = Critically High

Organic Acids Pathway

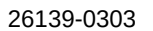




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(Phenylalanine, Tyrosine)

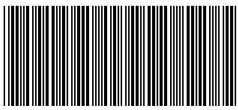
ADRENAL STRESS (Overnight)

Legend Not Tested Within Range Out of Range L = Low, LL = Critically Low H = High, HH = Critically High Regulator Enzyme

The diagram illustrates the metabolic pathway of catecholamines. It begins with Phenylalanine, which can be converted to PEA (Phenylethylamine) via Vitamin B6. Phenylalanine is also converted to Tyrosine, a process requiring MTHF, BH4, Fe, and Vitamins B3, C, and D. Tyrosine is then converted to L-DOPA (also requiring MTHF, BH4, Fe, and Vitamins B3, C, and D) and to Tyramine (via Vitamin B6). L-DOPA is converted to Dopamine (via Vitamin B6). Dopamine is then converted to Noradrenalin (via MTHF, BH4, Fe, and Vitamins B3, C, and D). Noradrenalin is converted to Adrenalin (via S-adenosylmethionine, S-AdoMet). Dopamine is also converted to 3,4-Dihydroxyphenylacetic Acid (DOPAC) via MAO (requiring Cu and Vitamin B2). DOPAC is further converted to Homovanillic Acid (HVA) via COMT. Noradrenalin is converted to Normetanephrine via COMT (requiring Mg and S-AdoMet). Normetanephrine is converted to MHPG via MAO (requiring Cu and Vitamin B2). Adrenalin is converted to Metanephrine via COMT (requiring Mg and S-AdoMet). Metanephrine is converted to MHPG via MAO (requiring Cu and Vitamin B2). DHPG (Dihydroxyphenylglycol) is also converted to MHPG via COMT (requiring Mg and S-AdoMet). Finally, MHPG is converted to Vanillylmandelic Acid (VMA) via MAO (requiring Mg). The final products are DOPAC (0.94), HVA (1.21), and VMA (1.36).

```

graph TD
    Phenylalanine -- "Vit B6" --> PEA
    Phenylalanine -- "MTHF, BH4, Fe, Vits B3, C, D" --> Tyrosine
    Tyrosine -- "Vit B6" --> Tyramine
    Tyrosine -- "MTHF, BH4, Fe, Vits B3, C, D" --> LDOPA[L-DOPA]
    LDOPA -- "Vit B6" --> Dopamine
    Dopamine -- "MTHF, BH4, Fe, Vits B3, C, D" --> Noradrenalin
    Noradrenalin -- "S-AdoMet" --> Adrenalin
    Dopamine -- "Cu, Vit B2, MAO" --> DOPAC["3,4-Dihydroxyphenylacetic Acid (DOPAC) 0.94"]
    DOPAC -- "COMT" --> HVA["Homovanillic Acid (HVA) 1.21"]
    Noradrenalin -- "Mg, S-AdoMet, COMT" --> Normetanephrine
    Normetanephrine -- "Cu, Vit B2, MAO" --> MHPG
    Adrenalin -- "Mg, S-AdoMet, COMT" --> Metanephrine
    Metanephrine -- "Cu, Vit B2, MAO" --> MHPG
    DHPG -- "Mg, S-AdoMet, COMT" --> MHPG
    MHPG -- "Mg, MAO" --> VMA["Vanillylmandelic Acid (VMA) 1.36"]
  
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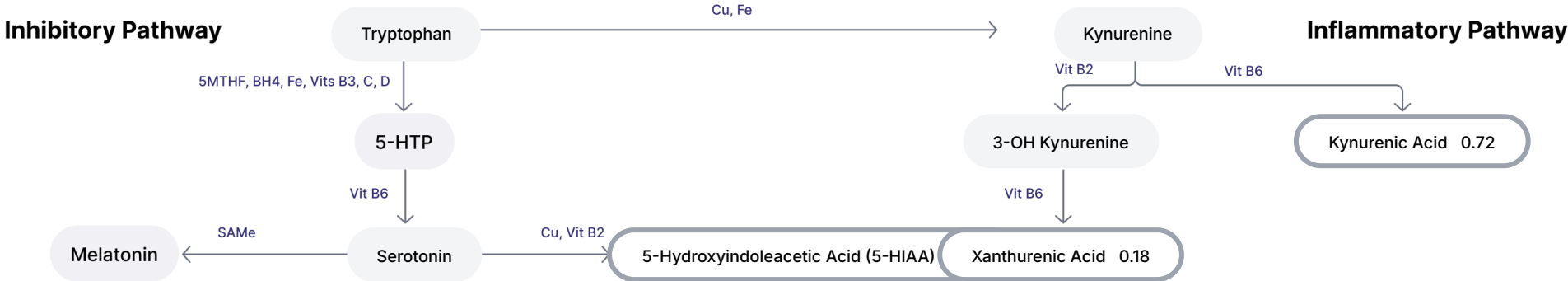
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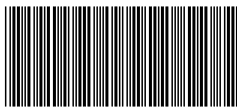
TRYPTOPHAN/KYNURENINE PATHWAY

(Tryptophan, B6, Antioxidants)

TEST	RESULT	H/L	REFERENCE	UNITS
Inhibitory				
109 5-Hydroxyindoleacetic Acid (5-HIAA)	0.65		(<4.30)	mmol/molCR
Inflammatory				
110 Kynurenic Acid	0.72		(<2.20)	mmol/molCR
111 Quinolinic Acid	1.69		(<9.10)	mmol/molCR
112 Picolinic Acid	0.12		(<10.28)	mmol/molCR
113 Xanthurenic Acid	0.18		(<0.96)	mmol/molCR
114 Kynurenic/Quinolinic Ratio	0.4		(<2.0)	ratio
115 Quinolinic Acid/5-HIAA Ratio	2.6		(<5.0)	ratio

Legend Not Tested Within Range Out of Range L = Low, LL = Critically Low H = High, HH = Critically High Regulator Enzyme





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DETOXIFICATION & GLUTATHIONE FUNCTION

(Arg, NAC, Meth, Mg, Antioxidants)

TEST	RESULT	H/L	REFERENCE	UNITS
Ammonia Metabolism				
116 Orotic Acid	1.51		(<3.20)	mmol/molCR
Glutathione Metabolism				
117 Pyroglutamic Acid	9.26		(4.50-33.00)	mmol/molCR
118 N-Acetylcysteine (NAC)	0.02	L	(0.02-0.28)	mmol/molCR
119 Glucaric Acid	0.95		(<11.00)	mmol/molCR
Phase I / Xenobiotic Markers				
120 2-Hydroxyhippuric Acid	0.34		(<1.50)	mmol/molCR
121 5-Hydroxymethyl-2-furoic Acid	1.25		(<10.00)	mmol/molCR
122 Furan-2,5-dicarboxylic Acid	0.88		(<15.00)	mmol/molCR

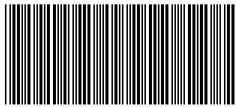
OXIDATIVE STRESS & INFLAMMATION

(Vitamin C, Other Antioxidants)

TEST	RESULT	H/L	REFERENCE	UNITS
123 8-hydroxy-deoxyguanosine	1.97		(<2.70)	umol/molCR
124 Leukotriene E4	1.57		(<100.00)	pg/mgCR
125 Quinolinic Acid	1.69		(<9.10)	mmol/molCR
126 Pyroglutamic Acid	9.26		(4.50-33.00)	mmol/molCR
127 Ascorbic Acid (Vit C)	4.17		(0.50-200.00)	mmol/molCR
128 Quercetin	0.23		(0.01-2.00)	mmol/molCR

OXALATE METABOLISM

TEST	RESULT	H/L	REFERENCE	UNITS
129 Glycolic Acid	4.97		(<67.00)	mmol/molCR
130 Glyceric Acid	0.30		(<6.00)	mmol/molCR
131 Oxalic Acid	15.39		(<78.00)	mmol/molCR



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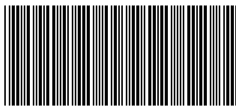
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ENVIRONMENTAL / XENOBIOTIC EXPOSURE

TEST	RESULT	H/L	REFERENCE	UNITS
Toluene Exposure				
132 Hippuric Acid	98.6		(<603.0)	mmol/molCR
133 Benzoic Acid	< 0.50		(<9.30)	mmol/molCR
Paraben Exposure				
134 4-Hydroxybenzoic Acid (4-HBA)	0.08		(<0.57)	mmol/molCR
Styrene Exposure				
135 Mandelic Acid	89.4		(<340.0)	ug/gCR
136 Phenylglyoxylic Acid	213.8		(<300.0)	ug/gCR
137 Mandelic Acid + Phenylglyoxylic Acid	303.2		(<610.0)	ug/gCR
Benzene Exposure				
138 t,t-Muconic Acid	0.03		(<0.12)	mmol/molCR
Phthalate Exposure				
139 Phthalic Acid	26.72		(<170.00)	ug/gCR
140 Monoethyl Phthalate	36.56		(<100.00)	ug/gCR
141 Quinolinic Acid	1.69		(<9.10)	mmol/molCR
METB Exposure				
142 2-Hydroxylsobutyric Acid	2.29		(<6.90)	mmol/molCR
Xylene Exposure				
143 2-Methylhippuric Acid	0.01		(<0.04)	mmol/molCR
144 3-Methylhippuric Acid	0.01		(<0.11)	mmol/molCR
145 4-Methylhippuric Acid	0.10		(<1.80)	mmol/molCR
Trimethylbenzene Exposure				
146 3,4-Dimethylhippuric Acid	< 0.01		(<0.01)	mmol/molCR
147 4-Hydroxyhippuric Acid	3.64		(<16.50)	mmol/molCR
Nucleotide Turnover/Methylation				
148 5-Methylcytosine	23.53		(10.00-50.00)	mmol/molCR
149 Uracil	2.42		(<9.00)	mmol/molCR
150 Thymine	0.13		(<0.60)	mmol/molCR
TEST	RESULT	H/L	REFERENCE	UNITS
151 Creatinine, Urine	13.70		(2.47-19.20)	mmol/L



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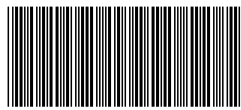
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NUTRITION GUIDE			
SERVICE	Nutritional Need	DOSE	UNITS
Vitamins			
Vitamin-B1	Mild	25.0	mg
Vitamin-B2	HIGH	25.0	mg
Vitamin-B3	Adequate	0.0	mg
Vitamin-B5	Mild	50.0	mg
Vitamin-B6	HIGH	25.0	mg
Biotin	Mild	100.0	ug
Vitamin B12	Mild	500.0	ug
Vitamin-C	HIGH	750.0	mg
Vitamin-E	Moderate	500.0	U
Minerals			
Chromium	Adequate	0.0	ug
Iron	Mild	15.0	mg
Magnesium	Mild	100.0	mg
Manganese	Mild	4.0	mg
Vanadium	Adequate	0.0	ug
Antioxidants/Cofactors			
alpha-Lipoic Acid	Moderate	200.0	mg
Calcium-D-glucarate	Adequate	0.0	mg
Coenzyme Q10	Moderate	150.0	mg
Glutathione	Moderate	300.0	mg
N-Acetylcysteine	Moderate	300.0	mg

NUTRITION GUIDE			
SERVICE	Nutritional Need	DOSE	UNITS
Amino Acids			
5-HTP	Moderate	50.0	mg
Acetyl-L-Carnitine	Moderate	500.0	mg
L-Arginine	Moderate	1500.0	mg
Aspartic Acid	Mild	500.0	mg
Glutamine	Moderate	1000.0	mg
Glycine	Moderate	500.0	mg
Lysine	Mild	500.0	mg
Methionine	Mild	200.0	mg
Ornithine	Mild	500.0	mg
Phenylalanine	Mild	250.0	mg
Serine	Mild	500.0	mg
Taurine	Moderate	1000.0	mg
Tryptophan	Mild	500.0	mg
Tyrosine	Mild	500.0	mg
Probiotics			
D-Lactate-free probiotics	Adequate	0.0	billion CFU
Lactobacillus	Adequate	0.0	billion CFU
Probiotics (Multistrain)	Adequate	0.0	billion CFU
Other			
Malic Acid	Adequate	0.0	mg
EPA/DHA	Moderate	2000.0	mg
Folinic Acid	HIGH	400.0	ug



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About the Nutrition Guide & Supplement Schedule

The Nutrition Guide presented in this report represents a personalised supplementation schedule generated directly from the organic acid findings of this individual patient. It is not a generic recommendation it is dynamically calculated for each patient based on the specific metabolic pattern identified across all measured domains.

The schedule is generated using a proprietary weighted algorithm developed by our clinical and scientific team. The algorithm analyses the full pattern of organic acid results not individual markers in isolation and assigns a weighted score to each finding based on its functional significance, its relationship to nutrient-dependent enzymatic pathways, and its interaction with other metabolic markers present in the same report. The outcome of this calculation determines both the nutritional priority level (Adequate, Mild, Moderate, or High) and the suggested starting dose for each nutrient, amino acid, probiotic, or cofactor listed.

Important Disclaimer

The Nutrition Guide and supplementation suggestions in this report are generated for clinical decision-support purposes only and are not intended as standalone medical advice or a prescription.

The proprietary algorithm used to generate this schedule is based on established relationships between organic acid biomarkers and nutritional cofactor requirements. However, it operates solely on biochemical data and cannot account for a patient's complete medical history, current medications, existing diagnoses, organ function, pregnancy or breastfeeding status, or any other health condition that may influence the safety or appropriateness of the suggested nutrients and doses.

The final therapeutic decision including whether to implement, modify, or withhold any recommendation in this report rests entirely with the treating practitioner. It is the practitioner's responsibility to integrate these findings with the full clinical picture before making any therapeutic recommendation.

This report does not diagnose, treat, cure, or prevent any disease or medical condition.

Nutritional Guide Practitioner Notes

Methodology

Enzyme-Linked Immunosorbent Assay (ELISA), Inductively Coupled Plasma Mass Spectrometry (ICP-MS), Automated Chemistry/Immunochemistry, Liquid Chromatography-Mass Spectrometry (LC-MS/MS/MS), Gas Chromatography-MS (GC/MS)