DEMO DEMO

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:

FINAL REPORT

Accession ID: 2683623208

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
Metal Free Urine	2026-01-15 10:00 (PST)	2026-01-15 16:35 (PST)	Toxin Zoomer - P2	2026-01-16 09:09 (PST)
			Mycotoxins - P7	2026-01-16 09:09 (PST)
			Heavy Metals – Urine - P13	2026-01-16 09:09 (PST)
			Environmental Toxins - P18	2026-01-16 09:09 (PST)
			PFAS Chemicals - P25	2026-01-16 09:09 (PST)

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

VibrantWellness

Toxin Zoomer

Your Toxin Report

Toxin Zoomer

INTRODUCTION

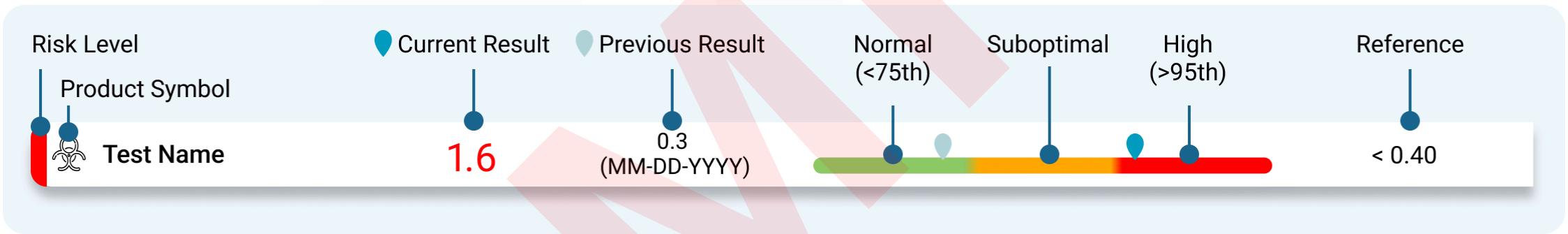
Vibrant Wellness is pleased to present Toxin Zoomer testing to support healthy lifestyle choices in consultation with your healthcare provider. The Toxin Zoomer enables direct measurement of environmental- and food-originating toxins across categories for Heavy Metals, Mycotoxins (mold-related toxins), Environmental Toxins, and per- and polyfluoroalkyl substances (PFAS). Results are intended to be interpreted by healthcare providers to support personalized detoxification strategies informed by toxin burden and detoxification status.

Methodology

The Mycotoxins, Environmental Toxins, and PFAS Chemicals panels use tandem liquid chromatography mass spectrometry methodology (LC-MS/MS) for quantitative detection of the respective toxins in urine samples. The Heavy metals panel uses Inductively coupled plasma mass spectrometry (ICP-MS) for quantitative detection of heavy metals in urine samples. Urine creatinine is measured using a kinetic colorimetric assay based on the Jaffé method. All toxin markers are reported as the quantitative result normalized to urine creatinine to account for urine dilution variations.

Interpretation of Report

The report begins with the summary page which lists only the markers whose levels are high or moderate based on the reference range. Additionally, the previous value is also indicated to help check for improvements every time the test is ordered. Reference ranges were established using a cohort of apparently healthy adults over 18 years of age, and pediatric reference ranges are not available. Following this section is the complete list of the markers and their absolute levels are normalized with respect to urine creatinine in a histogram format to enable a full overview along with the reference ranges. The level of the exposure with reference range is shown with three shades of color – Green, Yellow and Red. The result in green corresponds to 0th to 75th percentile indicates mild exposure to the respective exposure The result in yellow corresponds to 75th to 95th percentile, indicates moderate exposure to the respective exposure whereas the result in red corresponding to greater than 95th percentile indicates high exposure. The reference metric is listed to the right of the reference range. The previous and current result are listed to the left of the reference range. (result example illustration below)



Please note: 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.

Patient Name: DEMO DEMO
Date of Birth: 11-12-1990 Accession ID: 2683623208
Service Date: 2026-01-15 10:00 (PST)

Toxin Zoomer - Summary

High

Mycotoxins | Heavy Metals | Environmental Toxins | PFAS

Test Name	Current	Previous	Result (75th / 95th)	Reference
Aflatoxin B1 (AFB1) (ng/g)	9.10	10.00 (05-17-2024)	3.9 / 6.93	≤6.93

Suboptimal

Mycotoxins | Heavy Metals | Environmental Toxins | PFAS

Test Name	Current	Previous	Result (75th / 95th)	Reference
Arsenic^ (ug/g)	47.18	<1 (09-26-2025)	11.9 / 52	≤52

Creatinine

Test Name	Current	Previous	Result	Reference
Urine Creatinine (mg/mL)	2.31	10.00 (05-17-2024)	0 / 0.24 / 2.16	0.25-2.16

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All laboratory testing is performed by Vibrant America LLC, a CLIA-certified (No. 05D2078809) and CAP-accredited (No. 8970308-01) clinical laboratory (address: 3521 Leonard Ct, Santa Clara, CA 95054). Testing is conducted only upon the order of a licensed healthcare professional. Biological specimens are collected from patients by, or at the direction of, the ordering healthcare professional.

This test is a laboratory-developed test (LDT) that has been designed, manufactured, validated and performed by Vibrant in accordance with applicable federal and state laboratory regulations. This test has not been reviewed or approved by the U.S. Food and Drug Administration (FDA). Certain individual analytes within this test may be measured using FDA approved assays.

The informational content (including summaries, descriptions, images, and other materials) included in this report is based on publicly available scientific literature and for informational purposes only. This content and test results do not replace medical advice from a qualified healthcare professional. Test results are intended for use by healthcare professionals and must be interpreted based on their knowledge of the patient's clinical history and presentation. 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 healthcare professional.

Vibrant assumes no responsibility or liability arising from the use or interpretation of test results by the healthcare professional.

Risk and Limitations

Results reflect biological and analytical findings at the time of specimen collection and may vary between individuals. Reference ranges for 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 type, collection, handling, transport, and storage. Urine specimens may be impacted by factors such as improper collection technique, contamination, insufficient sample volume, delayed shipment, or improper storage conditions. Variability in urine concentration or dilution may also influence analyte measurements. Degradation or instability of certain analytes may occur if specimens are not collected, preserved, or shipped according to recommended guidelines, potentially affecting result accuracy or leading to a Test Not Performed (TNP). In some TNP cases, repeat testing may be recommended when clinically appropriate, although repeat testing may still not yield a reportable result if the underlying limitations persist.

Results obtained from random urine specimens reflect analyte levels at the time of collection and may vary based on hydration status, timing of exposure, and individual metabolic factors. While normalization methods such as urinary creatinine adjustment may be used to account for urine concentration, random urine testing may not represent long-term or cumulative exposure. Results should be interpreted in the context of clinical history, environmental factors, and other relevant information.

Results generated using laboratory testing methodologies are subject to inherent analytical limitations related to instrument performance, assay specifications of individual FDA-approved and laboratory-developed test (LDT) analytes included in the test panel, and methodological variability. As with all clinical laboratory testing, there is a small chance that the laboratory could report incorrect results.

The reported analytes 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.

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.

Mycotoxins

INTRODUCTION

Vibrant Wellness is pleased to present the Mycotoxins panel to support healthy lifestyle choices in consultation with your healthcare provider. The Mycotoxins panel enables direct measurement of environmental- and food-originating Mycotoxins (mold-related toxins). Results are intended to be interpreted by healthcare providers to support personalized detoxification strategies informed by toxin burden and detoxification status.

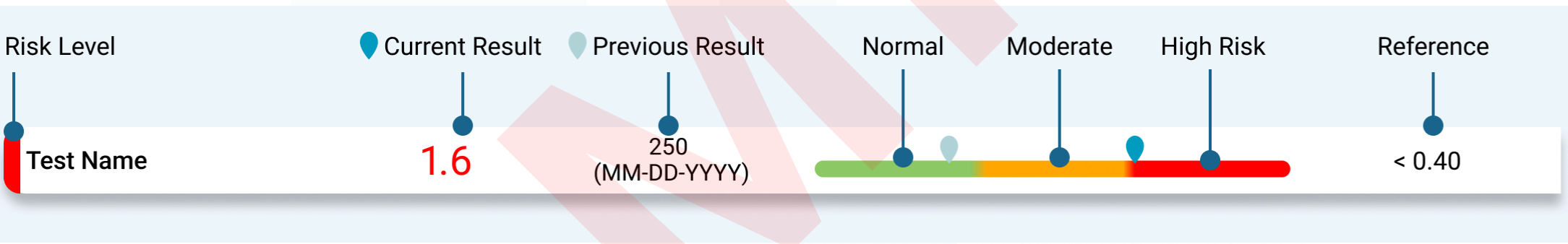
The Vibrant Mycotoxins Panel is a test to identify and quantify the level of a large set of mycotoxins from both food and environmental molds. The panel is designed to give a complete picture of an individual's levels of these mycotoxins in urine. The results are provided in 3 tables subgrouping the mycotoxins into Aflatoxins, Trichothecenes and Other Mycotoxins. Reference ranges were determined using urine samples from 1000 apparently healthy individuals.

Methodology

The Mycotoxins panel uses tandem liquid chromatography mass spectrometry methodology (LC-MS/MS) for quantitative detection of the respective toxins in urine samples. Urine creatinine is measured using a kinetic colorimetric assay based on the Jaffé method. All toxin markers are reported as the quantitative result normalized to urine creatinine to account for urine dilution variations.

Interpretation of Report

The report begins with the summary page which lists only the markers whose levels are high or moderate based on the reference range. Additionally, the previous value is also indicated to help check for improvements every time the test is ordered. Reference ranges were established using a cohort of apparently healthy adults over 18 years of age, and pediatric reference ranges are not available. Following this section is the complete list of the markers and their absolute levels are normalized with respect to urine creatinine in a histogram format to enable a full overview along with the reference ranges. The level of the mycotoxins with reference range is shown with three shades of color – Green, Yellow and Red. The result in green corresponds to 0th to 75th percentile indicates mild exposure to the respective mycotoxin. The result in yellow corresponds to 75th to 95th percentile, indicates moderate exposure to the respective mycotoxins whereas the result in red corresponding to greater than 95th percentile indicates high exposure to the mycotoxins. The reference metric is listed to the right of the reference range. The previous and current result are listed to the left of the reference range. (result example illustration below)



The Vibrant Wellness platform provides tools for you to track and analyze your general wellness profile. Testing for the Mycotoxins panel is performed by Vibrant America, a CLIA certified lab CLIA#:05D2078809. 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 accept 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, drug, and/or nutritional supplementation with your healthcare provider before making any changes.

Mycotoxins - Summary

Aflatoxin

Test Name	Current	Previous	Result (75th / 95th)	Reference
Aflatoxin B1 (AFB1) (ng/g)	9.10	10.00 (05-17-2024)	3.9 / 6.93	≤6.93

BACKGROUND

Aflatoxin B1 is a naturally occurring mycotoxin produced by certain molds, primarily Aspergillus flavus and Aspergillus parasiticus, which can contaminate various crops such as maize, peanuts, cottonseed, and tree nuts. It is highly toxic and carcinogenic, particularly affecting the liver, and is associated with an increased risk of liver cancer if ingested in significant amounts over time.

ASSOCIATED RISK

Aflatoxin B1 is a toxin which is shown to drastically affect the liver as it is implicated in Hepatitis B and hepatocarcinoma.

POSSIBLE SOURCES

Contaminated plant (such as peanuts, maize, or rice) and animal products (such as meat or dairy), Inhaling dust (generated during the handling and processing of contaminated crops and feeds such as cottonseed).

DETOX SUGGESTIONS

Detoxification of aflatoxin B1 involves utilizing activated charcoal (AC), which effectively binds to this mycotoxin, preventing its absorption in the gastrointestinal tract. Supporting phase 2 detoxification pathways with nutrients like N-acetyl cysteine (NAC), selenium, and vitamins C and E can further enhance the elimination of aflatoxin B1 metabolites.

Other Mycotoxins

No markers are outside the normal reference range

Trichothecenes

No markers are outside the normal reference range

Creatinine

Test Name	Current	Previous	Result	Reference
Urine Creatinine (mg/mL)	2.31	10.00 (05-17-2024)	0 / 0.24 / 2.16	0.25-2.16

Patient Name: **DEMO DEMO**
Date of Birth: **11-12-1990** Accession ID: **2683623208**
Service Date: **2026-01-15 10:00 (PST)**

Mycotoxins - All Markers

Aflatoxin

Test Name	Current	Previous	Result (75th / 95th)	Reference
Aflatoxin B1 (AFB1) (ng/g)	9.10	10.00 (05-17-2024)	3.9 / 6.93	≤6.93
Aflatoxin B2 (AFB2) (ng/g)	1.61	10.00 (05-17-2024)	4.58 / 8.13	≤8.13
Aflatoxin G1 (ng/g)	2.80	10.00 (05-17-2024)	3.68 / 6.53	≤6.53
Aflatoxin G2 (ng/g)	0.91	10.00 (05-17-2024)	6.08 / 10.8	≤10.8
Aflatoxin M1 (ng/g)	0.93	10.00 (05-17-2024)	3.6 / 6.4	≤6.4

Other Mycotoxins

Test Name	Current	Previous	Result (75th / 95th)	Reference
Chaetoglobosin A (CHA) (ng/g)	14.43	10.00 (05-17-2024)	17.93 / 31.87	≤31.87
Citrinin (CTN) (ng/g)	0.10	10.00 (05-17-2024)	7.05 / 12.53	≤12.53
Dihydrocitrinone (ng/g)	6.70	10.00 (05-17-2024)	9.3 / 16.53	≤16.53
Enniatin B1(ENN B1) (ng/g)	0.06	10.00 (05-17-2024)	0.13 / 0.22	≤0.22
Fumonisins B1 (ng/g)	2.87	10.00 (05-17-2024)	3.45 / 6.13	≤6.13
Fumonisins B2 (ng/g)	3.63	10.00 (05-17-2024)	4.05 / 7.2	≤7.2
Fumonisins B3 (ng/g)	3.15	10.00 (05-17-2024)	6.08 / 10.8	≤10.8
Gliotoxin (ng/g)	11.58	10.00 (05-17-2024)	116.93 / 207.87	≤207.87
Mycophenolic Acid (ng/g)	0.98	10.00 (05-17-2024)	3.6 / 6.4	≤6.4
Ochratoxin A (OTA) (ng/g)	3.27	10.00 (05-17-2024)	3.83 / 6.8	≤6.8
Patulin (ng/g)	1.86	10.00 (05-17-2024)	6.53 / 11.6	≤11.6
Sterigmatocystin (STC) (ng/g)	<0.05	10.00 (05-17-2024)	0.3 / 0.53	≤0.53
Zearalenone (ZEN) (ng/g)	0.17	10.00 (05-17-2024)	0.38 / 0.67	≤0.67

Trichothecenes

Test Name	Current	Previous	Result (75th / 95th)	Reference
Deoxynivalenol(DON) (ng/g)	20.51	10.00 (05-17-2024)	37.95 / 67.47	≤67.47

Mycotoxins - All Markers

Trichothecenes

Test Name	Current	Previous	Result (75th / 95th)	Reference
Diacetoxyscirpenol (DAS) (ng/g)	1.01	10.00 (05-17-2024)	2.4 / 4.27	≤4.27
Nivalenol (NIV) (ng/g)	<0.05	10.00 (05-17-2024)	1.8 / 3.2	≤3.2
Roridin A (ng/g)	1.95	10.00 (05-17-2024)	4.28 / 7.6	≤7.6
Roridin E (ng/g)	0.33	10.00 (05-17-2024)	0.75 / 1.33	≤1.33
Roridin L2 (ng/g)	0.88	10.00 (05-17-2024)	3.83 / 6.8	≤6.8
Satratoxin G (ng/g)	<0.05	10.00 (05-17-2024)	0.1 / 0.18	≤0.18
Satratoxin H (ng/g)	<0.05	10.00 (05-17-2024)	0.1 / 0.18	≤0.18
T-2 Toxin (ng/g)	<0.05	10.00 (05-17-2024)	0.1 / 0.18	≤0.18
Verrucarin A (ng/g)	0.59	10.00 (05-17-2024)	0.75 / 1.33	≤1.33
Verrucarin J (ng/g)	3.97	10.00 (05-17-2024)	5.18 / 9.2	≤9.2

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Results may be affected by pre-analytical variables related to specimen type, collection, handling, transport, and storage. Urine specimens may be impacted by factors such as improper collection technique, contamination, insufficient sample volume, delayed shipment, or improper storage conditions. Variability in urine concentration or dilution may also influence analyte measurements. Degradation or instability of certain analytes may occur if specimens are not collected, preserved, or shipped according to recommended guidelines, potentially affecting result accuracy or leading to a Test Not Performed (TNP). In some TNP cases, repeat testing may be recommended when clinically appropriate, although repeat testing may still not yield a reportable result if the underlying limitations persist.

Results obtained from random urine specimens reflect analyte levels at the time of collection and may vary based on hydration status, timing of exposure, and individual metabolic factors. While normalization methods such as urinary creatinine adjustment may be used to account for urine concentration, random urine testing may not represent long-term or cumulative exposure. Results should be interpreted in the context of clinical history, environmental factors, and other relevant information.

Results generated using laboratory testing methodologies are subject to inherent analytical limitations related to instrument performance, assay specifications of individual FDA-approved and laboratory-developed test (LDT) analytes included in the test panel, and methodological variability. As with all clinical laboratory testing, there is a small chance that the laboratory could report incorrect results.

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Heavy Metals – Urine

INTRODUCTION

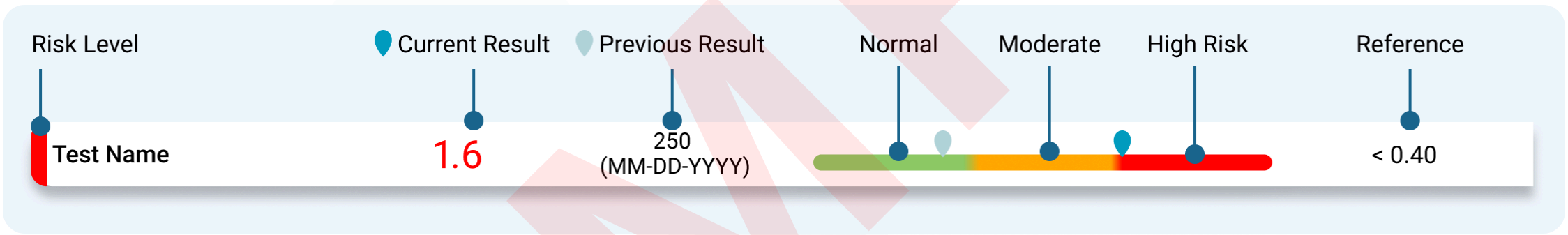
Vibrant Wellness is pleased to present to you, 'Heavy Metals panel', to help you make healthy lifestyle, dietary and treatment choices in consultation with your healthcare provider. It is intended to be used as a tool to encourage a general state of health and well-being.
The Heavy Metals is a test to measure levels of Heavy Metals that someone might be exposed to. The panel is designed to give a complete picture of an individual's levels of these metals in urine. Reference ranges for tests flagged with ^ were determined based on NHANES data (cdc.gov/nhanes) if available and other reference ranges were established based on urine samples from 1000 apparently healthy, unprovoked, unmedicated, and unsupplemented individuals.

Methodology

The Vibrant Heavy metals uses inductively coupled plasma mass spectrometry (ICP-MS) for quantitative detection of heavy metals in urine. Urine creatinine is measured using a kinetic colorimetric assay based on the Jaffé method. All heavy metals are reported as the quantitative result normalized to urine creatinine to account for urine dilution variations.

Interpretation of Report

The report begins with the summary page which lists only the heavy metals whose levels are high or moderate based on the reference range. Additionally, the previous value is also indicated to help check for improvements every time the test is ordered. Following this section is the complete list of the heavy metals and their absolute levels are normalized with respect to creatinine in a histogram format to enable a full overview along with the reference ranges. The level of the heavy metals with reference range is shown with three shades of color – Green, Yellow and Red. The result in green corresponds to 0th to 75th percentile indicates mild exposure to the respective heavy metal. The result in yellow corresponds to 75th to 95th percentile indicates moderate exposure to the respective heavy metal whereas the result in red corresponding to greater than 95th percentile indicates high exposure to the heavy metal. All contents provided in the report are purely for informational purposes only and should not be considered medical advice. Any changes based on the information should made in consultation with the clinical provider.



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

Heavy Metals – Urine - Summary

Heavy Metals

Test Name	Current	Previous	Result	Reference
Arsenic^ (ug/g)	47.18	<1 (09-26-2025)	75th 95th 11.9 52	≤52

POSSIBLE SOURCES

Ingestion, inhalation, contaminated drinking water, dermal exposure, industrial manufacturing, food preservative, smoking, food grown in arsenic-contaminated soils, and cosmetics.

ASSOCIATED RISK

Acute arsenic poisoning includes diarrhea, vomiting, abdominal pain, muscle cramping, and numbness and tingling of extremities. Conversely, chronic exposure to arsenic is associated with severe health implications including skin, bladder, and lung cancer, heart attack, pulmonary disease, cardiovascular diseases, kidney failure, and diabetes.

DETOX SUGGESTIONS

Chelation therapy is commonly used for arsenic detoxification. Dimercaptosuccinic acid (DMSA) and dimercaptopropanesulfonic acid (DMPS) are chelating agents that bind to arsenic, facilitating its excretion through urine. These agents are administered orally and are effective in removing arsenic from the body. [18] Additionally, antioxidants such as selenium may help mitigate arsenic toxicity by reducing oxidative stress and promoting detoxification processes.

Creatinine

Test Name	Current	Previous	Result	Reference
Urine Creatinine (mg/mL)	2.31	1.00 (09-26-2025)	0 0.24 2.16	0.25-2.16

Specimen Information	Provoking Status	Agent	Dosage
	unavailable	unavailable	unavailable

Patient Name: **DEMO DEMO**
Date of Birth: **11-12-1990** Accession ID: **2683623208**
Service Date: **2026-01-15 10:00 (PST)**

Heavy Metals – Urine - All Markers

Heavy Metals

Test Name	Current	Previous	Result (75th / 95th)	Reference
Aluminum (ug/g)	<3	<3 (09-26-2025)	17.83 / 45.15	≤45.15
Antimony^ (ug/g)	<0.02	1.00 (09-26-2025)	0.07 / 0.16	≤0.16
Arsenic^ (ug/g)	47.18	<1 (09-26-2025)	11.9 / 52	≤52
Barium^ (ug/g)	1.05	<1 (09-26-2025)	2.33 / 5.59	≤5.59
Beryllium^ (ug/g)	<0.1	1.00 (09-26-2025)	0.2 / 0.76	≤0.76
Bismuth (ug/g)	0.56	1.00 (09-26-2025)	0.58 / 2.53	≤2.53
Cadmium^ (ug/g)	0.10	1.00 (09-26-2025)	0.29 / 0.8	≤0.8
Cesium^ (ug/g)	3.20	1.00 (09-26-2025)	6.37 / 10.3	≤10.3
Gadolinium (ug/g)	<0.05	1.00 (09-26-2025)	0.17 / 0.45	≤0.45
Lead^ (ug/g)	0.52	1.00 (09-26-2025)	0.52 / 1.16	≤1.16
Mercury^ (ug/g)	<0.1	1.00 (09-26-2025)	0.57 / 1.61	≤1.61
Nickel (ug/g)	4.67	1.00 (09-26-2025)	6.37 / 12.13	≤12.13
Palladium (ug/g)	<0.1	1.00 (09-26-2025)	0.15 / 0.2	≤0.2
Platinum^ (ug/g)	<0.05	1.00 (09-26-2025)	0.1 / 0.9	≤0.9
Tellurium (ug/g)	0.21	1.00 (09-26-2025)	0.42 / 0.89	≤0.89
Thallium^ (ug/g)	0.13	1.00 (09-26-2025)	0.24 / 0.43	≤0.43
Thorium (ug/g)	0.01	1.00 (09-26-2025)	0.02 / 0.07	≤0.07
Tin^ (ug/g)	<0.2	1.00 (09-26-2025)	1 / 3.72	≤3.72
Tungsten^ (ug/g)	<0.04	1.00 (09-26-2025)	0.12 / 0.33	≤0.33
Uranium^ (ug/g)	0.01	1.00 (09-26-2025)	0.02 / 0.04	≤0.04

Heavy Metals – Urine

Disclaimer

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This test is a laboratory-developed test (LDT) that has been designed, manufactured, validated and performed by Vibrant in accordance with applicable federal and state laboratory regulations. This test has not been reviewed or approved by the U.S. Food and Drug Administration (FDA). Certain individual analytes within this test may be measured using FDA approved assays.

The informational content (including summaries, descriptions, images, and other materials) included in this report is based on publicly available scientific literature and for informational purposes only. This content and test results do not replace medical advice from a qualified healthcare professional. Test results are intended for use by healthcare professionals and must be interpreted based on their knowledge of the patient's clinical history and presentation. 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 healthcare professional.

Vibrant assumes no responsibility or liability arising from the use or interpretation of test results by the healthcare professional.

Heavy Metals – Urine

Risk and Limitations

This test has been developed and its performance characteristics determined and validated by Vibrant America LLC., a CLIA and CAP 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 more descriptive fashion.

Heavy Metals panel does not demonstrate absolute positive and negative predictive values for any condition. Its clinical utility has not been fully established. Clinical history and current symptoms of the individual must be considered by the healthcare provider prior to any interventions. Test results should be used as one component of a healthcare provider's clinical assessment.

Heavy Metals testing is performed at Vibrant America, a CLIA and CAP certified laboratory. Vibrant America has 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.

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.

Environmental Toxins

INTRODUCTION

Vibrant Wellness is pleased to present the Environmental Toxins panel to support healthy lifestyle choices in consultation with your healthcare provider. The Environmental Toxins panel enables direct measurement of select toxins known to occur in the environment. Results are intended to be interpreted by healthcare providers to support personalized detoxification strategies informed by toxin burden and detoxification status.

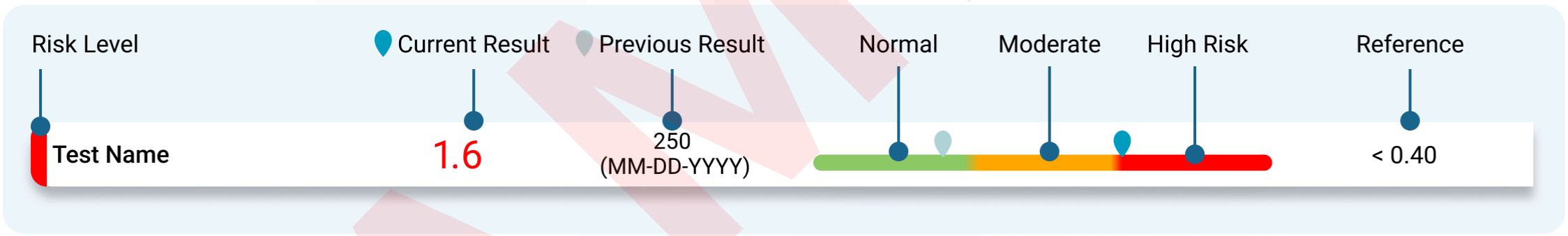
The Vibrant Environmental Toxins Panel is a test to measure levels of Environmental Toxins that someone might be exposed to. The panel is designed to give a complete picture of an individual's levels of these toxins in urine. The panel is sub-grouped into Pesticides, Phthalates, Parabens, Acrylic, Alkyl phenols and Volatile Organic Compounds. Reference ranges for tests flagged with ^ were determined based on NHANES data (cdc.gov/nhanes) if available and other reference ranges were established based on urine samples from 1000 apparently healthy individuals.

Methodology

The Environmental Toxins panel uses tandem liquid chromatography mass spectrometry methodology (LC-MS/MS) for quantitative detection of the respective toxins in urine samples. Urine creatinine is measured using a kinetic colorimetric assay based on the Jaffé method. All toxin markers are reported as the quantitative result normalized to urine creatinine to account for urine dilution variations.

Interpretation of Report

The report begins with the summary page which lists only the markers whose levels are high or moderate based on the reference range. Additionally, the previous value is also indicated to help check for improvements every time the test is ordered. Reference ranges were established using a cohort of apparently healthy adults over 18 years of age, and pediatric reference ranges are not available. Following this section is the complete list of the markers and their absolute levels are normalized with respect to urine creatinine in a histogram format to enable a full overview along with the reference ranges. The level of the environmental toxins with reference range is shown with three shades of color – Green, Yellow and Red. The result in green corresponds to 0th to 75th percentile indicates mild exposure to the respective environmental toxins The result in yellow corresponds to 75th to 95th percentile, indicates moderate exposure to the respective environmental toxin whereas the result in red corresponding to greater than 95th percentile indicates high exposure to the environmental toxins. The reference metric is listed to the right of the reference range. The previous and current result are listed to the left of the reference range. (result example illustration below)



The Vibrant Wellness platform provides tools for you to track and analyze your general wellness profile. Testing for the Environmental Toxins panel is performed by Vibrant America, a CLIA certified lab CLIA#:05D2078809. 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 accept 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: Pediatric ranges have not been established for this test. It is important that you discuss any modifications to your diet, exercise, and nutritional supplementation with your healthcare provider before making any changes.

Patient Name: **DEMO DEMO**
Date of Birth: **11-12-1990** Accession ID: **2683623208**
Service Date: **2026-01-15 10:00 (PST)**

Environmental Toxins - Summary

Environmental phenols

No markers are outside the normal reference range

Herbicides

No markers are outside the normal reference range

Mitochondrial Marker

No markers are outside the normal reference range

Other Markers

No markers are outside the normal reference range

Parabens

No markers are outside the normal reference range

Pesticides

No markers are outside the normal reference range

Phthalates

No markers are outside the normal reference range

Volatile organic compounds

No markers are outside the normal reference range

Creatinine

Test Name	Current	Previous	Result	Reference
Urine Creatinine (mg/mL)	2.31	10.00 (05-17-2024)	0 0.24 2.16	0.25-2.16

Patient Name: **DEMO DEMO**
Date of Birth: **11-12-1990** Accession ID: **2683623208**
Service Date: **2026-01-15 10:00 (PST)**

Environmental Toxins - All Markers

Environmental phenols

Test Name	Current	Previous	Result (75th / 95th)	Reference
4-Nonylphenol (ug/g)	0.07	10.00 (05-17-2024)	0.42 / 2.06	≤2.06
Bisphenol A (BPA)^ (ug/g)	0.15	10.00 (05-17-2024)	2.12 / 5.09	≤5.09
Triclosan (TCS)^ (ug/g)	12.07	10.00 (05-17-2024)	29.9 / 358	≤358

Herbicides

Test Name	Current	Previous	Result (75th / 95th)	Reference
2,4-Dichlorophenoxyacetic Acid (2,4-D)^ (ug/g)	0.09	10.00 (05-17-2024)	0.5 / 1.55	≤1.55
Atrazine ^ (ug/g)	0.01	10.00 (05-17-2024)	0.02 / 0.05	≤0.05
Atrazine mercapturate^ (ug/g)	0.02	10.00 (05-17-2024)	0.02 / 0.05	≤0.05
Glyphosate (ug/g)	0.24	10.00 (05-17-2024)	1.65 / 7.6	≤7.6

Mitochondrial Marker

Test Name	Current	Previous	Result (75th / 95th)	Reference
Tiglylglycine (TG) (ug/g)	0.07	10.00 (05-17-2024)	0.09 / 3.24	≤3.24

Other Markers

Test Name	Current	Previous	Result (75th / 95th)	Reference
Diphenyl Phosphate (DPP) (ug/g)	0.76	10.00 (05-17-2024)	1.1 / 3.7	≤3.7
N-acetyl-S-(2-carbamoylethyl)-cysteine^ (ug/g)	0.90	10.00 (05-17-2024)	82 / 199	≤199
Perchlorate (PERC)^ (ug/g)	1.11	10.00 (05-17-2024)	4.89 / 10.7	≤10.7

Parabens

Test Name	Current	Previous	Result (75th / 95th)	Reference
Butylparaben^ (ug/g)	0.11	10.00 (05-17-2024)	0.25 / 4.39	≤4.39
Ethylparaben ^ (ug/g)	0.96	10.00 (05-17-2024)	5.41 / 99.3	≤99.3
Methylparaben^ (ug/g)	0.34	10.00 (05-17-2024)	180 / 653	≤653
Propylparaben^ (ug/g)	0.24	10.00 (05-17-2024)	36.7 / 222	≤222

Patient Name: **DEMO DEMO**
Date of Birth: **11-12-1990** Accession ID: **2683623208**
Service Date: **2026-01-15 10:00 (PST)**

Environmental Toxins - All Markers

Pesticides

Test Name	Current	Previous	Result (75th / 95th)	Reference
2,2-bis(4-Chlorophenyl) acetic acid (DDA) (ug/g)	0.82	10.00 (05-17-2024)	7.9 / 19	≤19
3-Phenoxybenzoic Acid (3PBA)^ (ug/g)	0.84	10.00 (05-17-2024)	1.01 / 5.44	≤5.44
Diethyl phosphate (DEP)^ (ug/g)	1.87	10.00 (05-17-2024)	3.2 / 15.7	≤15.7
Diethyldithiophosphate (DEDTP)^ (ug/g)	0.08	10.00 (05-17-2024)	0.17 / 0.3	≤0.3
Diethylthiophosphate (DETP)^ (ug/g)	1.08	10.00 (05-17-2024)	1.24 / 3.92	≤3.92
Dimethyl phosphate (DMP)^ (ug/g)	1.91	10.00 (05-17-2024)	9.1 / 33.6	≤33.6
Dimethyldithiophosphate (DMDTP)^ (ug/g)	0.50	10.00 (05-17-2024)	0.67 / 6.12	≤6.12
Dimethylthiophosphate (DMTP)^ (ug/g)	5.33	10.00 (05-17-2024)	5.91 / 33.7	≤33.7

Phthalates

Test Name	Current	Previous	Result (75th / 95th)	Reference
Mono-(2-ethyl-5-hydroxyhexyl) phthalate (MEHHP)^ (ug/g)	0.54	10.00 (05-17-2024)	14.1 / 37.7	≤37.7
Mono-(2-ethyl-5-oxohexyl) phthalate (MEOHP)^ (ug/g)	0.10	10.00 (05-17-2024)	8.99 / 23.4	≤23.4
Mono-2-ethylhexyl phthalate (MEHP)^ (ug/g)	2.62	10.00 (05-17-2024)	2.73 / 8.47	≤8.47
Mono-ethyl phthalate (MEtP)^ (ug/g)	45.22	10.00 (05-17-2024)	94.2 / 541	≤541

Volatile organic compounds

Test Name	Current	Previous	Result (75th / 95th)	Reference
2-Hydroxyethyl Mercapturic Acid (HEMA)^ (ug/g)	0.15	10.00 (05-17-2024)	1.7 / 4.75	≤4.75
2-Hydroxyisobutyric Acid (2HIB) (ug/g)	31.25	10.00 (05-17-2024)	795.93 / 1215.72	≤1215.72
2-Methylhippuric Acid (2MHA)^ (ug/g)	8.51	10.00 (05-17-2024)	77.9 / 248	≤248
3-Methylhippuric Acid (3MHA) (ug/g)	8.79	10.00 (05-17-2024)	64.8 / 612.83	≤612.83
4-Methylhippuric Acid (4MHA) (ug/g)	11.43	10.00 (05-17-2024)	65.51 / 752.72	≤752.72
N-Acetyl (2-Cyanoethyl) Cysteine (NACE)^ (ug/g)	3.90	10.00 (05-17-2024)	5.28 / 256	≤256
N-Acetyl (2,Hydroxypropyl) Cysteine (NAHP)^ (ug/g)	35.81	10.00 (05-17-2024)	101 / 403	≤403

Patient Name: **DEMO DEMO**
Date of Birth: **11-12-1990** Accession ID: **2683623208**
Service Date: **2026-01-15 10:00 (PST)**

Environmental Toxins - All Markers

Volatile organic compounds

Test Name	Current	Previous	Result (75th / 95th)	Reference
N-Acetyl (3,4-Dihydroxybutyl) Cysteine^ (ug/g)	0.10	10.00 (05-17-2024)	374 / 583	≤583
N-Acetyl (Propyl) Cysteine (NAPR)^ (ug/g)	1.64	10.00 (05-17-2024)	11.3 / 46.1	≤46.1
N-acetyl phenyl cysteine (NAP)^ (ug/g)	0.05	10.00 (05-17-2024)	1.29 / 3.03	≤3.03
Phenyl glyoxylic Acid (PGO)^ (ug/g)	128.69	10.00 (05-17-2024)	285 / 518	≤518

Environmental Toxins

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Environmental Toxins

Risk and Limitations

Results reflect biological and analytical findings at the time of specimen collection and may vary between individuals. Reference ranges for 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 type, collection, handling, transport, and storage. Urine specimens may be impacted by factors such as improper collection technique, contamination, insufficient sample volume, delayed shipment, or improper storage conditions. Variability in urine concentration or dilution may also influence analyte measurements. Degradation or instability of certain analytes may occur if specimens are not collected, preserved, or shipped according to recommended guidelines, potentially affecting result accuracy or leading to a Test Not Performed (TNP). In some TNP cases, repeat testing may be recommended when clinically appropriate, although repeat testing may still not yield a reportable result if the underlying limitations persist.

Results obtained from random urine specimens reflect analyte levels at the time of collection and may vary based on hydration status, timing of exposure, and individual metabolic factors. While normalization methods such as urinary creatinine adjustment may be used to account for urine concentration, random urine testing may not represent long-term or cumulative exposure. Results should be interpreted in the context of clinical history, environmental factors, and other relevant information.

Results generated using laboratory testing methodologies are subject to inherent analytical limitations related to instrument performance, assay specifications of individual FDA-approved and laboratory-developed test (LDT) analytes included in the test panel, and methodological variability. As with all clinical laboratory testing, there is a small chance that the laboratory could report incorrect results.

The reported analytes 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.

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.

PFAS Chemicals

INTRODUCTION

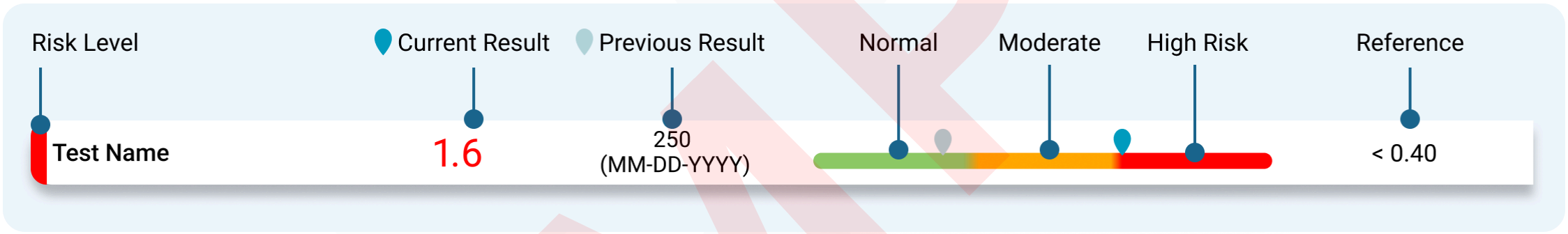
Vibrant Wellness is pleased to present the PFAS panel to support healthy lifestyle choices in consultation with your healthcare provider. The PFAS panel enables direct measurement of environmental and food-originating per- and polyfluoroalkyl substances (PFAS). Results are intended to be interpreted by healthcare providers to support personalized detoxification strategies informed by toxin burden and detoxification status.

Methodology

The PFAS panel uses tandem liquid chromatography mass spectrometry methodology (LC-MS/MS) for quantitative detection of the respective toxins in urine samples. Urine creatinine is measured using a kinetic colorimetric assay based on the Jaffé method. All toxin markers are reported as the quantitative result normalized to urine creatinine to account for urine dilution variations.

Interpretation of Report

The report begins with the summary page which lists only the markers whose levels are high or moderate based on the reference range. Additionally, the previous value is also indicated to help check for improvements every time the test is ordered. Reference ranges were established using a cohort of apparently healthy adults over 18 years of age, and pediatric reference ranges are not available. Following this section is the complete list of the markers and their absolute levels are normalized with respect to urine creatinine in a histogram format to enable a full overview along with the reference ranges. The level of PFAS with reference range is shown with three shades of color – Green, Yellow and Red. The result in green corresponds to 0th to 75th percentile indicates mild exposure to the respective PFAS The result in yellow corresponds to 75th to 95th percentile, indicates moderate exposure to the respective PFAS whereas the result in red corresponding to greater than 95th percentile indicates high exposure to PFAS. The reference metric is listed to the right of the reference range. The previous and current result are listed to the left of the reference range. (result example illustration below)



Please note: 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.

Patient Name: **DEMO DEMO**
Date of Birth: **11-12-1990** Accession ID: **2683623208**
Service Date: **2026-01-15 10:00 (PST)**

PFAS Chemicals - Summary

PFAS

No markers are outside the normal reference range

Creatinine

Test Name	Current	Previous	Result	Reference
Urine Creatinine (mg/mL)	2.31	10.00 (05-17-2024)	0 0.24 2.16	0.25-2.16

Patient Name: **DEMO DEMO**
Date of Birth: **11-12-1990** Accession ID: **2683623208**
Service Date: **2026-01-15 10:00 (PST)**

PFAS Chemicals - All Markers

PFAS

Test Name	Current	Previous	Result (75th / 95th)	Reference
GenX/HPFO-DA (ug/g)	0.039	10.000 (05-17-2024)	1.045 / 6.689	≤6.689
9-chlorohexadecafluoro-3-oxanonane-1-sulfonate (ug/g)	<0.005	10.000 (05-17-2024)	0.472 / 2.75	≤2.75
Dodecafluoro-3H-4,8-dioxanoate (NaDONA) (ug/g)	<0.005	10.000 (05-17-2024)	0.372 / 1.916	≤1.916
Perfluoro-[1,2-13C2] octanoic acid (M2PFOA) (ug/g)	<0.005	10.000 (05-17-2024)	0.45 / 2.054	≤2.054
Perfluoro-1-[1,2,3,4-13C4] octanesulfonic acid (ug/g)	<0.005	10.000 (05-17-2024)	0.645 / 2.68	≤2.68
Perfluoro-1-heptane sulfonic acid (PFHpS) (ug/g)	<0.005	10.000 (05-17-2024)	0.628 / 3.783	≤3.783
Perfluoro-n-[1,2-13C2] decanoic acid (MPFDA) (ug/g)	<0.005	10.000 (05-17-2024)	0.94 / 2.907	≤2.907
Perfluoro-n-[1,2-13C2] hexanoic acid (ug/g)	<0.005	10.000 (05-17-2024)	0.091 / 0.325	≤0.325
Perfluorobutanoic acid (PFBA) (ug/g)	0.053	10.000 (05-17-2024)	0.066 / 0.113	≤0.113
Perfluorodecanoic acid (PFDeA) (ug/g)	0.014	10.000 (05-17-2024)	0.696 / 2.399	≤2.399
Perfluorododecanoic acid (PFDoA) (ug/g)	<0.005	10.000 (05-17-2024)	0.54 / 1.769	≤1.769
Perfluoroheptanoic acid (PFHpA) (ug/g)	0.007	10.000 (05-17-2024)	0.106 / 0.142	≤0.142
Perfluorohexane Sulfonic Acid (PFHxS) (ug/g)	<0.005	10.000 (05-17-2024)	0.113 / 1.681	≤1.681
Perfluorohexanoic acid (PFHxA) (ug/g)	0.007	10.000 (05-17-2024)	0.01 / 0.156	≤0.156
Perfluorononanoic acid (PFNA) (ug/g)	<0.005	10.000 (05-17-2024)	0.652 / 1.31	≤1.31
Perfluorooctane sulfonic acid (PFOS) (ug/g)	<0.005	10.000 (05-17-2024)	0.658 / 3.215	≤3.215
Perfluorooctanoic acid (PFOA) (ug/g)	0.153	10.000 (05-17-2024)	0.568 / 2.205	≤2.205
Perfluoropentanoic acid (PFPeA) (ug/g)	0.130	10.000 (05-17-2024)	0.193 / 0.731	≤0.731
Perfluorotetradecanoic acid (PFTeDA) (ug/g)	0.484	10.000 (05-17-2024)	1.478 / 4.912	≤4.912
Perfluorotridecanoic acid (PFTrDA) (ug/g)	0.037	10.000 (05-17-2024)	1.263 / 3.96	≤3.96
Perfluoroundecanoic acid (PFUnA) (ug/g)	<0.005	10.000 (05-17-2024)	0.695 / 1.267	≤1.267

PFAS Chemicals

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PFAS Chemicals

Risk and Limitations

Results reflect biological and analytical findings at the time of specimen collection and may vary between individuals. Reference ranges for 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 type, collection, handling, transport, and storage. Urine specimens may be impacted by factors such as improper collection technique, contamination, insufficient sample volume, delayed shipment, or improper storage conditions. Variability in urine concentration or dilution may also influence analyte measurements. Degradation or instability of certain analytes may occur if specimens are not collected, preserved, or shipped according to recommended guidelines, potentially affecting result accuracy or leading to a Test Not Performed (TNP). In some TNP cases, repeat testing may be recommended when clinically appropriate, although repeat testing may still not yield a reportable result if the underlying limitations persist.

Results obtained from random urine specimens reflect analyte levels at the time of collection and may vary based on hydration status, timing of exposure, and individual metabolic factors. While normalization methods such as urinary creatinine adjustment may be used to account for urine concentration, random urine testing may not represent long-term or cumulative exposure. Results should be interpreted in the context of clinical history, environmental factors, and other relevant information.

Results generated using laboratory testing methodologies are subject to inherent analytical limitations related to instrument performance, assay specifications of individual FDA-approved and laboratory-developed test (LDT) analytes included in the test panel, and methodological variability. As with all clinical laboratory testing, there is a small chance that the laboratory could report incorrect results.

The reported analytes 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.

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