MOSAIC DIAGNOSTICS

Microbial Organic Acids TEST

Requisition #:	9900001	***Practitioner:***	NO PHYSICIAN
Patient Name:	Sample Report	***Date of Collection:***	12/01/2022
Patient Age:	1	***Time of Collection:***	Not Given
Patient Sex:	F	***Report Date:***	08/04/2023

Microbial Organic Acids Test

Metabolic Markers in Urine	Reference Range (mmol/mol creatinine)		Patient Value	Reference Population - Females Under Age 13
Intestinal Microbial Overgrowth				
Yeast and Fungal Markers				
1 Citramalic	≤ 5.3	H	12	12
2 5-Hydroxymethyl-2-furoic	≤ 30		2.0	2.0
3 3-Oxoglutaric	≤ 0.52	H	4.0	4.0
4 Furan-2,5-dicarboxylic	≤ 22	H	63	63
5 Furancarbonylglycine	≤ 3.6	H	6.0	6.0
6 Tartaric	≤ 3.9	H	7.0	7.0
7 Arabinose	≤ 56		8.0	8.0
8 Carboxycitric	≤ 34		12	12
9 Tricarballylic	≤ 0.86	H	1.0	1.0
Bacterial Markers				
10 Hippuric	≤ 717		9.0	9.0
11 2-Hydroxyphenylacetic	≤ 1.1	H	3.0	3.0
12 4-Hydroxybenzoic	0.09 - 2.0		1.0	1.0
13 4-Hydroxyhippuric	≤ 27		3.0	3.0
14 DHPPA (Beneficial Bacteria)	≤ 0.73	H	2.0	2.0
Clostridia Bacterial Markers				
15 4-Hydroxyphenylacetic *(C. difficile, C. stricklandii, C. lituseburense & others)*	≤ 30		5.0	5.0
16 HPHPA *(C. sporogenes, C. caloritolerans, C. botulinum & others)*	≤ 227		10	10
17 4-Cresol *(C. difficile)*	≤ 76		6.0	6.0
18 3-Indoleacetic *(C. stricklandii, C. lituseburense, C. subterminale & others)*	≤ 11		11	11
Additional Indicators				
19 3-Hydroxy-3-methylglutaric	≤ 101		0	0.00

This test was developed, and its performance characteristics determined by Mosaic Diagnostics Laboratory. It has not been cleared or approved by the US Food and Drug Administration.

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Additional Indicators

20	**2-Hydroxyhippuric**	**≤**	**1.2**	**1.0**	

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Indicator of Fluid Intake

21	***Creatinine**	**100**	**mg/dL**

*The creatinine test is performed to adjust metabolic marker results for differences in fluid intake. Urinary creatinine has limited diagnostic value due to variability as a result of recent fluid intake. Samples are rejected if creatinine is below 20 mg/dL unless the client requests results knowing of our rejection criteria.

Explanation of Report Format

The reference ranges for organic acids were established using samples collected from typical individuals of all ages with no known physiological or psychological disorders. The ranges were determined by calculating the mean and standard deviation (SD) and are defined as ± 2SD of the mean. Reference ranges are age and gender specific, consisting of Male Adult (≥13 years), Female Adult (≥13 years), Male Child (<13 years), and Female Child (<13 years).

There are two types of graphical representations of patient values found in the new report format of both the standard Organic Acids Test and the Microbial Organic Acids Test.

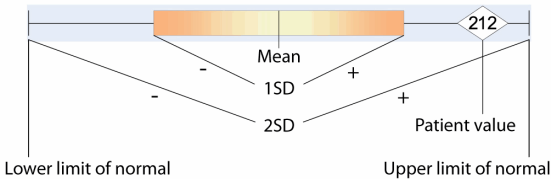
The first graph will occur when the value of the patient is within the reference (normal) range, defined as the mean plus or minus two standard deviations.

The second graph will occur when the value of the patient exceeds the upper limit of normal. In such cases, the graphical reference range is “shrunk” so that the degree of abnormality can be appreciated at a glance. In this case, the lower limits of normal are not shown, only the upper limit of normal is shown.

In both cases, the value of the patient is given to the left of the graph and is repeated on the graph inside a diamond. If the value is within the normal range, the diamond will be outlined in black. If the value is high or low, the diamond will be outlined in red.

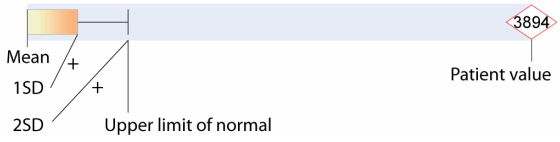
Example of Value Within Reference Range

Metabolic Markers in Urine	Reference Range *(mmol/mol creatinine)*		Patient Result	Reference Range - Males Age 13 and Under
Intestinal Microbial Overgrowth				
HPHPA (Clostridia marker)	<	219 .9	212	



Example of Elevated Value

Metabolic Markers in Urine	Reference Range *(mmol/mol creatinine)*		Patient Result	Reference Range - Males Age 13 and Under
Intestinal Microbial Overgrowth				
HPHPA (Clostridia marker)	<	219 .9	H 3894	



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Interpretation

High yeast/fungal metabolites (Markers 1,2,3,4,5,6,7,8) indicate a yeast/fungal overgrowth of the gastrointestinal tract. Prescription or natural (botanical) anti-fungals, along with supplementation of high potency multi-strain probiotics (20-50 billion cfu's), may reduce yeast/fungal levels.

High tricarballylic acid (*propane-1,2,3-tricarboxylic acid) *(Marker 9) could be caused by the intake of corn or corn-based food contaminated with fumonisins, a group of mycotoxins produced primarily by *F. verticillioides*, and other related species. Tricarballylic acid is released from fumonisins during passage through the gastrointestinal tract . Tricarballylic acid is an inhibitor of the enzyme aconitase and therefore interferes with the Krebs cycle . The main symptoms of aconitase deficiency are myopathy and exercise intolerance. It may also act as a magnesium chelator. Tricarballylic acid is also metabolite of a component of a substance in modified corn starch , octenylsuccinic acid, found in a number of infant formulas such as Nutramigen, Vivonex, and Pregestimil. In addition, tricarballylic acid is a byproduct of beet sugar and maple sugar refining and might appear after ingestion of these sugars. Tricarballylic acid is also released from fumonisins upon certain food processing conditions. Clinical syndromes due to the intact mycotoxin are rare and characterized by abdominal pain and diarrhea. A specific role for fumonisins in the development of neural tube defects was suggested after the appearance of a cluster of such defects in Texas associated with consumption of corn from the heavily fumonisin-contaminated 1989 corn crop. More recent studies have shown that fumonisin B1 inhibits folate metabolism in cultured cells.

High 2-hydroxyphenylacetic acid (Marker 11) is associated with intestinal bacteria overgrowth and with the genetic disease phenylketonuria (PKU).

High DHPPA (3,4 dihydroxyphenylpropionic acid) (Marker 14) indicates excessive intake of chlorogenic acid, a common substance found in beverages and in many fruits and vegetables, including apples, pears, tea, coffee, sunflower seeds, carrots, blueberries, cherries, potatoes, tomatoes, eggplant, sweet potatoes, and peaches. Harmless or beneficial bacteria such as Lactobacilli, Bifidobacteria, and E. coli mediate the breakdown of chlorogenic acid to 3,4-dihydroxyphenylpropionic acid (DHPPA), and high values may indicate increased amounts of these species in the GI tract. In addition, one *Clostridia* species, *C. orbiscindens*, can convert the flavanoids luteolin and eriodictyol, occurring only in a relatively small food group that includes parsley, thyme, celery, and sweet red pepper to 3,4-dihydroxyphenylpropionic acid. The quantity of *Clostridia orbiscindens* in the GI tract is negligible (approximately 0.1% of the total bacteria) compared to the predominant flora of *Lactobacilli, Bifidobacteria,* and *E. coli*. Consequently, this marker is essentially useless as a general *Clostridia* marker but may be a good indicator of the presence of beneficial flora.

High quality nutritional supplements can be purchased through your practitioner or at New Beginnings Nutritionals, www.NBNUS.com <http://www.NBNUS.com> , or call 877-575-2467.

The nutritional recommendations in this test are not approved by the US FDA. Supplement recommendations are not intended to treat, cure, or prevent any disease and do not take the place of medical advice or treatment from a healthcare professional.

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