

NEURAL ZOOMER PLUS

DEMO

FINAL REPORT

Accession ID: 2310170637

Name: NEURAL ZOOMER PLUS
DEMO
Date of Birth: 01-01-1111
Gender: Male
Age: 01
Height:
Weight:
Fasting: NOT FASTING

Telephone: 000-000-0000
Street Address:
Email:

Provider Information

Practice Name: DEMO CLIENT, MD Telephone: 000-000-0000
Provider Name: DEMO CLIENT, MD Address: 3521 Leonard Ct, Santa Clara, CA 95054
Phlebotomist: 0

Report Information

Current Result Previous Result In Control Moderate Risk

Specimen Information

| Sample Type | Collection Time | Received Time | Report | Final Report Date |
|-------------|------------------------|------------------------|-------------------------|------------------------|
| Serum | 2023-10-26 13:09 (PDT) | 2023-10-27 10:54 (PDT) | Neural Zoomer Plus - P2 | 2023-11-03 11:31 (PDT) |

SAMPLE



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

TNP Test not performed

R&L Refer to risks and limitations at the end of report

Notes Refer to Lab notes at the end of the table

INTRODUCTION

Vibrant Wellness is pleased to present to you 'Neural Zoomer Plus', to help you make healthy lifestyle and dietary choice 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 Vibrant Neural Zoomer Plus is an array of neural antigens and genetic tests which offers very specific antibody-to-antigen recognition and potential risk to develop Neurological Autoimmune disease. The panel is designed to assess an individual's IgG, IgA, and IgM sensitivity to these antigens. Neural Zoomer plus aims to reduce the prevalence of neurological conditions by empowering patients and physicians with a vital resource for early risk detection and an enhanced focus on personalized primary prevention.

Methodology:

The Vibrant Neural Zoomer test is a semiquantitative assay that detects IgG, IgA, and IgM antibodies in human serum/DBS for the neural antigens with multiplexed chemiluminescence immunoassay (CLIA) methodology. The Vibrant ApoE genetics test uses real-time PCR methodology. DNA is extracted and purified from blood/saliva samples and a SNP (single nucleotide polymorphism) genotyping assay is performed using real-time PCR to detect the specific allele target.

Interpretation of Report:

The Neural Zoomer summary page provides concise information on the list of antigens with antibody titers that are outside the normal reference range. Reference ranges have been established using 2000 healthy individuals.

Vibrant utilizes proprietary reporter-based analysis which is designed to assay specific total IgG (subclasses 1, 2, 3, 4), total IgA (subclasses 1, 2), and total IgM antibodies. Additionally, the previous value (if available) is also indicated to help check for improvements every time the test is ordered.

This is followed by a complete list of all antigens tested including IgG+IgA and IgM antibody titers. A classification of Green denotes a results that is within the normal reference range, the classification of Yellow denotes a result that is moderately elevated titer with respect to the reference range and the classification of Red denotes a result that is elevated with respect to the normal reference range.

The Vibrant Wellness platform provides tools for you to track and analyze your general wellness profile. Testing for Neural Zoomer + panel is performed by Vibrant America, a CLIA certified lab CLIA#:05D2078809 and ApoE Genetics is performed by Vibrant Genomics, a CLIA certified lab CLIA#: 05D2098445. 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 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 physician/dietitian 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, and nutritional supplementation with your physician before making any changes. Pediatric reference ranges have not been established for this test.

Neural Zoomer Plus

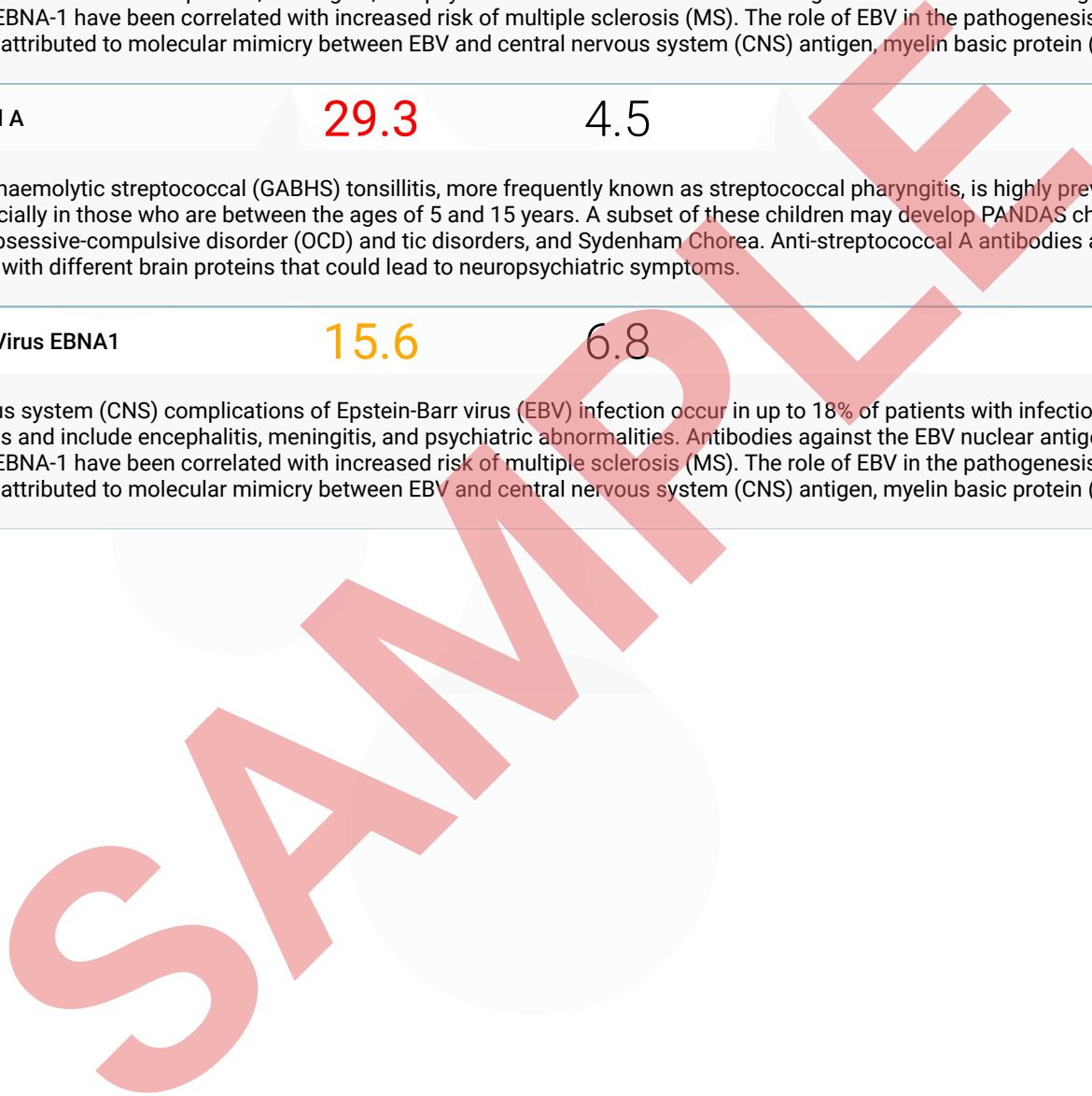
Reference Range: ■ In Control: ≤10 ■ Moderate: 10.1-20 ■ Risk: >20

| Optical and Autonomic Nervous System Disorders | (IgG + IgA) | Current | IgM | (IgG + IgA) | Previous | IgM |
|--|---------------|---------|-----|-------------|----------|-----|
| Anti-Aquaporin4 | >30 | | 2.3 | | | |
| <p>Neuromyelitis optica is an inflammatory demyelinating disorder of the CNS. The discovery of circulating IgG antibodies against the astrocyte water channel protein aquaporin 4 (AQP4) and the evidence that AQP4-IgG is involved in the development of neuromyelitis optica revolutionized the understanding of the disease. Anti-aquaporin 4 antibodies have also been shown in patients with peripheral demyelination. In addition, human aquaporin-4 cross-reactivity with corn and soybean aquaporins, hence, consider ordering Vibrant's Lectin Zoomer panel for a comprehensive assessment.</p> | | | | | | |
| Brain Inflammation | (IgG + IgA) | Current | IgM | (IgG + IgA) | Previous | IgM |
| Anti-AMPA receptor | 25.8 | | 2.5 | | | |
| <p>AMPA (α-amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid) is a compound that is a specific agonist for the AMPA receptor, where it mimics the effects of the neurotransmitter glutamate. In some epilepsies, antibodies to AMPA receptors lead to neuron damage. The same is true for ischemia, where oxygen deprivation leads to excitotoxicity. Conversely, Alzheimer's disease is characterized by decreased AMPA activation and synapse loss.</p> | | | | | | |
| Anti-Glycine receptor | >30 | | 3.7 | | | |
| <p>Glycine accomplishes several functions as a transmitter in the CNS. As an inhibitory neurotransmitter, it participates in the processing of motor and sensory information that permits movement, vision, and audition. This action of glycine is mediated by the strychnine-sensitive glycine receptor, whose activation produces inhibitory post-synaptic potentials. Detection of glycine receptor antibodies may prove helpful in the diagnosis of patients with symptoms and signs that include ocular motor and other brainstem dysfunction, hyperekplexia, stiffness, rigidity, myoclonus and spasms, and their detection will support the use of immunotherapies that are likely to be clinically effective.</p> | | | | | | |
| Anti-Contactin-Associated Protein-like 2 Antibodies | >30 | | 3.9 | | | |
| <p>CNTNAP2 (Contactin-associated protein-like 2) is a protein coding gene. This gene encodes a member of the neurexin family which functions in the vertebrate nervous system as cell adhesion molecules and receptors. Diseases associated with CNTNAP2 include Pitt-Hopkins-Like Syndrome 1 and Autism 15. Among its related pathways are neuroscience and cell adhesion molecules (CAMs).</p> | | | | | | |
| Anti-Dopamine receptor 1 | >30 | | 3.1 | | | |
| <p>Dopamine receptor 1 (DR1) expression in the central nervous system is highest in the dorsal striatum and ventral striatum. DR1 is the most abundant dopamine receptor in the central nervous system. It regulates neuronal growth and development, mediates some behavioral responses, and modulates dopamine receptor 2-mediated events. Antibodies associated with DR1 are mostly seen in brain inflammation and neuropsychiatric disorders.</p> | | | | | | |
| Anti-Dopamine receptor 2 | 12.3 | | 3.0 | | | |
| <p>Similar to dopamine receptor 1, dopamine receptor 2 (DR2) is highly expressed in basal ganglia, for example striatum, but also in the cortex, hippocampus, and substantia nigra. Modulation of DR2 expression in the basal ganglia has been associated with schizophrenia, depression, and movement disorders. Movement and psychiatric disorders associated with DR2 antibody are biologically plausible as DR2 is intimately linked to the control of movement and behavior.</p> | | | | | | |

Neural Zoomer Plus

Reference Range: ■ In Control: ≤10 ■ Moderate: 10.1-20 ■ Risk: >20

| Infections | IgG | Current | IgM | IgG | Previous | IgM |
|--|-------------|---------|-----|-----|----------|-----|
| Epstein Barr Virus VCA gp125 | 21.4 | | 2.1 | | | |
| <p>Central nervous system (CNS) complications of Epstein-Barr virus (EBV) infection occur in up to 18% of patients with infectious mononucleosis and include encephalitis, meningitis, and psychiatric abnormalities. Antibodies against the EBV nuclear antigen complex (EBNAc) and EBNA-1 have been correlated with increased risk of multiple sclerosis (MS). The role of EBV in the pathogenesis of multiple sclerosis was attributed to molecular mimicry between EBV and central nervous system (CNS) antigen, myelin basic protein (MBP).</p> | | | | | | |
| Streptococcal A | 29.3 | | 4.5 | | | |
| <p>Group A beta-haemolytic streptococcal (GABHS) tonsillitis, more frequently known as streptococcal pharyngitis, is highly prevalent in children, especially in those who are between the ages of 5 and 15 years. A subset of these children may develop PANDAS characterized by pediatric obsessive-compulsive disorder (OCD) and tic disorders, and Sydenham Chorea. Anti-streptococcal A antibodies are shown to cross react with different brain proteins that could lead to neuropsychiatric symptoms.</p> | | | | | | |
| Epstein Barr Virus EBNA1 | 15.6 | | 6.8 | | | |
| <p>Central nervous system (CNS) complications of Epstein-Barr virus (EBV) infection occur in up to 18% of patients with infectious mononucleosis and include encephalitis, meningitis, and psychiatric abnormalities. Antibodies against the EBV nuclear antigen complex (EBNAc) and EBNA-1 have been correlated with increased risk of multiple sclerosis (MS). The role of EBV in the pathogenesis of multiple sclerosis was attributed to molecular mimicry between EBV and central nervous system (CNS) antigen, myelin basic protein (MBP).</p> | | | | | | |



Neural Zoomer Plus

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| Demyelination Antigens | (IgG + IgA) | Current | IgM | (IgG + IgA) | Previous | IgM |
|--|-------------|---------|-----|-------------|----------|-----|
| Anti-Tubulin | 9.4 | | 3.7 | | | |
| Anti-Myelin basic protein | 8.7 | | 2.7 | | | |
| Anti-Myelin oligodendrocyte glycoprotein | 6.0 | | 3.6 | | | |
| Anti-Myelin proteolipid protein | 6.5 | | 2.9 | | | |
| Anti-Neurofascin | 6.2 | | 3.1 | | | |
| Anti-MAG | 7.3 | | 2.2 | | | |
| Blood Brain Barrier Disruption | (IgG + IgA) | Current | IgM | (IgG + IgA) | Previous | IgM |
| Anti-s100b | 8.6 | | 2.3 | | | |
| Anti-Glial fibrillary acidic protein | 7.1 | | 3.8 | | | |
| Anti-Microglia | 9.3 | | 4.1 | | | |
| Anti-Glucose regulated protein 78 | 8.5 | | 2.9 | | | |
| Optical and Autonomic Nervous System Disorders | (IgG + IgA) | Current | IgM | (IgG + IgA) | Previous | IgM |
| Anti-Neuron specific enolase | 7.0 | | 3.4 | | | |
| Anti-Aquaporin4 | >30 | | 2.3 | | | |
| Anti-Recoverin | 6.9 | | 3.2 | | | |
| Anti-CV2 | 9.5 | | 2.6 | | | |
| Peripheral Neuropathy | (IgG + IgA) | Current | IgM | (IgG + IgA) | Previous | IgM |
| Anti-GM1 | 8.6 | | 3.4 | | | |
| Anti-GM2 | 0.5 | | 1.9 | | | |
| Anti-Hu | 7.8 | | 3.4 | | | |
| Anti-Ri | 4.5 | | 3.8 | | | |
| Anti-Amphiphysin | 9.0 | | 2.7 | | | |

Neural Zoomer Plus

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| Neuromuscular disorders | | (IgG + IgA) | Current | IgM | (IgG + IgA) | Previous | IgM |
|---------------------------------------|--|-------------|---------|-----|-------------|----------|-----|
| Anti-Acetylcholine receptors | | 7.9 | | 3.1 | | | |
| Anti-Muscle specific kinase | | 7.1 | | 2.7 | | | |
| Anti-Voltage gated calcium channels | | 5.8 | | 2.2 | | | |
| Anti-Voltage gated potassium channels | | 0.5 | | 2.7 | | | |
| Anti-Titin | | 6.3 | | 2.8 | | | |
| Brain Autoimmunity | | (IgG + IgA) | Current | IgM | (IgG + IgA) | Previous | IgM |
| Anti-Cerebellum | | 3.8 | | 5.6 | | | |
| Anti-Purkinje cell | | 6.7 | | 4.7 | | | |
| Anti-Yo | | 4.6 | | 2.8 | | | |
| Anti-Amyloid beta (25-35) | | 6.0 | | 2.7 | | | |
| Anti-Amyloid beta (1-42) | | 6.2 | | 3.6 | | | |
| Anti-RAGE peptide | | 6.7 | | 2.8 | | | |
| Anti-Tau | | 6.0 | | 2.8 | | | |
| Anti-Glutamate | | 8.7 | | 3.0 | | | |
| Anti-Dopamine | | 5.3 | | 2.9 | | | |
| Anti-Hydroxytryptamine | | 6.2 | | 3.0 | | | |
| Anti-Alpha-synuclein | | 6.3 | | 2.8 | | | |
| Anti-α1 and β2 adrenergic receptors | | 5.9 | | 3.3 | | | |
| Anti-Endothelin A receptor | | 4.0 | | 2.9 | | | |
| Brain Inflammation | | (IgG + IgA) | Current | IgM | (IgG + IgA) | Previous | IgM |
| Anti-NMDA receptor | | 7.3 | | 3.3 | | | |
| Anti-AMPA receptor | | 25.8 | | 2.5 | | | |
| Anti-GABA receptors | | 5.9 | | 3.9 | | | |

Neural Zoomer Plus

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| Brain Inflammation | Current | | Previous | | |
|--|-------------|-------------|-------------|----------|-----|
| | (IgG + IgA) | IgM | (IgG + IgA) | IgG | IgM |
| Anti-Dipeptidyl aminopeptidase like protein 6 | 8.5 | 2.5 | | | |
| Anti-Glycine receptor | >30 | 3.7 | | | |
| Anti-Neurexin 3 | 8.3 | 3.4 | | | |
| Anti-Contactin-Associated Protein-like 2 Antibodies | >30 | 3.9 | | | |
| Anti-Leucine-rich glioma-inactivated protein 1 (Anti-LGI1) | 7.3 | 3.9 | | | |
| Anti-Ma | 4.8 | 2.8 | | | |
| Anti-Dopamine receptor 1 | >30 | 3.1 | | | |
| Anti-Dopamine receptor 2 | 12.3 | 3.0 | | | |
| Infections | IgG | Current IgM | IgG | Previous | IgM |
| Cytomegalovirus EIA Antigen | 2.7 | 5.9 | | | |
| Cytomegalovirus GlyB | 2.4 | 6.6 | | | |
| Cytomegalovirus p150 | 1.3 | 4.5 | | | |
| Cytomegalovirus p28 | 3.0 | 1.5 | | | |
| Cytomegalovirus p52 | 4.5 | 7.0 | | | |
| Cytomegalovirus p65 | 3.6 | 7.2 | | | |
| Cytomegalovirus p38 | 3.1 | 2.4 | | | |
| Epstein Barr Virus EA Antigen | 6.4 | 4.4 | | | |
| Epstein Barr Virus EBNA1 | 15.6 | 6.8 | | | |
| Epstein Barr Virus VCA gp125 | 21.4 | 2.1 | | | |
| Epstein Barr Virus p18 | 6.2 | 7.4 | | | |
| Epstein Barr Virus p23 | 8.9 | 1.1 | | | |
| HSV-1 | 1.3 | 3.2 | | | |
| HSV-2 | 1.3 | 4.7 | | | |

Neural Zoomer Plus

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| Infections | IgG | Current | IgM | IgG | Previous | IgM |
|-----------------|------|---------|-----|-----|----------|-----|
| HHV-6 | 7.2 | | 4.4 | | | |
| HHV-7 | 2.6 | | 4.0 | | | |
| Streptococcal A | 29.3 | | 4.5 | | | |

SAMPLE

Risk and Limitations

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

Vibrant Neural Zoomer 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 physician's clinical assessment.

Vibrant Neural Zoomer panel testing is performed at Vibrant America, a CLIA certified laboratory utilizing ISO-13485 developed technology and Vibrant Genomics, a CLIA certified laboratory. Vibrant America and Vibrant Genomics have 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.

Genetic testing is helpful in analyzing the risk of various diseases. However, it is important to note that Genetic risk determinants are neither necessary nor sufficient for the development of diseases. Environmental and lifestyle risk factors could also affect the risk of disease development. Results from genetic analysis should always be interpreted along with clinical findings on the individual. Genetic testing evaluates only for the genotypes indicated; it does not test for other genetic abnormalities found elsewhere in the genome. Different genetic variants can be tested by different genetic labs to evaluate the risk for a particular disease, depending on what is tested, genetic risk may not be comparable between labs. It should be realized that there are possible sources of error like any lab testing which include sample misidentification, trace contamination of PCR reactions, technical errors and rare genetic variants that may interfere with analysis.

Some individuals may feel anxious about getting their genetic test health results. If the potential user feels very anxious, such user should speak to his or her doctor or other health care professional prior to collection of a sample for testing. Users should consult with their doctor or other health care professional if they have any questions or concerns about the results of their test or their current state of health. Users of the test are also encouraged to discuss their test results with a genetic counselor, board-certified clinical molecular geneticist, or equivalent health care professional.

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.