LifeExtension®
National Diagnostics, Inc.

590 N Federal Hwy
Fort Lauderdale, FL 33308
855-783-1576

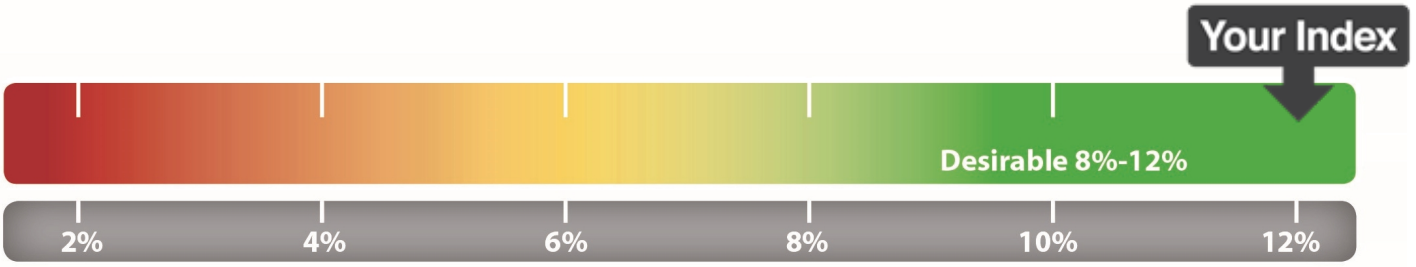
OMEGA-3 INDEX REPORT

NAME: John Doe
DOB: 06/19/1975
ID: JDoe

COLLECTION DATE: 11/13/2017
RESULT DATE: 11/18/2017

Your Index **13.01%**

Reference Range*: 2.90% - 12.90%



* Reference Ranges encompass about 99% of US adults. Visit our FAQ section for more information.

An Omega-3 Index in the range of 8-12% is an indicator of better overall health. As a part of a healthy lifestyle, an Omega-3 Index in the 8-12% range can help to support and maintain heart, brain, eye and joint health.[1] The best way to increase your Omega-3 Index is to eat more omega-3 fatty acids, specifically EPA and DHA. These are found primarily in fish, especially "oily" fish such as those near the top in the accompanying table. They can also be obtained from dietary supplements (fish, krill, cod liver and algae oils).

The amount of EPA+DHA you would need to eat in order to raise your Omega-3 Index into the desirable range is difficult to predict with certainty. Many factors – age, gender, weight, diet, genetics, smoking habits, medications, and other medical conditions – can all influence your body's response to EPA+DHA. However, research has shown that on average for most Americans, weekly consumption of 3 servings of non-fried fish, and taking a high quality 5 star rated IFOS™* fish oil supplement, should raise the Omega-3 Index into the desirable range. A good typical dose of omega-3 for most adults is approximately 1400mg EPA and 1000mg DHA daily from a 5 star IFOS™ rated omega-3 fish oil product.

Please note that the main omega-3 fatty acid found in flax or chia seeds (alpha-linolenic acid, ALA) is structurally different from EPA and DHA and its conversion to EPA and DHA is generally inadequate for most people. Thus, increasing flax or chia seeds for the purpose of increasing an Omega-3 Index is not typically effective.

After you increase your intake of EPA+DHA, your Omega-3 Index will begin to slowly go up within a few days, but will continue to change for 3-4 months. To know how your own body responds to an increased intake of EPA+DHA, we recommend that you re-measure your Omega-3 Index in 3-4 months. Once you reach the healthy range for Omega-3 Index, we recommend that you re-test every 6 months to make sure it remains in the desirable range.

*International Fish Oil Standards (IFOS) program is a third party testing and certification program exclusively for fish oils to ascertain their purity and potency.
1. Full references to studies supporting these statements may be found at www.omegaquant.com/evidence.

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OMEGA RATIOS REPORT

NAME: John Doe
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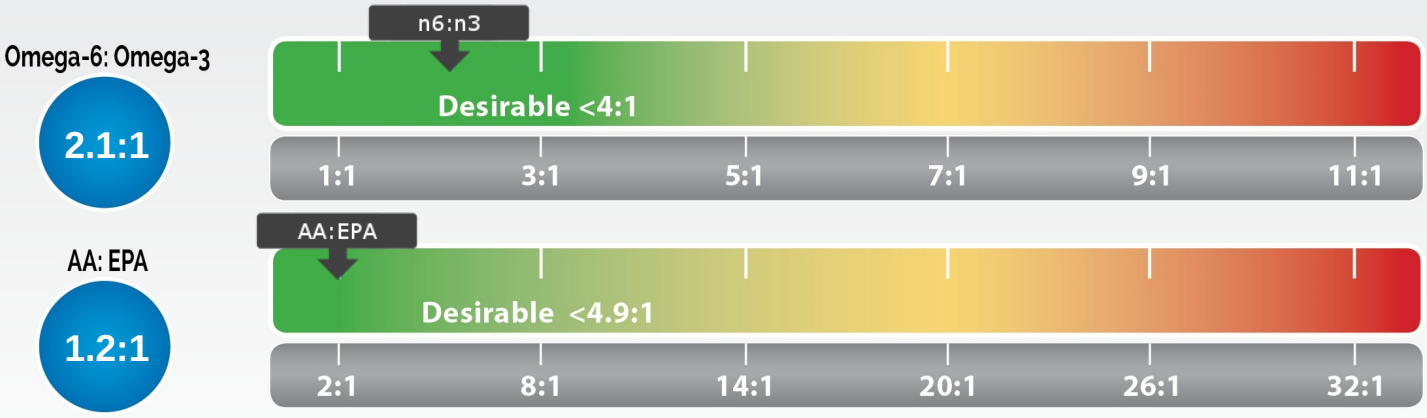
ID: JDoe

COLLECTION DATE: 11/13/2017
RESULT DATE: 11/18/2017



What fatty acids are included?

Omega-6:Omega-3 ratio is calculated by dividing the sum of 7 omega-6 fatty acids by the sum of 4 omega-3 fatty acids. The only two fatty acids included in the AA:EPA ratio are arachidonic acid (AA, 20:4n-6) and eicosapentaenoic acid (EPA, 20:5n-3).

What are the desirable ranges?

A good range for the omega-6:omega-3 ratio is <4 with 2.7 to 1.7 being the most desirable target. A good range for the AA:EPA ratio is 4.9 – 1.7 with <1.7 potentially even better, especially for those with chronic inflammation.

These ranges were derived from thousands of individuals whose RBC samples were analyzed for the Omega-3 Index and for these two ratios. Because the Omega-3 Index is strongly related to each of these ratios, the desirable ranges for these two ratios were calculated to correspond to the desirable range for the Omega-3 Index in addition to a review of the current research.

How can I improve these ratios?

The best way to lower both the Omega-6:Omega-3 and the AA:EPA ratios is to consume more high quality omega-3 fatty acids. Raising your intake of EPA+DHA from seafoods and/or omega-3 supplements will increase your Omega-3 Index and decrease the omega-6: omega-3 ratio and the AA:EPA ratio.

How long does it take to decrease these ratios?

It will only take only a few days to weeks to achieve desirable ratios but we generally suggest waiting 3-4 months before retesting to give all the fatty acids a chance to stabilize. However, a person can test in 2-3 weeks to determine initial progress and make adjustments accordingly.

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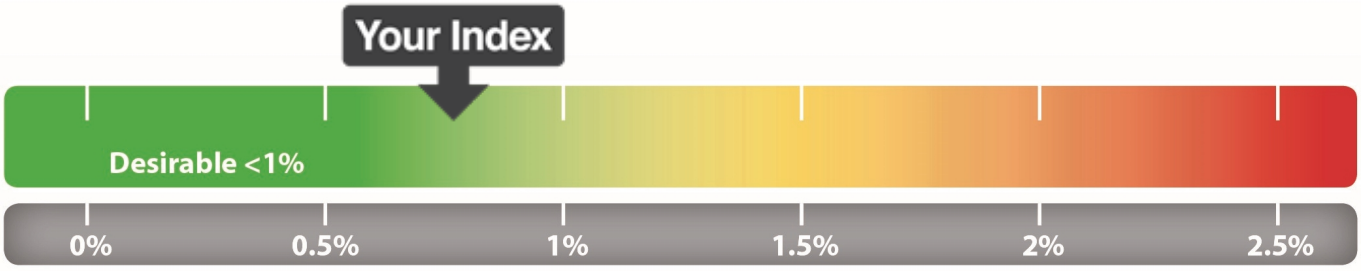
TRANS FAT INDEX REPORT

NAME: John Doe
DOB: 06/19/1975
ID: JDoe

COLLECTION DATE: 11/13/2017
RESULT DATE: 11/18/2017

Your Index
Reference Range*: 0.30% - 2.42%

0.77%



* Reference Ranges encompass about 99% of US adults. Visit our FAQ section for more information.

Trans fatty acids (commonly called *trans* fats) in our blood come only from the food we eat. Our body cannot make trans fats, like it can saturated and mono-unsaturated fats. The vast majority (80-90%) of trans fats we eat in America are industrially-produced *trans* fats*. These are produced by the "partial hydrogenation" of liquid vegetable oils, which is a chemical process that converts liquid oils into solid margarines and shortenings. Consumption of industrially-produced *trans* fats has been linked to poorer heart health and increased levels of "bad" cholesterol and decreased levels of "good" cholesterol. The Dietary Guidelines for Americans state that "*trans* fats can raise the risk of developing cardiovascular disease." Accordingly, the Guidelines recommend "keeping the intake of *trans* fat as low as possible by limiting foods containing partially hydrogenated oils."

Unfortunately, it is virtually impossible to know for certain how much *trans* fat is in your diet. This is because varying amounts of *trans* fats are included in thousands of food products, and the amounts in any given food product can change over time depending on the prices of the fats used to produce the food and the success of food companies in finding other fats to replace *trans* fats. In general, the foods that provide the most *trans* fats in the American diet include cakes, cookies, pies, pastries, French fries, tortilla chips, crackers, popcorn, and stick margarines, as seen on the accompanying *Trans* Fat Table.

The *Trans* Fat Index is simply the amount of industrially-produced *trans* fats that are in your red blood cell membranes. Blood levels of *trans* fats reflect levels in the diet – the more you eat, the higher they are in the blood. Historically, Americans ate too much *trans* fat, but over the last several years the food industry has steadily removed *trans* fats from many products. In fact, since 2009, the average *Trans* Fat Index measured at OmegaQuant has decreased by half (from 1.7% to 0.8%). In other words, in 2017 more than half of the samples submitted to OmegaQuant have a *Trans* Fat Index of <1%.

Individuals who have been eating typical American diets for decades have relatively high levels of *trans* fatty acids stored in their fat tissue. The more they have eaten (and the more fat tissue they have), the larger the body's total burden of *trans* fats. When a person cuts down on *trans* fat intake, these fatty acids start to slowly "leak" out of the fat tissue and eventually get burned up, but the process is slow. Unfortunately, research on the question of "How slow?" has yet to be completed, so nobody really knows. Consequently, the only way to track the loss of *trans* fats from your body is to periodically test your *Trans* Fat Index every 6 to 12 months.

**Trans* fats are also produced by ruminant bacteria and are present in full-fat dairy products and beef. Blood levels of these types of *trans* fats are not linked to poor heart health and, in fact, may be beneficial. The *Trans* Fat Index does not include this kind of "natural" *trans* fat.

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FULL FATTY ACID PROFILE REPORT

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ID: JDoe

COLLECTION DATE: 11/13/2017
RESULT DATE: 11/18/2017

Dried Blood Spot Fatty Acid Profile

Fatty Acid Group	Your Results	Reference Range*	Typical Level*
Omega-3 Fatty Acids	14.52%	2.9-13.3%	6.4%
Omega 3 Index	13.01%	2.9-12.9%	6.4%
Alpha-Linolenic (18:3n3)	0.34%	0.1-1.4%	0.5%
Eicosapentaenoic (EPA, 20:5n3)	7.17%	0.2-6.0%	1.4%
Docosapentaenoic-n3 (22:5n3)	3.93%	0.1-4.0%	1.3%
Docosahexaenoic (DHA, 22:6n3)	3.08%	1.1-6.0%	3.2%
Omega-6 Fatty Acids	30.35%	26.4-45.2%	35.6%
Linoleic (18:2n6)	19.87%	15.0-32.0%	22.7%
Gamma-Linolenic (18:3n6)	0.23%	0.1-1.0%	0.3%
Eicosadienoic (20:2n6)	0.17%	0.1-0.8%	0.2%
Dihomo-y-linolenic (20:3n6)	0.87%	0.5-4.0%	1.3%
Arachidonic (AA, 20:4n6)	8.46%	5.5-15.0%	9.7%
Docosatetraenoic (22:4n6)	0.45%	0.2-2.5%	1.1%
Docosapentaenoic-n6 (22:5n6)	0.30%	0.1-2.5%	0.3%
cis-Monounsaturated Fatty Acids	19.33%	15.7-32.3%	21.7%
Palmitoleic (16:1n7)	0.33%	0.1-3.5%	0.9%
Oleic (18:1n9)	18.07%	13.0-30.0%	19.8%
Eicosenoic (20:1n9)	0.22%	0.1-0.8%	0.3%
Nervonic (24:1n9)	0.71%	0.1-1.5%	0.7%
Saturated Fatty Acids	34.74%	29.5-37.7%	35.5%
Myristic (14:0)	0.91%	0.1-2.0%	0.7%
Palmitic (16:0)	20.46%	15.0-27.0%	21.8%
Stearic (18:0)	11.53%	6.0-15.0%	11.5%
Arachidic (20:0)	0.17%	0.1-0.6%	0.2%
Behenic (22:0)	0.75%	0.1-1.5%	0.5%
Lignoceric (24:0)	0.92%	0.1-1.6%	0.7%
Trans Fatty Acids	1.06%	0.4-2.7%	0.9%
Trans Palmitoleic (16:1n7t)	0.28%	0.0-0.4%	0.1%
Trans Oleic (18:1t)	0.47%	0.1-1.6%	0.6%
Trans Linoleic (18:2n6t)	0.31%	0.1-1.2%	0.2%
Trans Fat Index	0.77%	0.3-2.4%	0.9%
Ratios			
AA:EPA	1.2:1	1.4–52.6	14.8:1
Omega-6:Omega-3	2.1:1	2.3–14.5	6.6:1

*Reference Ranges encompass about 99% of US adults. Typical levels are the average values calculated from testing conducted at OmegaQuant. Visit our FAQ section for more information.

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Omega-3 Fatty Acids

The four omega-3 fatty acids reported here include the "plant" omega-3 (alpha-linolenic acid, ALA) and the three "fish" omega-3s (EPA, DHA and DPA n-3). ALA is one of the two essential fatty acids in the diet, meaning, like a vitamin, we cannot make it and have to get it from our diet. According to the Dietary Guidelines for Americans, an adequate intake of ALA is about 1.5 grams per day, which is about the average intake in the US today. ALA comes primarily from soybean oil (which is a component of many processed foods), but certain specialty foods/oils are particularly rich sources (chia seed oil, flaxseed oil, black walnuts). With respect to the "fish" omega-3's, they are not technically essential fatty acids, but studies show they can support and maintain heart, brain, eye and joint health. Recommendations for EPA+DHA intakes are given in the Omega-3 Index report. Although a desirable range for the Omega-3 Index has been set at 8%-12%, at present, there is not enough research to recommend a target blood level for ALA (or DPA n3).

Omega-6 Fatty Acids

We measure levels of seven fatty acids in the omega-6 family, but on average 85% of the total amount comes from only two – linoleic (LA) and arachidonic acids (AA). Like ALA, LA is an essential fatty acid and is the starting material for the synthesis of the other omega-6s, including arachidonic acid. The level of linoleic acid in your blood is generally influenced by the amount you eat over many months, whereas the level of arachidonic acid (and the other five omega-6 fatty acids) are primarily determined by your body's metabolism. Making significant changes in linoleic acid blood levels via diet takes months to years. The Dietary Guidelines for Americans defines an adequate intake of linoleic acid as 11-14 grams per day for women and 14-16 grams per day for men.

There has been considerable controversy regarding whether omega-6 fatty acids, linoleic acid in particular, are "good" or "bad" for our health. Some researchers link higher inflammation in the body, which is a part of many chronic disease processes, to higher intake of omega-6 fatty acids because arachidonic acid is the starting material for the production of some "pro-inflammatory" molecules. Others (including Dr. Harris and some nutrition science organizations around the world) somewhat disagree, noting that in other studies, higher amounts of linoleic acid in the diet or in the blood are associated with better overall heart and metabolic health. In fact, linoleic acid levels between about 25% and 28% are associated with better health than lower levels in some studies.

The idea that arachidonic acid (AA) is all "bad" may need to be revised in light of new research showing it can be both good and bad. Its effect appears to depend on which pathways it goes down, and those pathways are influenced by many factors such as genetics, epigenetics, diet, hormones, stress, obesity etc... We now know that while AA is indeed a precursor to chemical compounds such as eicosanoids with inflammatory properties, it is also a precursor to compounds that have anti-inflammatory effects, such as lipoxins and epoxy fatty acids. Thus, more research is needed in this area. However, those with inflammatory issues or chronically elevated markers of inflammation such as CRP may still want to strive for a low AA:EPA ratio of 1.7 or less while continuing to monitor their health and inflammatory markers with their doctor. For most, the best way to achieve this ratio is by increasing your EPA (or omega-3) intake.

FULL FATTY ACID PROFILE REPORT

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cis-Monounsaturated Fatty Acids

There are four fatty acids in this class in the OmegaQuant Complete Report, but 95% of "monos" are from one fatty acid, oleic acid. Oleic acid is in many vegetable oils, especially olive oil, so it is a part of virtually everyone's diet and made by our body (not an essential fatty acid). Although found in relatively high amounts in the blood of people on a Mediterranean Diet (due to the large intake of olive oil), the relationship between blood oleic acid levels and health is somewhat conflicting. We cannot provide a strong, research-based recommendation for a desirable blood oleic acid range or corresponding dietary advice to change levels. Because oleic acid levels come from both what you eat and what your body makes, it's very hard to change blood levels. At present, oleic acid levels are provided in the report for the sake of completeness, not to guide recommendations for dietary changes. However, if oleic values are low a trial of increased intake of organic extra virgin olive oil may be beneficial and then the test repeated in 3-6 months. Most people will benefit from the numerous healthy polyphenols found in organic extra virgin olive oil.

The only other fatty acid in this family that merits comment is palmitoleic acid. It is normally present at only about 1% of total fatty acids in your blood (as opposed to about 20% for oleic acid), but it is being recognized as a marker of excess carbohydrates in the diet. Foods rich in simple carbohydrates are sugar, flour, high-fructose corn syrup, etc. Too much of these kinds of carbohydrates causes the body to make fatty acids, which is why palmitoleic acid levels go up in this setting. Again, the research in this field is new and does not allow for firm target values to be set, but levels below about 0.6% are likely better than higher levels. (Note: if you are taking a palmitoleic acid supplement such as Provinal (an omega-7), the relationship between carbohydrate intake and blood levels of this fatty acid become complex and hard to interpret. Instead, one should monitor other biomarkers such as CRP for its potential health benefits).

Saturated Fatty Acids

There are six saturated fatty acids in the OmegaQuant Complete Report. Foods rich in saturated fatty acids are usually solids at room temperatures, which includes foods like butter, shortening, and lard. (Oils rich in unsaturated fatty acids, like vegetable or fish oils, are liquids). As with the other classes described above, the vast majority of saturated fatty acids are from two fatty acids: palmitic and stearic acid. Together they make up ~98% of the saturated fatty acids in the blood, with palmitic making up 2/3rds of the total. Stearic acid does not appear to have any important health implications, but higher levels of palmitic may. Lower levels of palmitic acid in the blood seem to be linked with better overall health. So, keeping palmitic acid levels below "average" (i.e., less than about 21%,) would probably be wise although firm evidence for this has yet to be produced. Again, palmitic acid is both consumed and made by the body, especially when carbohydrate intake is high, so it is difficult to make dietary change recommendations based just on blood levels. Lowering both saturated fat and simple carbohydrate intake (which is generally recommended as a part of a healthy diet), should result in lower palmitic acid blood levels.

Test result information is provided by Life Extension National Diagnostics Inc.

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Content of EPA+DHA (in mg) in Commonly Consumed Types of Fish and in Fish Oil Supplements (per 3 oz or 85 g serving SIZE)

Fish and Seafood	*EPA*	*DHA*	*EPA+DHA*
Atlantic Salmon (farmed)	587	1238	1825
Pacific Herring	1056	751	1807
Atlantic Herring	773	939	1712
Atlantic Salmon (wild)	349	1215	1564
Bluefin Tuna	309	970	1279
Pink Salmon (wild)	456	638	1094
Coho Salmon (farmed)	347	740	1087
Mackerel (canned)	369	677	1046
Sockeye Salmon (wild)	451	595	1046
Chum Salmon (canned)	402	597	999
Rainbow Trout (farmed)	284	697	981
Coho Salmon (wild)	341	559	900
Sardines (canned)	402	433	835
Albacore (or white) Tuna (canned)	198	535	733
Shark (raw)	267	444	711
Swordfish	117	579	696
Sea Bass	175	473	648
Pollock	77	383	460
Flat Fish (Flounder/Sole)	207	219	426
Blue Crab	207	196	403
Halibut	77	318	395
Oysters (farmed)	195	179	374
King Crab	251	100	351
Walleye	93	245	338
Dungeness Crab	239	96	335
Scallops	141	169	310
Skipjack Tuna	77	201	278
Mixed Shrimp	145	122	267
Clams	117	124	241
Yellowfin Tuna	40	197	237
Light Chunk Tuna	40	190	230
Catfish (wild)	85	116	201
Catfish (farmed)	42	109	151
Cod	3	131	134
Mahi-Mahi (dolphin fish)	22	96	118
Tilapia	4	111	115
Orange Roughy	5	21	26

Dietary Supplements – Amount (mg) per 1,000 mg capsule or per teaspoon			
Standard Drug Store Fish Oil	180	120	300
Krill Oil	100-300	50-150	150-450
Algal Oil	50-150	100-300	150-450
Fish Oil Concentrates (many varieties)	100-400	100-400	300-700
Cod Liver Oil (teaspoon)	300	500	800

Table adapted from Harris et al. Current Atherosclerosis Reports 2008;10:503-509. Values based on USDA Nutrient Data Lab values and are for fish cooked with dry heat unless otherwise noted.

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Content of Trans Fat (in grams) in Commonly Consumed Foods (serving size varies)

Food	*Amount*	*Trans Fat (g)*
Margarine, stick	1 Tbsp (15g)	2.1
Biscuits (from refrigerated dough)	1 biscuit	2.0
Cinnamon rolls with Icing (from refrigerated dough)	1 roll	1.9
Mashed potatoes, dehydrated with milk and margarine	1 cup	1.5
Frosting, coconut	1 serving (38 g)	1.4
Muffins, almond poppyseed (from box)	1 muffin (41 g)	1.1
Iced Oatmeal cookies	1 cookie (28 g)	1.0
Margarine, tub	1 Tbsp (15g)	0.8
Chocolate chip cookie dough, refrigerated	1 cookie (33 g)	0.8
Crème-filled snack sponge cakes	1 cake (28 g)	0.5
Butter, salted	1 Tbsp (14 g)	0.5
Chicken strips, fried	1 strip	0.4
Refrigerated bread dough	1 serving (52 g)	0.3
Frozen cheese pizza, rising crust (baked)	1 slice (1/4 pie)	0.3
Bacon, egg and cheese croissant, fast food	1 sandwich	0.3
American cheese	1 slice (28 g)	0.3
Candy, licorice cherry bites	18 pieces	0.2
Saltine Crackers	5 crackers	0.2
Crispy chicken sandwich, fast food	1 sandwich	0.2
Cheese puffs	1 package (35 g)	0.2
Chex Mix	1 package (49 g)	0.2
Cornbread (from mix)	1 muffin	0.1
Garlic bread, frozen	1 slice	0.1
Tortilla chips, ranch-flavor	~8 chips (28 g)	0.1
Chocolate chip cookies, commercial	1 cookie	0.1
French toast sticks, refrigerated	2 pieces	0.1
Chocolate frosting (butter)	2 Tbsp	0.1

USDA SR26, Accessed from http://ndb.nal.usda.gov on February 1, 2014. Due to the constantly changing trans fat levels in the food supply, these values are meant to serve only as a guide. Checking the Nutrient Facts Panel on the food product will have the most accurate information regarding trans fat levels.