The Great Plains Laboratory, Inc.

11813 West 77th Street
Lenexa, KS 66214 USA
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customerservice@gpl4u.com
www.greatplainslaboratory.com

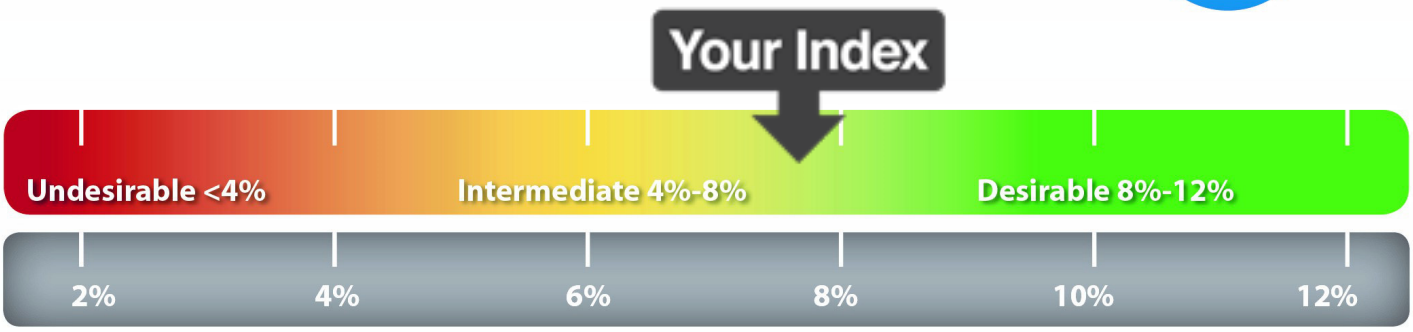
OMEGA-3 INDEX REPORT

NAME: John Doe
DOB: 04/11/2017
ID: JDoe

COLLECTION DATE: 04/11/2017
RESULT DATE: 04/14/2017
PROVIDER:

Your Index 7.71%

Reference Range*: 2.90% - 12.90%



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

Your Omega-3 Index is 7.71% which is below the desirable range of 8%-12%.
We would suggest that you increase your intake of EPA+DHA by 500-1200 mg/day.

An Omega-3 Index in the range of 8%-12% is an indicator of better overall health. This is based on studies reporting that people with a higher Omega-3 Index are at decreased risk[a] for heart disease[1-3,b], loss of cognitive function[4-8], bipolar disorder[9], ADHD[10], depression[11] and age-related macular degeneration[12]. Importantly, people with higher levels live longer than those with lower levels[13-15,†].

The best way to increase your Omega-3 Index is to eat more omega-3 fatty acids. These are found primarily in fish, especially "oily" fish such as those near the top in the accompanying table and in dietary supplements (fish, krill and algal oils). The two most important omega-3 fatty acids are EPA and DHA. The amount of EPA+DHA you would need to take in order to raise your Omega-3 Index into the target range cannot be predicted with certainty. Many factors – age, sex, weight, diet, genetics, smoking, medications you may be taking, other medical conditions, etc. – all can influence your body's response to additional EPA+DHA. Nevertheless, we would recommend you increase your current EPA+DHA intake by about 500-1200 mg/day[16]. Our Omega-3 Calculator™ can be used to estimate a recommended intake based on your personal Omega-3 Index. It should be noted that omega-3 fatty acids from flaxseed oil (alpha-linolenic acid, ALA) will have little to no effect on your Omega-3 Index[17]. Therefore, ALA is not an effective substitute for EPA and DHA.

After you increase your intake of EPA+DHA, your Omega-3 Index will begin to go up within a few days but will take 3-4 months to reach your new level[18]. The only way to know how your body will respond to an increased intake of EPA+DHA is to re-measure your Omega-3 Index. Since it takes 3-4 months to reach your new Omega-3 Index, you should retest in this timeframe to confirm your dietary and/or supplementation changes are working. Once you reach the desirable Omega-3 Index range, you should retest every 6 months to make sure it is staying there.

[a] In this context, "risk" refers only to that associated with differing levels of omega-3 fatty acids. Risks associated with other factors such as cholesterol, blood pressure, diabetes, personal or family history of other diseases, smoking, physical inactivity, or other medical conditions are completely independent of the Omega-3 Index. Improving the Omega-3 Index will not correct these other risk factors, which - along with the Omega-3 Index—should all be addressed in consultation with your healthcare provider as part of a global risk reduction strategy.
[b] Full references to studies supporting these statements may be found at www.omegaquant.com/evidence.
[†] These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease. Rather it is a wellness test to assess nutritional status. You are encouraged to discuss these results with your healthcare provider.

Fatty acid analysis performed by OmegaQuant LLC, 5009 W 12th St Suite 8, Sioux Falls, SD 57106
Lab Director: Brad Randall, MD. CLIA#: 43D1105229

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OMEGA RATIOS REPORT

NAME: John Doe
DOB: 04/11/2017
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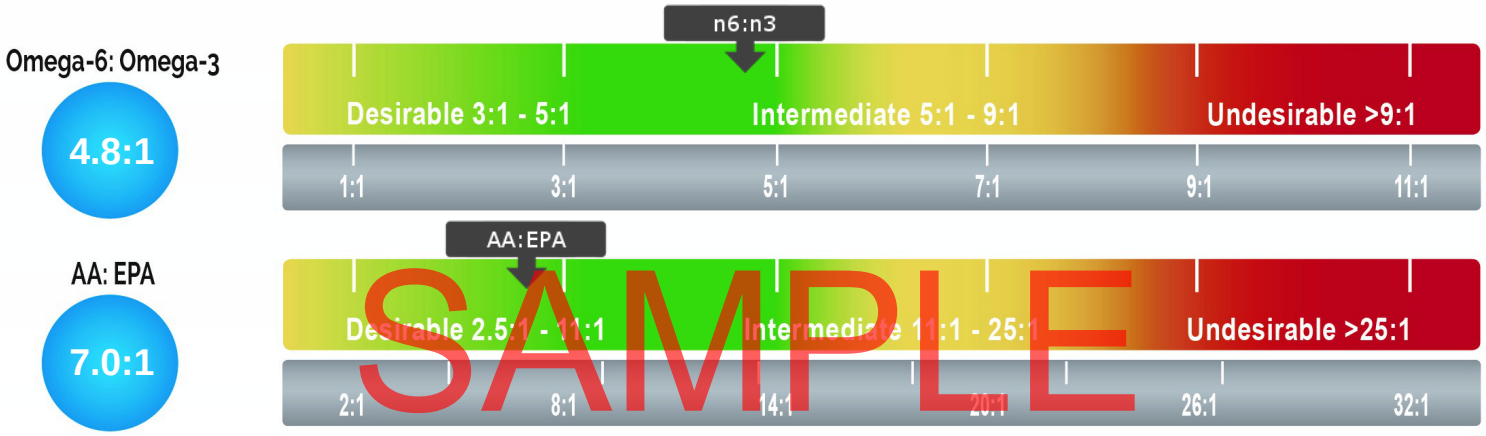
COLLECTION DATE: 04/11/2017
RESULT DATE: 04/14/2017
PROVIDER:



INFORMATION ABOUT THE OMEGA-6:OMEGA-3 AND THE AA:EPA RATIOS

Omega-6:Omega-3 ratio is calculated by dividing the sum of all the omega-6 fatty acids by the sum of all the 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).

The ranges shown in this table were derived from about 8900 individuals whose dried blood samples were analyzed for the Omega-3 Index and for these two ratios. Because the Omega-3 Index is so strongly related to each of these ratios, the ratio-based risk[a] ranges shown below are derived from those defined for the Omega-3 Index.

	Omega-3 Index	Omega-6:Omega-3	AA:EPA Ratio
Undesirable	<4%	Over 9:1	Over 25:1
Intermediate	4% - 8%	5:1 - 9:1	11:1 - 25:1
Desirable	8% - 12%	3:1 - 5:1	2.5:1 - 11:1
Elevated	Over 12%	Below 3:1	Below 2.5:1

As described in the Omega-3 Index report, the quickest and most efficient way to lower both the Omega-6:Omega-3 and the AA:EPA ratios is to consume more EPA+DHA. Based on a significant body of research, we cannot recommend that you reduce your intake of the principal dietary omega-6 fatty acid, linoleic acid. Raising your intake of EPA+DHA from seafood and/or supplements will not only increase blood EPA+DHA levels (which itself will lower these ratios), it will also lower blood omega-6 fatty acid levels, which will lower the ratios even more. As described in the Omega-3 Index report, it will take 3-4 months for these ratios to reach their new levels and this is the timeframe you should retest in.

[a] In this context, "risk" refers only to that associated with differing levels of omega-3 fatty acids. Risks associated with other factors such as cholesterol, blood pressure, diabetes, personal or family history of other diseases, smoking, physical inactivity, or other medical conditions are completely independent of the Omega-3 Index. Improving the Omega-3 Index will not correct these other risk factors, which - along with the Omega-3 Index—should all be addressed in consultation with your healthcare provider as part of a global risk reduction strategy.
[b] Full references to studies supporting these statements may be found at www.omegaquant.com/evidence.

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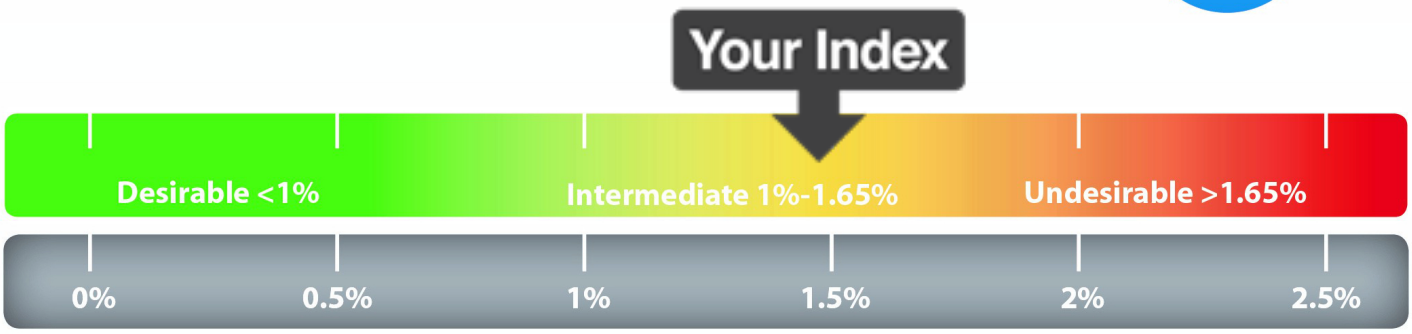
TRANS FAT INDEX REPORT

NAME: John Doe
DOB: 04/11/2017
ID: JDoe

COLLECTION DATE: 04/11/2017
RESULT DATE: 04/14/2017
PROVIDER:

Your Index 1.46%

Reference Range*: 0.30% - 2.42%



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

Your Trans Fat Index is above the desirable level of 1%.
You are advised to decrease your intake of trans fats.

Like the essential omega-3 and omega-6 fatty acids, trans-fatty acids (fats) come only from our foods; that is, they cannot be made in the body like saturated and mono-unsaturated fats can. Although a small amount of these fats are found "naturally" in foods like dairy products and beef, the great majority (80-90%) of trans fats come from the "partial hydrogenation" of liquid vegetable oils. This is a chemical process that converts these oils into solid margarines and shortenings. Consumption of these "industrial trans fats" has been linked to a higher risk for heart attacks[23]. In 2013, the US Food and Drug Administration (FDA) began to take steps to remove as much industrial trans fats from the American diet as possible.

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 literally 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 “industrial” trans fatty acids that are in your red blood cell membranes. Blood levels of trans fats reflect levels in the diet. A Trans Fat Index of <1% has been associated with reduced risk for cardiovascular disease[24]. 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’ve eaten (and the more fat tissue present), the larger the body’s burden of trans fats. When a person cuts down on trans fats, 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 never been done, 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.

[a] In this context, “risk” refers only to that associated with differing levels of trans fats. Risks associated with other factors such as cholesterol, blood pressure, diabetes, personal or family history of other diseases, smoking, physical inactivity, or other medical conditions are completely independent of the Trans Fat Index. Improving the Trans Fat Index will not correct these other risk factors, which - along with the Trans Fat Index — should all be addressed in consultation with your healthcare provider as part of a global risk reduction strategy.
[b] Full references to studies supporting these statements may be found at www.omegaquant.com/evidence.
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FULL FATTY ACID PROFILE REPORT

NAME: John Doe
DOB: 04/11/2017
ID: JDoe

COLLECTION DATE: 04/11/2017
RESULT DATE: 04/14/2017
PROVIDER:

Dried Blood Spot Fatty Acid Profile

Fatty Acid Group	Total	Percentile Rank	Reference Range*
Omega-3 Fatty Acids	7.31%	73rd	2.92-13.29%
Omega 3 Index	7.71%	76th	2.90-12.90%
Alpha-Linolenic (18:3n3)	0.34%		
Eicosapentaenoic (EPA, 20:5n3)	1.49%		
Docosapentaenoic-n3 (22:5n3)	1.36%		
Docosahexaenoic (DHA, 22:6n3)	4.12%		
Omega-6 Fatty Acids	34.91%	23rd	26.35-45.15%
Linoleic (18:2n6)	21.18%		
Gamma-Linolenic (18:3n6)	0.15%		
Eicosadienoic (20:2n6)	0.17%		
Dihomo-y-linolenic (20:3n6)	1.43%		
Arachidonic (AA, 20:4n6)	10.49%		
Docosatetraenoic (22:4n6)	1.20%		
Docosapentaenoic-n6 (22:5n6)	0.29%		
cis-Monounsaturated Fatty Acids	21.09%	49th	15.65-32.26%
Palmitoleic (16:1n7)	0.76%		
Oleic (18:1n9)	20.01%		
Eicosenoic (20:1n9)	0.11%		
Nervonic (24:1n9)	0.21%		
Saturated Fatty Acids	35.01%	83rd	29.52-37.74%
Myristic (14:0)	0.55%		
Palmitic (16:0)	22.28%		
Stearic (18:0)	11.28%		
Arachidic (20:0)	0.20%		
Behenic (22:0)	0.33%		
Lignoceric (24:0)	0.37%		
Trans Fatty Acids	1.67%	80th	0.35-2.69%
Trans Palmitoleic (16:1n7t)	0.21%		
Trans Oleic (18:1t)	1.26%		
Trans Linoleic (18:2n6t)	0.20%		
Trans Fat Index	1.46%	77th	0.30-2.42%
Ratios			
AA:EPA	7.0:1	28th	1.4 – 52.6
Omega-6:Omega-3	4.8:1	21st	2.3 – 14.5

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Omega-3 Fatty Acids

The four omega-3 fatty acids reported here include the "plant" omega-3 (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 (like vitamins, we can't make essential fatty acids ourselves and so we need to get them from our foods). The recommended intake of ALA is about 1.5 grams per day (which is about the average intake in the US today)[25]. ALA comes primarily from soybean oil (which is a component of many processed foods), but certain specialty foods/oils are particularly rich sources (chiaseeds, flaxseeds, walnuts). With respect to the "fish" omega-3's, they are not dietary essentials, but they do have health benefits (see Omega-3 Index report). Recommendations for EPA+DHA in generally healthy adults range from 250 mg/day to 500 mg/day[26]. In patients with known heart disease, the American Heart Association recommends 1000 mg/day[27]. Although a target range for the Omega-3 Index has been set at 8%-12%, at present[28], there is not enough research to recommend a target blood levels for ALA or DPA n3.

Omega-6 Fatty Acids

We measure levels of 7 fatty acids in the omega-6 family, but on average 85% of the total amount comes from only two of them – linoleic and arachidonic acids. The former is (like ALA) an essential fatty acid and is the starting material for the synthesis of the other omega-6s, including arachidonic acid, which is known to have multiple effects on cellular processes[29]. The level of linoleic acid in your blood is generally influenced by the amount you eat averaged over many months, whereas the level of arachidonic acid (and the other 5 omega-6s) are primarily determined not by your diet but by internal metabolism[30]. In other words, there is little you can do to alter the levels of 6 of the 7 omega-6s, and making significant changes in linoleic acid levels takes months to years. Most experts recommend somewhere between 12 and 24 grams per day of linoleic acid, with the average intake in America being around 15 grams per day[19]. There has been considerable controversy regarding whether the amounts of omega-6 fatty acids are "good" or "bad" for our health. Some point out that arachidonic acid is itself the starting material for the internal production of "pro-inflammatory" molecules, and since (chronic) inflammation is typically considered bad, then arachidonic acid must be part of the problem[31]. Others (including Dr. Harris[32,33] and most nutrition science organizations around the world) disagree[19,20,34,35], noting that in most studies, higher (vs lower) amounts of linoleic acid in the diet are associated with reduced risk for cardiovascular diseases[21]. A 2014 study found that higher (not lower) levels of arachidonic acid in the blood were associated with lower rates of heart attacks[36]. Thus, it is incorrect to view omega-6s as "bad" for heart health…they are in fact good. Nevertheless, it is difficult at the present time given the state of scientific research, to define a "healthy" arachidonic acid level. There are some studies that show that linoleic acid levels greater than about 16% are associated with better heart health than lower levels[37], but the strength of the evidence to date does not allow us to set a firm target.

cis-Monounsaturated Fatty Acids

There are 4 fatty acids in this class but 95% comes from only 1 fatty acid, oleic acid. This is a fatty acid that is ubiquitous in the diet and can be made from scratch inside our cells, so it is not an "essential" fatty acid. Although found in relatively high amounts in "the Mediterranean Diet" (owing to the large amounts coming from olive oil), the role of oleic acid in heart health is, like for the omega-6s, controversial. Some studies suggest higher is better[38], while others point to the opposite conclusion[39]. Therefore, we cannot provide a strong science-based recommendation for target oleic acid levels in your blood. Even if we could, oleic acid levels are (again like the omega-6 fatty acids) relatively hard to change and altering them takes months to years of concerted dietary change. At present, oleic acid levels are provided in the report for the sake of completeness, not to guide recommendations for dietary changes. Most vegetable oils are rich sources of oleic acid, with olive and canola oils being among the richest. The only other fatty acid in this family that merits comment is palmitoleic acid. It is normally present at only about 0.5% of total fatty acids in your blood (as opposed to about 15% for oleic acid), but it is being recognized as a marker of excess carbohydrate in the diet. Carbohydrates include sugar, flour, high-fructose corn syrup, etc. Too much carbohydrate causes the body to actually synthesize fatty acids, and palmitoleic acid levels go up in this setting. Again, the research in this field is immature and does not allow for firm target values to be set[40], but levels below about 0.5% are probably better than levels above this target.

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Saturated Fatty Acids

There are 6 saturated fatty acids in the OmegaQuant report. Saturated fatty acids are chemically distinct from unsaturated (whether mono- or poly-unsaturated) in that they do not contain "double bonds." Fatty acids without double bonds can be envisioned as straight chains of carbon atoms, but when double bonds are in the chain, they put a "kink" or "bend" in the chain, and that alters the function of the fatty acid. Saturated fatty acids, because their strait chains can stack together easily, become solid at room temperatures. Thus products/foods with predominantly saturated fatty acids are solids like butter, shortening, and lard; products/foods with predominantly unsaturated fatty acids are liquids, like vegetable or fish oils. Once again, the vast majority of saturated fatty acids are palmitic and stearic acids. Together these two constitute on average 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 consequences, but higher levels of palmitic may. Diets high in palmitic acid raise blood cholesterol levels and thereby may increase risk for heart attacks[41]. On the other hand, other studies reported that higher levels of palmitic acid in the diet (or in the blood for that matter) are not associated with higher rates of heart attacks[36,42], so the conventional wisdom is being challenged and the real story is not clear. What is becoming clearer, however, is that higher levels of palmitic acid in the blood are linked with greater risk for diabetes[43], a disease that is becoming almost epidemic in the US today. So keeping palmitic acid levels below "average" (i.e., less than about 23%) would probably be wise although firm evidence that this will lower risk for diabetes has not yet been produced. Replacing foods high in saturated fats with those higher in unsaturated (particularly polyunsaturated, omega-6 and omega-3) is still a good idea even if we don't yet know for sure what the "right" blood levels of palmitic acid should be. Again more research is needed.

Trans Fatty Acids

Trans fatty acids all have at least 1 double bond, but this bond differs in its orientation from the more natural "cis" (opposite of "trans") orientation in the fatty acid molecule. A trans double bond between 2 carbon atoms removes the kink and straightens out the molecule. This makes it act more like a saturated than unsaturated fatty acid. (See the FAQs section under the Trans Fat Index tab at our website.) Most trans fatty acids in our diets are "unnatural" and come from an industrial process called "partial hydrogenation" which converts liquid oils to solid fats. This converts some of the cis-polyunsaturated fatty acids in the oils into trans-mono-unsaturated fatty acids which allows the product to remain in liquid form. (Partially hydrogenated soybean oil, for example, is commonly used in salad dressings and for frying foods). These "industrially-produced" trans fatty acids are now universally seen as bad for heart health[23], and since their levels in the blood are a direct reflection of their levels in the diet[44], dietary changes will eventually be reflected by changes in blood trans fatty acid levels. However, trans levels will decrease at a much slower rate after lowering trans fatty acid intakes than, for example, omega-3 levels will increase after starting to take fish oils. We currently set the blood trans-fat target at less than 1% which is the level shown in a recent study to be associated with no increased risk for heart disease[45]. For more information, see the FAQs section under the Trans Fat Index tab on our website.

Ratios

The Full Fatty Acid Profile Report includes 2 fatty acid ratios: the omega-6:omega-3 ratio and the AA:EPA ratio. Although we include these ratios as a courtesy to some practitioners who find them useful, we believe that the Omega-3 Index is more informative and is the single most important (and actionable) component of our report[32]. We believe that the quickest and most efficient way to improve either of these ratios is by consuming more EPA+DHA, not by eating less omega-6 fatty acids. The reasons for this are (as described above) that eating less omega-6 fatty acids has a very minor impact on blood omega-6 levels, and that reducing omega-6 intakes has been associated with increased, not decreased, risk for heart disease. Hence, we feel it is ill-advised to recommend reducing omega-6 intake and well-advised to raise omega-3 (specifically EPA and DHA) intakes. Target values for these ratios that roughly correspond to an Omega-3 Index of 8% - 12% would be: omega-6/omega-3 ratio, 3:1 – 5:1; AA/EPA ratio, 11:1 – 2.5:1.

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The Great Plains Laboratory, Inc.

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 Fish Oil Capsules	180	120	300
Fish Oil Concentrates (many varieties)	100-400	100-400	300-700
Cod Liver Oil (teaspoon)	300	500	800
Krill Oil	100-300	50-150	150-450
Algal Oil	50-150	100-300	150-450

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.

The Great Plains Laboratory, Inc.

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.