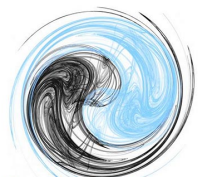




Gx *nutrient*TM Personal Report

Prepared for: **Mary Smith**



LifeBalance

Welcome to Your GxNutrient Personal Report

GxNutrient Personal Report

April 10, 2017

Congratulations!

You are about to receive insights about your body that, up until now, have never been available. The science of the human body only recently evolved enough to allow scientists to identify and analyze a person's DNA. Genetic Direction not only provides you with a roadmap of your specific genes, but gives direction on how you can potentially optimize your health and well-being with this knowledge.

We spend a lifetime trying to learn more about ourselves, especially how our body works and how our health is affected by our habits and behaviors. Traditionally, we have learned what works and what doesn't through trial and error. But experience alone doesn't always give us the information we need.

What is Genetic Testing?

Genetic testing utilizes a physical specimen from the body (saliva, blood, or other tissues) to reveal information about a person's chromosomes or their genes. In addition to identifying key genes, information is evaluated about areas on each gene that may differ between people. These areas are known as single nucleotide polymorphisms (SNPs). We use the term genotype to describe the outcome of your individual genetic tests.

Do These Results Show That You Are Low in Nutrients?

If you scored LOW or BELOW AVERAGE, your genotype results show that you may have a higher risk for having blood levels of certain nutrients that may be in the lower end of the normal range. Note that this does not necessarily suggest that you are at risk of being deficient, merely that you are at risk of being at the lower end of the normal range. For a few nutrients, such as Vitamin B12, it may be optimal to be in the mid-range of normal, or higher. This genotype risk assessment is based on studies where study participants with certain genotypes for the various nutrients tested were shown to be more likely to be in the lower end of the normal range for a nutrient.

Be careful of assuming these results indicate you are low, or deficient in a certain nutrient. The only way to know for sure if you are in the low end of the normal range for a nutrient, or if you are actually deficient, is to consult with your physician and get a specific blood test designed to assess a specific nutrient. This genetic test can only assess your risk; the blood test is what can assess your actual levels.

Which Food Choices for Certain Macronutrients Are the Best for You?

Our genetic testing analyzes your genotype and assesses your potential levels of macronutrients. This testing does not test your individual sensitivity or response to certain foods that may contain these macronutrients. You may have other individualized responses that are not detected in the genetic tests. For example, you may be allergic to the proteins in dairy foods. Or you may have a negative response to the lactose sugars in dairy products. This report cannot inform you about these reactions. Any food recommendations that are suggested to help you obtain certain nutrients should be modified based on other factors that you may already know about.

How Can You Monitor Your Nutrient Intake?

Your body absorbs a certain amount of each nutrient as food or supplements are digested. Then your body uses or stores the nutrient as needed. There are many factors that affect how much of a nutrient you take in, how much of a nutrient is absorbed and used by your body, and whether your body stores are in the normal range.

Your genotype for certain nutrients can indicate that you may be at risk for having lower levels of certain nutrients. But since the genotype analysis is not measuring what you eat, the supplements you take, or actually measuring levels in your blood or tissues, the genotype analysis alone cannot relate your true status.

People who are low or deficient in a nutrient may absorb more from food than someone who is not deficient. A person who needs more of a certain nutrient may absorb more of it from a food than someone who has normal levels. There are also other factors that can affect absorption positively or negatively, and that can affect how your body uses what you take in.

How do you know what your true nutritional status is? A blood test is generally the only way to truly test your true nutritional status. What is in the blood when tested may not always reflect what is in the tissues or how much is being used by the body. But at present, this is the measure used for most nutrients. There may also be different blood tests that monitor the same nutrient.

Keep these factors in mind as you interpret your genotype results and the suggestions given. No one result is going to give you all the information you need. But taken together, the results of your genotype analysis, along with a blood test can help you spot potential areas where you can optimize your nutrition.

Should You Take a Supplement?

Most nutritionists recommend that nutrients be obtained first through food. Research studies have tended to show more favorable outcomes when research participants obtained nutrients from food sources rather than from supplements. Nutritional experts vary in their opinions about whether people should take supplements or not.

Most supplements are considered safe. But be cautious with dosing because research on appropriate levels has identified ranges for some nutrients beyond which toxic effects can occur. These ranges are known as the Upper Intake Level, or UL. It is difficult to reach the UL by getting the nutrients from food, but it is easy to reach these high-risk levels from supplementation.

If you do choose to supplement, keep track of the nutrients you get from all foods. Read food labels since some foods that you eat may also be fortified in the supplements you are taking. Use dietary software to input what you eat and supplement with so you can keep an estimate of your total nutrient intake and will be less likely to overdose. Also consult with your doctor if needed. Some supplements, including Vitamin A and Vitamin B6, can interact with medications you may be taking.

Why Is Your Genotype Important?

To empower you with the best genetic testing knowledge possible, we have established stringent criteria for studies that we use to help us evaluate the potential impact of your genotype for each gene tested. We select the largest and most scientifically valid genome-wide association studies to calculate a score for the different genes or gene combinations for all genes tested. Your results indicate which gene combinations you have in each category, and you receive a rating for each trait in a category. The studies we used as the basis for our recommendations are available for reference in this report.

Personalized medicine, or individualized advice based on a person's genetic profile, is still in its infancy, because there is still much to be understood about genes and their interactions with each other and other influences such as diet, exercise and the environment. Genetic research is a relatively new field and many new discoveries are being made every day. We will maintain a continually updated research database, with analyses that will be modified as new and better research becomes available.

On the following pages, you will see a summary of your results, followed by a detailed explanation and success strategy. You can't change your genes. But you can control the diet and lifestyle behaviors that influence those genes and take steps starting today to minimize genes that may cause undesirable outcomes and to maximize your health and wellness genetic potential.

REPORT SUMMARY



VITAMINS



MINERALS

REPORT SUMMARY



VITAMINS

Vitamin A Tendency	NORMAL	BCM01
Vitamin B6 Tendency	BELOW AVERAGE	NBPF3
Vitamin B9 – Folate Tendency	LOW	MTHFR
Vitamin B12 Tendency	NORMAL	FUT2
Vitamin C Tendency	BELOW AVERAGE	SLC23A1
Vitamin D Tendency	NORMAL	GC, NADSYN1, CYP2R1
Vitamin E Tendency	NORMAL	ZPR1, SCARB1, CYP4F2
Dietary Choline Tendency	SLIGHTLY INCREASED	PEMT



MINERALS

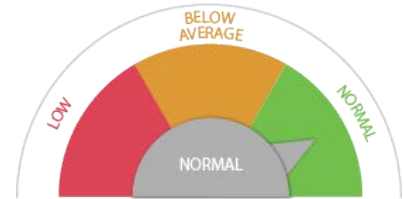
Calcium Levels	BELOW AVERAGE	CASR, DGKD, GCKR, LINC00709, CARS, LOC105370176, CYP24A1
Copper Levels	NORMAL	SMIM1, SELENBP1
Iron Levels	NORMAL	TRF2, HFE, HFE, TMPRSS6
Magnesium Levels	BELOW AVERAGE	MUC1, SHROOM3, TRPM6, DCDC5, ATP2B1, MECOM
Phosphorus Levels	ABOVE AVERAGE	ALPL, CSTA, IHPK3, PDE7B, C12orf4, IP6K3
Selenium Levels	NORMAL	DMGDH
Zinc Levels	BELOW AVERAGE	CA1, PPCDC, LINC01420



VITAMIN A TENDENCY

WHAT YOUR GENES SAY ABOUT YOU:

Our analysis indicates that your genetic profile exhibits a **NORMAL** ability to process vitamin A from a beta-carotene supplement. Your score reflects the fact that, for the gene investigated, your genotype showed few, if any, of the allele combinations that showed a diminished response to converting high doses of beta carotene from a supplement into its more active form.



Your genetic profile indicates that your response is **NORMAL**.

This suggests that your ability to convert high doses of beta-carotene from a supplement into an active form of Vitamin A is unlikely to be reduced.

This means that if you take a beta-carotene supplement, your ability to convert the nutrient into an active form of vitamin A is not likely to be reduced. It is unclear what this genotype suggests about converting beta-carotene from food sources, however.

SUCCESS STRATEGIES

Vitamin A is needed for good vision and needs may increase in women who are pregnant or lactating. It is easy to get vitamin A in foods, and the plant forms of beta-carotene also act as a free-radical fighting antioxidant. Based on this result, it appears that you are unlikely to have problems converting beta-carotene into the active form of vitamin A. But do make sure to get enough beta-carotene and/or vitamin A from foods you eat.

RELATED GENES / SNPS

BCM01

The gene and its associated SNPs that are included in this category have been shown to have statistically significant associations with a person's blood levels of Vitamin A. Vitamin A promotes good vision, is involved in protein synthesis that affects skin and membrane tissues, and helps support reproduction and growth. The nutrient is found in plant foods in its precursor forms such as beta-carotene. Beta-carotene is converted by the body into different active forms of Vitamin A: retinol, retinal and retinoic acid. Animal foods, such as meat and dairy, provide the retinol form of Vitamin A.

It is rare to overconsume beta-carotene in plant foods to reach toxic levels. However, it is possible to consume toxic levels of Vitamin A from organ meats or fortified foods. Pregnant women are advised to eat liver no more than once every two weeks.

Vitamin A in the form of beta-carotene is found in foods such as vegetables,



VITAMINS

VITAMIN A TENDENCY

especially leafy greens like spinach and orange foods such as carrots, sweet potatoes, apricots, mango and cantaloupe, as well as in the retinol form in dairy and in organ meats like liver.



VITAMIN A-RICH FOODS TO INCLUDE IN YOUR DIET:

Broccoli, Swiss chard, collard greens, kale, carrots, butternut squash, apricots, goat's cheese, liver, tuna.



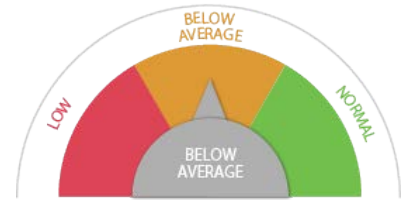
VITAMINS

VITAMIN B6 TENDENCY

WHAT YOUR GENES SAY ABOUT YOU:

Our analysis indicates that your genetic profile response is **BELOW AVERAGE**.

Your score reflects the fact that your genotype showed an unfavorable allele combination. This means that there is a risk that your blood levels of Vitamin B6 may be slightly lower than normal. Keep in mind that increased risk does not mean that your blood levels are low. You can only know this by requesting a blood test from your physician or other healthcare provider.



Your genetic profile indicates that your response is **BELOW AVERAGE**.

You may want to get a blood test to check your levels of Vitamin B6. Eat enough Vitamin B6-rich foods and consider supplementing if you are low.



RELATED GENES / SNPS

NBPF3

The gene and its associated SNPs included in this category have been shown to have statistically significant associations with a person's blood levels of Vitamin B6. In one large study, people who carried the most unfavorable pairs of genes, or alleles had lower levels of Vitamin B6.

Vitamin B6 is important for nerve cell function, energy metabolism and the production of hormones, such as serotonin and epinephrine. Low levels of B6 are also linked to higher levels of homocysteine, which increases heart disease risk. B6 is found in many foods including grains, legumes, vegetables, milk, eggs, fish, lean meat and flour products.

SUCCESS STRATEGIES

Since you are at risk for having lower levels of Vitamin B6 in your blood, make sure you get adequate amounts of this nutrient in your diet. Keep a food log using a dietary app to monitor how much Vitamin B6 you consume.

You may wish to ask your doctor for a blood test. If your blood tests show low levels, obtain more of this nutrient from foods or take a Vitamin B6 supplement. Be sure to avoid high doses of a supplement, as they can cause nerve damage.



VITAMIN B6-RICH FOODS TO INCLUDE IN YOUR DIET:

Pistachios, pinto beans, wheat germ, bananas, watermelon, carrots, spinach, peas, squash, potatoes, avocados, yellowfin tuna, sunflower seeds.

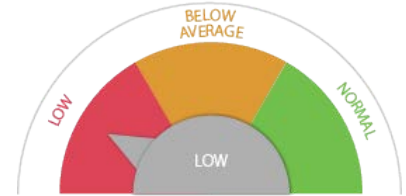


VITAMINS

VITAMIN B9 – FOLATE TENDENCY

WHAT YOUR GENES SAY ABOUT YOU:

Our analysis indicates that your genetic response is **LOW**. Your score reflects the fact that your genotype showed a higher risk allele combination. This means that your body may be at risk of having lower blood levels of folate. You may be at higher risk for anemia and for higher levels of homocysteine, which is a risk factor for heart disease.



Your genetic profile indicates that your response is **LOW**.

This suggests that you may have a high risk of having lower blood levels of folate. Getting enough by eating extra whole plant foods at every meal and supplementing with folate if your levels are found to be low in a blood test may be beneficial. Getting folate, Vitamin B12 and homocysteine levels checked in a blood test regularly is recommended.

SUCCESS STRATEGIES

- Since you appear to be at high risk to have lower levels of folate, it may be a good idea to get regular blood tests to check for anemia, as well as folate, Vitamin B12 and homocysteine status. Your genes only predict your risk, but a blood test can give you concrete information about your body levels of this nutrient.
- All women should ensure they get enough folate in their diet. Monitor your intake by keeping a food log using a dietary app. Because you are at risk of having lower levels, you may want to eat greater amounts of folate than the minimum recommended daily allowance. You will get folate that is added to whole grains in cereals and breads, but you should also eat food sources of folate. The foods highest in folate include legumes, fruits and vegetables, especially greens.
- Some of the folate in foods is lost with heat from cooking or oxidation during storage. To minimize potential losses, eat plant foods at every

RELATED GENES / SNPS

MTHFR

This gene and its associated SNPs have been shown to have significant associations with a person's folate, or vitamin B9, status. Folate plays many important roles in the body, including acting as a coenzyme in DNA creation and in energy metabolism reactions. Folate also plays a role in biochemical processes that affect the metabolism of an amino acid, homocysteine. One SNP associated with this gene is associated with enzyme activity that can lead to higher levels of homocysteine. Since homocysteine is a risk factor for heart disease, high levels may be of concern. In child-bearing women, getting sufficient amounts of folate is important because low levels can lead to neural tube birth defects. As a public health measure, grains are fortified with folate to ensure that women of childbearing age get enough. Low levels of folate can also lead to anemia.

In studies on this gene, people who carried the most unfavorable pairs of genes, or alleles, had only a 10%-20% efficiency



VITAMINS

VITAMIN B9 – FOLATE TENDENCY

at processing folate. And those with the below average allele had a 60% efficiency at processing folate. People with more of the unfavorable alleles are more likely to have high homocysteine and low Vitamin B12 levels. Poor ability to process folate may be fairly common: Around 53% of women appear to have these unfavorable genotypes.

meal to make sure you get enough, eat fresh produce quickly after purchase, and incorporate some raw plant foods into your meals.

- You can also supplement your diet with folate. However, since low levels of Vitamin B12 can mask anemia if folate is taken, it is a good idea to supplement with both folate and Vitamin B12.
 - Smoking can also decrease folate levels. You may need to consume more if you smoke – or better yet, quit smoking!
-



FOLATE-RICH FOODS TO INCLUDE IN YOUR DIET:

Lentils, pinto beans, asparagus and broccoli are excellent sources of folate.

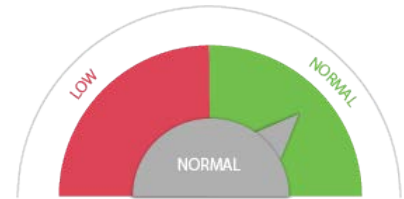


VITAMINS

VITAMIN B12 TENDENCY

WHAT YOUR GENES SAY ABOUT YOU:

Our analysis indicates that your genetic profile is **NORMAL**. Your score reflects the fact that your genotype showed few, if any, of the unfavorable allele combinations. This suggests that, as long as you consume a healthy diet that includes Vitamin B12, you are likely to have normal blood levels of vitamin B12. Keep in mind, however, that vitamin B12 deficiencies can develop with some health conditions. Also, aging can result in poorer absorption of vitamin B12 from foods.



Your genetic profile indicates that your response is **NORMAL**.

This suggests that your blood levels of Vitamin B12 are likely to be normal.

If you follow a plant-based vegan diet that does not include fortified foods, levels also can become low.

SUCCESS STRATEGIES

Getting a nutrient analysis of what you eat can give you an indication of how much of a nutrient you are consuming. Do periodic checks of your estimated vitamin B12 intake with a food log using a dietary app.

To assess how well nutrients in your foods are absorbed, it is a good idea to get periodic testing of your blood levels of vitamin B12. If absorption is impaired, your blood levels may be low and you may wish to supplement with B12.



VITAMIN B12-RICH FOODS TO INCLUDE IN YOUR DIET:

Lean meat, seafood, dairy products, eggs, fortified breakfast cereals, certain brands of fortified nutritional yeast.

RELATED GENES / SNPS

FUT2

The gene and associated SNPs included in this category have been shown to have significant associations with a person's blood levels of Vitamin B12. In one large study, those women who carried the most unfavorable pairs of genes, or alleles, had slightly lower levels of Vitamin B12, although they were in the acceptable, but low, end of the range. Around 70% of people have genotypes that suggest they may be at risk for having blood levels of B12 that are at the lower end of the normal range. There are several reasons why blood levels of B12 can be low. Some people do not get enough in their diet and so they are simply not getting enough of the nutrient. Some other people get enough, but do not absorb it efficiently. A small percentage of people over 50 or those who have had gastrointestinal surgery or GI disorders such as Crohn's disease may also have reduced abilities to absorb it.

Vitamin B12 is important for many processes in the body, including red blood



VITAMINS

VITAMIN B12 TENDENCY

cell formation, neurological function and cognitive performance. Deficiencies of B12 can cause pernicious anemia, and is also associated with high levels of homocysteine, which may impair arteries and increase risk of heart disease. There is some evidence that subclinical symptoms may be associated with being in the low end of the normal range.

Vitamin B12 is produced by microorganisms found in soil and water, and in both the guts of animals and humans. In the modern world, highly-sanitized food processing systems have eliminated many naturally-occurring sources of B12-providing bacteria in plant products. So B12 is typically obtained from animal foods such as meat, or fortified foods such as dairy and plant milks or breakfast cereals. Certain mushrooms and seaweed may provide some B12, but are not considered to be reliable sources.

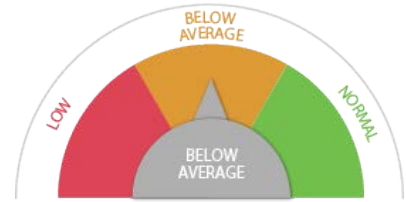


VITAMINS

VITAMIN C TENDENCY

WHAT YOUR GENES SAY ABOUT YOU:

Our analysis indicates that your genetic profile suggests that you are likely to have **BELOW AVERAGE** levels of Vitamin C. This means that even if you consume enough Vitamin C in the foods you eat, blood levels of L-ascorbic acid may be lower than those who have a different genotype. This does not mean that even though they are low, you will be deficient in this nutrient. But it is a good idea to monitor your intake, because higher circulating levels of Vitamin C are considered to be beneficial.



Your genetic profile indicates that your response is **BELOW AVERAGE.**

You should make sure that you consume plenty of Vitamin C-rich foods and you may wish to supplement if your blood levels are low.



RELATED GENES / SNPS

SLC23A1

The gene and associated SNP included in this category has been shown to have statistically significant associations with a person's blood levels of L-ascorbic acid, or Vitamin C. Those people who carried more unfavorable pairs of genes, or alleles, were more likely to have lower blood levels of the nutrient.

Vitamin C is a nutrient that has many functions in the body, including acting as an antioxidant, and is needed for skin and membrane tissues. Low levels have also been associated with diseases such as heart disease and cancer. Vitamin C also helps with the absorption of iron. The nutrient must be obtained from foods since the human body cannot make its own, as some other animals can. Vitamin C can be found in citrus fruits, but is also in many fruits, vegetables and legumes.

SUCCESS STRATEGIES

- To ensure your body gets the Vitamin C it needs, make sure to include a wide variety of plant foods, including citrus in your diet.
- Vitamin C can be destroyed by heat and oxygen, so include fresh, raw fruits and vegetables as often as you can.
- If you wish to supplement with Vitamin C, avoid very high doses because they can cause diarrhea and gastro-intestinal distress.



VITAMIN C-RICH FOODS TO INCLUDE IN YOUR DIET:

Broccoli, red bell peppers, kiwi fruit, Brussels sprouts, strawberries, oranges, watermelon, pinto beans.

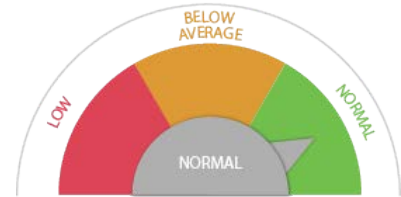


VITAMINS

VITAMIN D TENDENCY

WHAT YOUR GENES SAY ABOUT YOU:

Our analysis indicates that your genetic response is **NORMAL**. Your score reflects the fact that for the genes investigated, your genotype showed few, if any, of the unfavorable allele combinations. This means that, assuming you get adequate sun exposure or Vitamin D from dietary sources, your risk of being deficient in Vitamin D is low.



Your genetic profile indicates that your response is **NORMAL**.

Make sure to get enough sunlight each week to keep Vitamin D levels in the acceptable range.



SUCCESS STRATEGIES

- Expose yourself to the sun on most days of the week for at least 10 to 15 minutes (30 to 50 minutes if you have naturally dark skin). Spend more time outdoors in winter months, or if you live in northern latitudes.
- Get a blood test from your doctor to determine your nutrient levels. If you are deficient in Vitamin D, do a nutrient analysis to determine how much Vitamin D you consume, then eat more foods containing Vitamin D or take supplements.

RELATED GENES / SNPs

GC, NADSYN1, CYP2R1

The genes and their associated SNPs that are included in this category have been shown to have statistically significant associations with a person's blood levels of Vitamin D (which is actually a hormone). One study found that several SNPs linked to low levels of Vitamin D were from genes that may play a role in the Vitamin D conversion and delivery process. Those people who carried unfavorable pairs of genes, or alleles, had a higher risk of low levels of Vitamin D, and those who carried several unfavorable SNPs had a much higher chance of being deficient in Vitamin D.

Vitamin D has been proven in research to be crucial for bone health. Low levels of Vitamin D have been associated with a variety of health conditions, including heart disease, diabetes, depression and cancer.

A blood test from your doctor can determine your blood levels of Vitamin D. Vitamin D is primarily produced by the



VITAMINS

VITAMIN D TENDENCY



VITAMIN D-RICH FOODS TO INCLUDE IN YOUR DIET:

Salmon, mackerel, sardines, egg yolks, fortified almond, soy or other plant milk, fortified dairy milk.

body from exposure to ultraviolet rays from sunlight, and this is considered to be the optimal source since Vitamin D generated by the body lasts longer in the body than Vitamin D taken in supplement form. Your levels are likely to be higher if you live in the southern latitudes and during the summer. However, it is not uncommon for people with lots of exposure to the sun to still have low levels of Vitamin D. In general, only 10 to 15 minutes of sun exposure to bare skin per day during the summer months is needed for a Caucasian to produce the Vitamin D he or she needs. Darker skinned people will need to spend 2-5 times more time in the sun. Since Vitamin D is stored in the body, stores can be built up during warmer months and may compensate for less sun exposure during winter months.

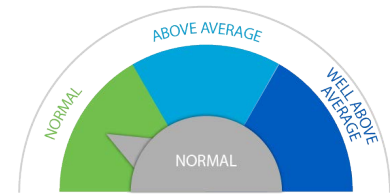
Vitamin D can be obtained through foods such as oily fish and egg yolks, as well as fortified dairy and plant milks, and fortified cereals. Vitamin D can also be taken in supplements. If you test low and choose to take a Vitamin D supplement, be careful of taking higher doses because there can be adverse effects.



VITAMIN E TENDENCY

WHAT YOUR GENES SAY ABOUT YOU:

Our analysis indicates that your genetic profile exhibits characteristics that make you likely to have **NORMAL** vitamin E levels. That's good because this micronutrient helps make red blood cells, boosts immunity, and is a powerful antioxidant that provides protection against serious chronic diseases such as heart disease and cancer. Because research shows that many Americans may fall short of the 15 milligrams Daily Recommended Value for vitamin E, it's important that you eat a diet that includes vitamin-E rich foods to get the amount you need for optimum health benefits. This is especially important if you tend to watch your fat intake.



Your genetic profile indicates that your response is **NORMAL**.

Your genetic profile indicates that you are likely to have **NORMAL** blood levels of vitamin E. That does not mean that you are immune to having lower than optimum levels of this powerful antioxidant, however. So it's important to ensure you include vitamin-E rich foods in your diet every day.

RELATED GENES / SNPS

ZPR1, SCARB1, CYP4F2

The genes and their associated SNPs included in this category have been shown to have significant associations with a person's serum vitamin E (alpha-tocopherol) levels.

Vitamin E is a fat-soluble vitamin that helps your body make red blood cells and acts as a potent antioxidant, protecting your cells from free radical damage and helping prevent chronic diseases such as heart disease, diabetes, and cancer. Vitamin E exists in many forms. Alpha-tocopherol is the form we use as humans.

Diseases that interfere with fat absorption, such as Crohn's disease and cystic fibrosis, may lead to vitamin E deficiencies, but otherwise vitamin E deficiency in healthy individuals without underlying health conditions is rare. That's not to say that we all get adequate amounts of this vital nutrient, however. Though national surveys are mixed, some have found that most Americans miss the minimum RDA of 15

SUCCESS STRATEGIES

Some national surveys show that the majority of Americans fail to get the recommended amount of vitamin E every day. Though you are likely to have average levels of this essential antioxidant, that doesn't mean you're getting as much as you could or should to help keep you healthy and protect against disease. The following strategies will help ensure you get the daily dose of vitamin E you need.

Eat more nuts and seeds. One of the easiest ways to get all the vitamin E you need is eating more nuts, seeds, and nut and seed butters and spreads. Just a handful of almonds delivers more than a third of your daily recommended dose of 15 milligrams. This may partly explain why research on more than 76,000 men and women found that eating more nuts was associated with lower death rate from all causes, including cancer and heart disease.



VITAMINS

VITAMIN E TENDENCY

Drizzle your green leafy veggies with olive oil. Cooked spinach and broccoli are good sources of vitamin E, but the vitamin isn't absorbed very well without some fat. Drizzle olive oil—another good vitamin E source—over your sides and salads to increase your antioxidant absorption. Or eat them with sliced avocado, which also is a good source of both healthy fat and vitamin E.

Eat whole grain foods. Wheat germ is one of the best natural sources of vitamin E. Few people actually eat wheat germ, but you can get the vitamin E from wheat by choosing whole grain foods, as opposed to refined grains, which have up to 90 percent of their vitamin E stripped out in processing.



VITAMIN E-RICH FOODS TO INCLUDE IN YOUR DIET:

Almonds, spinach, sweet potato, avocado, wheat germ, palm oil sunflower seeds

milligrams (22.4 IU), with the average American getting half that amount, especially if they restrict fat—an important vitamin E source—in their diet.

Because there are only a few foods—notably nuts and seeds—that are rich in vitamin E, people concerned with getting enough of this antioxidant often choose to take vitamin E supplements. The research on vitamin E supplementation, however, is equivocal. One study of nearly 40,000 women followed for 10 years found that women taking 600 IU of natural vitamin E supplements had a 24 percent reduction in cardiovascular deaths. Another study of almost 15,000 men, however, found that those taking 400 IU of synthetic alpha-tocopherol not only saw no benefit, but also had a significantly higher risk of stroke. Other evidence indicates that high-dose supplements may also increase the risk for prostate cancer. (Taking vitamin E supplements is also not advised if you take other blood thinners as it increases risk for bleeding.)

Though diet is the primary factor that influences your serum vitamin E levels, research indicates that your genes also may have some influence. Some individuals also appear to be genetically more responsive to vitamin E supplementation than others. Since some research has linked taking high doses of vitamin E supplements to higher risks of the same diseases they're intended to prevent, knowing your genotype may be beneficial. Our analysis investigated which genotype for these genes was present in your DNA. Your rating of **NORMAL**, **ABOVE AVERAGE**, or **WELL ABOVE AVERAGE** reflects your likelihood of having normal or high blood serum levels of vitamin E.



DIETARY CHOLINE TENDENCY

WHAT YOUR GENES SAY ABOUT YOU:

Our analysis indicates that your genetic profile exhibits characteristics that give you a **SLIGHTLY INCREASED** sensitivity to low choline intake. That means you are more likely to experience organ dysfunction like fatty liver and/or muscle damage in response to eating a diet that is low in choline. Surveys show many adults, especially older adults, fall short in their choline intake. It's important that you avoid being one of them by increasing your intake of choline-rich foods. Since animal foods are the primary source in the US diet, you want to pay especially close attention to this nutrient if you follow a vegetarian or vegan diet.



Your genetic profile indicates that you have a **SLIGHTLY INCREASED** sensitivity to a low choline diet.

Since you are more likely to suffer organ dysfunction and muscle damage should your choline intake dip below recommended levels, you should be sure to eat plenty of choline-rich foods for optimum cell, nerve and organ function.

SUCCESS STRATEGIES

Your body creates small amounts of choline, but you still need to consume foods with this essential nutrient to get adequate amounts for healthy cell, nerve, organ and muscle function. Since your genes give you the inclination to be sensitive to the effects of a low-choline diet, that's particularly important.

Include eggs. Eggs are one of the most accessible, versatile and abundant sources of choline in the American diet. Two eggs deliver nearly 300 mg—a large portion of your recommended daily dose of this essential nutrient. You can enjoy your eggs without worrying about cholesterol. The new US Dietary Guidelines dropped the upper cholesterol recommendations, as

RELATED GENES / SNPs

PEMT

This gene and its associated SNPs that are included in this category have been shown to have significant associations with a person's sensitivity to low choline levels in their diet.

Choline is an essential nutrient that your body uses to keep cells and nerves working properly. It is particularly important for maintaining liver, muscle and brain function. It plays an important role in fetal brain development and for preventing neural tube birth defects.

The Institute of Medicine recommends 425 mg (women) to 550 mg (men) of choline per day. Pregnant women need 450 mg a day. Choline is found in many foods, but is most prevalent in animal foods like eggs, liver, fish and meats. Low levels of choline can lead to organ dysfunction, particularly fatty liver, and muscle damage.

A study published in 2009 in Nutrition



VITAMINS

DIETARY CHOLINE TENDENCY

research shows no connection between dietary cholesterol and elevated blood cholesterol.

Enjoy a variety of lean meats, poultry and seafood. Animal foods are the easiest ways to get large amounts of choline. Salmon, chicken, beef and shrimp provide between 70 and 95 mg of choline per 3 ounce serving.

Be vigilant if you're vegetarian or vegan. People who avoid meat, dairy products and eggs may be at an increased risk for low choline levels. Soymilk is a good source with 57 mg per cup. Other choline-rich foods to include in your diet are fortified grain products, peanut butter, pistachios, tofu, quinoa, broccoli, Brussels sprouts and wheat germ.



DIETARY CHOLINE-RICH FOODS TO INCLUDE IN YOUR DIET:

Egg, beef, shrimp, scallop, salmon, beef liver, chicken, cauliflower, cabbage

Reviews reported that the average choline intake among men and women is below Adequate Intake. Women appear most likely to fall short. Though some people will not develop adverse symptoms from eating a low choline diet, certain genetic variations (specifically carrying the C allele, especially being homozygous or carrying identical CC alleles) make you far more susceptible to organ dysfunction and muscle damage if you fall below the advised amounts. Research suggests that up to 75 percent of the population may have DNA configurations that level them susceptible to choline deficiency. This effect is particularly pronounced in women, particularly post-menopausal women, as estrogen appears to exert protective effects.

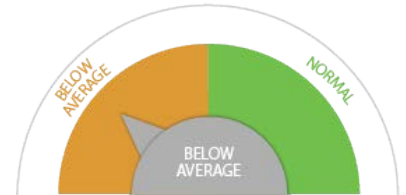
Our analysis investigated which genotype for this gene was present in your DNA. Your rating of **NORMAL**, **SLIGHTLY INCREASED** or **INCREASED** reflects the degree to which you are susceptible to organ dysfunction and muscle damage in response to having low dietary intake of choline.



CALCIUM TENDENCY

WHAT YOUR GENES SAY ABOUT YOU:

Our analysis indicates that your genetic profile exhibits characteristics that make you likely to have **BELOW AVERAGE** blood levels of calcium. That means you are at risk for having inadequate amounts of calcium circulating in your bloodstream, so your body will be more likely to pull what it needs for healthy cellular function from your bones. That's bad because it can lead to osteoporosis—a condition of brittle bones—over time. Be sure to get at least 1,000 mg (men) to 1,200 mg (women) of calcium a day through a vitamin and mineral rich diet and practice bone-building lifestyle behaviors.



Your genetic profile indicates that you are inclined to have **BELOW AVERAGE** blood levels of calcium.

You can help keep your skeleton strong by eating a bone-building diet, getting regular exercise and practicing other skeleton saving behaviors.



RELATED GENES / SNPs

CASR, DGKD, GCKR, LINC00709, CARS, LOC105370176, CYP24A1

The genes and their associated SNPs that are included in this category have been shown to have significant associations with a person's blood calcium levels.

Calcium is the most plentiful mineral in the human body and is used by nearly every cell in the body. It's well known that the mineral is essential for maintaining skeletal and dental health, as your bones and teeth are where the lion's share of calcium is stored. Calcium also is required for nerve function, muscle contraction, hormone release and heart health.

Your body keeps the amount of calcium circulating in your bloodstream within a certain range to allow all your specific cells to have what they need to perform their jobs. When those levels dip below that range, your body pulls what it needs from your skeleton. Over time that leads to weakened bones.

SUCCESS STRATEGIES

Our bones naturally weaken some with age, so it's particularly important that you support your system with what it needs to maintain healthy calcium levels and to keep your skeleton strong.

Eat dairy and calcium rich foods. Dairy foods like milk, cheese and yogurt are excellent sources of calcium, which is why the US Dietary Guidelines recommend three servings of dairy a day to get your daily recommended amount. If you don't like or eat dairy, canned fish like salmon and sardines are excellent sources as are tofu, almonds, beans and fortified alternative milk products. Dark leafy greens like kale and spinach are also high in calcium, but these plant sources of calcium contain compounds that bind to calcium and make it harder to absorb, so they shouldn't be your primary source.

Get enough vitamin D. Calcium doesn't build bones without the assistance of



MINERALS

CALCIUM TENDENCY

vitamin D. Low calcium levels and low vitamin D levels often go hand in hand. So be sure to get enough of this essential nutrient. Fortified dairy and fatty fish are excellent sources. Also consider taking a vitamin D supplement of 2,000 IUs, which is well within the safe range.

Ramp up your intake of vitamin K. This little talked about vitamin plays an important role in calcium regulation and bone formation. Vitamin K must be present for Vitamin D to be absorbed. Low levels of vitamin K have been linked to low bone density. Eating just one serving of lettuce or other vitamin K-rich leafy green vegetables may cut the risk of hip fracture in half, according to the Harvard Nurses' Health Study. Just one serving of broccoli, Brussels sprouts or dark leafy greens delivers the 90 to 120 micrograms you need.

Consider a supplement. Calcium supplements are a source of research controversy. Some studies report that they are not useful for preventing fractures and may be linked to increase risk for heart disease. If you are concerned that you're not getting enough calcium in your diet, see your physician and get a blood serum nutrient test to find out if your levels are low. If you choose to supplement, stick to 500 mg to 600 mg a day, so as not to exceed the recommended daily amount.

Build your bones. Your bones need some stress to get the signal to grow. Activities that include a little impact such as walking, jogging and tennis as well as activities that make your muscles work hard (which in turn stresses your bones) such as gardening help keep them strong. Strength training two or three days a week has also been shown in studies to build and maintain bone density. Numerous studies have found that even people with low and very low bone density see significant bone density gains—improving about 1 percent a year—in their spine and hips, which are the areas affected most by osteoporosis, when they participate in a regular a strength training routine.

Cut out the cola. The research is still equivocal, but there's compelling evidence that drinking too much cola can weaken your bones because the high levels of phosphorous it contains alters your calcium/phosphorous balance in an unfavorable direction. The Framingham Osteoporosis study found that women who reported drinking cola every day had lower bone mineral density than woman who said they drank it less than once a month.

Your calcium levels are influenced by your diet, how well your intestines absorb the calcium you take in, levels of phosphate in the body, your vitamin D levels and by levels of certain hormones like parathyroid hormone, calcitonin and estrogen.

Emerging research also shows that your genotype may influence blood calcium levels. In one very large study of 39,400 men and women, researchers found variations in these genes had a significant impact on blood calcium levels, which echoes findings from previous animal research as well as a study of 1,747 twins that estimated heritability to be 33 percent for blood serum calcium levels.

Our analysis investigated which genotype for these genes was present in your DNA. Your rating of **NORMAL** or **BELOW AVERAGE** reflects whether or not your genotypes included those that increased your risk for low blood calcium levels.



CALCIUM-RICH FOODS TO INCLUDE IN YOUR DIET:

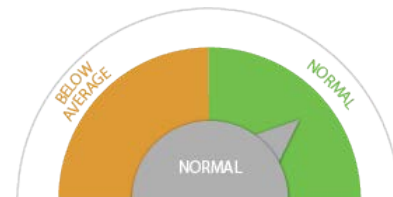
Raw milk, almonds, okra, broccoli, cheese, kale, yogurt



COPPER TENDENCY

WHAT YOUR GENES SAY ABOUT YOU:

Our analysis indicates that your genetic profile exhibits characteristics that make you likely to have a **NORMAL** blood copper level. That's good news because this essential mineral plays a key role in red blood cell production, immunity and the formation of collagen, which is essential for your bones and connective tissues.



Your genetic profile indicates that you are likely to have a **NORMAL** blood level of copper.

You can be sure to get the 900 micrograms you need daily and to maintain healthy blood levels by eating foods rich in copper. This is especially important if you take iron, zinc and/or vitamin C supplements, as these can interfere with copper absorption, even in people who are genetically inclined to normal levels.

SUCCESS STRATEGIES

Surveys show that many people do not get the optimum amount of copper in their daily diet, so it's important to eat well regardless of your genetic profile. Fortunately, the mineral is found in a wide variety of food sources, so there are bound to be copper-rich foods that you will find easy to include in our diet. Good sources include: shellfish, tree nuts, legumes and beans, fortified cereals, whole grains, potatoes, dark leafy green vegetables, mushrooms, dried fruit and cocoa.

RELATED GENES / SNPs

SMIM1, SELENBP1

The genes and their associated SNPs that are included in this category have been shown to have significant associations with a person's blood copper levels.

Copper is an often overlooked essential mineral that helps your body absorb iron and form red blood cells, maintains immunity, assists with energy production and helps keep bones, connective tissues, nerves and blood vessels healthy. The recommended daily amount is 900 micrograms a day. Copper is toxic in very high doses and toxicity is most often associated with a rare condition called Wilson's disease. Chronically low copper levels can pave the way for heart disease, poor bone and joint health and low immunity. Marginal to low levels of copper may occur with too much zinc supplementation (popular in the prevention and treatment of colds), dietary deficiencies and in some cases because of genetic influences.



MINERALS

COPPER TENDENCY



COPPER-RICH FOODS TO INCLUDE IN YOUR DIET:

Dried apricots, dark chocolate, mushrooms, turnip greens, asparagus

In one widespread analysis of more than 12,000 adults, genetic variations accounted for 5 percent of variation in blood copper levels. That's a small percentage, but can be significant when considering a trace mineral. Surveys also suggest that while true deficiency isn't common, many people don't get enough copper in their diet and taking high amounts of zinc, iron or vitamin C can cause an unfavorable copper blood levels.

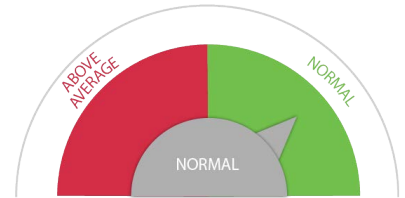
Our analysis investigated which genotype for these genes was present in your DNA. Your rating of **NORMAL** or **BELOW AVERAGE** reflects whether your genotype included those that carried a risk for having low levels of this essential mineral.



IRON TENDENCY

WHAT YOUR GENES SAY ABOUT YOU:

Our analysis indicates that your genetic profile exhibits characteristics that make you likely to have **NORMAL** blood iron levels. That's good because without enough iron, your blood can't carry the oxygen your cells need to function. You should continue eating a healthy diet that includes iron-rich foods such as lean meat, poultry and fish as well as dried beans, lentils, whole grains and fortified cereals to ensure you get the amount you need each day (8 milligrams a day for adult men and women over 50; 18 milligrams a day for women 19 to 50). This is especially important if you are a premenopausal woman and/or follow vegan diet, as these raise your risk for becoming iron deficient.



Your genetic profile indicates that you are likely to have **NORMAL** blood levels of iron.

That does not mean that you are not at risk for running low or developing iron-deficiency anemia, so it's important to maintain healthy mineral levels by eating an iron-rich diet.



RELATED GENES / SNPs

TRF2, HFE, HFE, TMPRSS6

The genes and their associated SNPs included in this category have been shown to have significant associations with a person's blood iron levels.

Iron is a well-known essential nutrient that most of us associate with energy. That's because along with regulating cell growth and other metabolic functions, iron is vital for producing hemoglobin, a protein your red blood cells use to deliver oxygen throughout your body. Without enough oxygen, all your metabolic functions suffer. On the flipside, too much iron is toxic and can be equally, if not more damaging than having too little and may cause organ damage and raise your risk for diabetes, heart attack, neurodegenerative conditions like Alzheimer's and cancer. Many factors influence your iron levels including diet, gender, age, and activity level. In premenopausal women, the primary cause of iron deficiency is heavy

SUCCESS STRATEGIES

The majority of adults in the US get ample amounts of iron through their usual daily diet. There are some exceptions, however. Premenopausal women, especially those with heavy menstrual cycles, and vegetarians, particularly vegans, run higher risks of becoming iron deficient and developing anemia. The human body is good at storing iron and too much can be toxic, so it's not a good idea to supplement iron without consulting your doctor. But you can follow some iron-smart strategies to be sure you're getting optimum amounts.

Boost your iron absorption. When it comes to your body's absorption, not all iron is created equal. Your body absorbs heme iron, which is found in animal foods such as meat, poultry and fish is up to three times more efficiently than it does nonheme iron, which is found in plant-based foods such as leafy greens, beans, nuts, vegetables, whole grains and cereals.

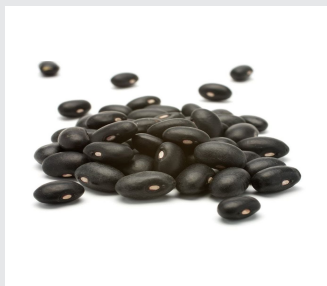


IRON TENDENCY

However, you can absorb greater amounts of iron from the nonheme iron foods you eat by pairing them with vitamin C-rich foods, as the antioxidant can nearly triple nonheme iron absorption. Try adding bell peppers, red cabbage, and tomatoes to grain dishes and berries to cereals.

Cook with cast iron. Cooking with cast-iron skillet and other cookware can increase your iron levels, as iron is released into your foods as they're being cooked. One study found that foods cooked in iron pots contained more than 16 percent more iron than those cooked in non-stick Teflon pots.

Limit iron blockers. If you avoid meat and low iron is a concern, take extra steps to limit your intake of foods and beverages that interfere with non-heme iron absorption. The biggest offenders appear to be tea, coffee and red wine, all of which contain tannins that bind with iron and carry it out of the body. In one study people who drank tea with a meal reduced their nonheme iron absorption by 62 percent; coffee reduced it by 35 percent.



IRON-RICH FOODS TO INCLUDE IN YOUR DIET:

Spirulina, liver, grass-fed beef, lentils, dark chocolate, sardines, black beans, pistachios, raisins

menstrual bleeding as blood loss means iron loss. High levels of physical activity—especially if it's particularly long and/or strenuous also may lead to a decline in iron levels, especially in women. Vegans and vegetarians also may be at risk for low iron levels, as the iron in plant-based foods (nonheme iron) is harder for the body to absorb than iron from animal sources (heme iron). Older adults, again especially women, generally need less iron to maintain healthy stores than men.

Your genes also may play a role, particularly in the tendency for above normal iron levels. Research has found that certain gene mutations may impact how much iron your body absorbs and recycles, creating borderline or high levels of iron in circulation. At the extreme end is a genetic disorder called hemochromatosis, which occurs in about 10 percent of white people of Northern European ancestry. People with this condition absorb three to four times as much iron from food as those without these genetic mutations. Other mutations can leave you susceptible to a more mild form of hemochromatosis, leading to accumulating slightly higher than average stores of iron.

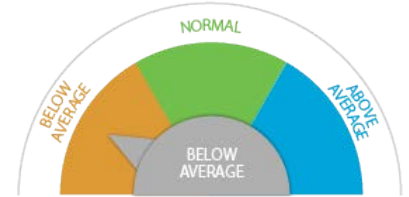
Our analysis investigated which genotype for these genes was present in your DNA. Your rating of **NORMAL** or **ABOVE AVERAGE** reflects whether your genotype included those alleles that were found to lead to a tendency of having normal or high levels of this essential mineral.



MAGNESIUM TENDENCY

WHAT YOUR GENES SAY ABOUT YOU:

Our analysis indicates that your genetic profile exhibits characteristics that make you likely to have a **BELOW AVERAGE** blood magnesium level. It's important to maintain a healthy level of this essential mineral as it plays a key role more than 300 biochemical processes in your body, including blood sugar control, blood pressure, muscle contraction and heart rhythm. Consider having your levels checked by your doctor and, if they're low, to rule out underlying medical conditions. Also, take steps to increase your magnesium intake and to maintain healthy levels.



Your genetic profile indicates that you are likely to have a **BELOW AVERAGE** blood level of magnesium.

Improve your blood levels by eating a diet rich in magnesium and taking measures to maintain healthy levels. If you have symptoms of low magnesium like fatigue, weakness and cramping, see a doctor to have your levels checked and rule out other possible underlying causes.

SUCCESS STRATEGIES

At least half the U.S. population has inadequate magnesium intake, according to a National Health and Nutrition Examination Survey. Since you're already at risk for low blood levels, you should be extra vigilant about getting ample amounts of this essential mineral and to minimize behaviors that put you at greater risk for deficiency.

Eat a variety of magnesium-rich foods. Magnesium is prevalent in many whole foods, so it's easy to ramp up your intake in your daily diet. Good sources include dark leafy greens, nuts and seeds (just a half cup of pumpkin seeds deliver 100% of your daily recommended dose), fatty fish, avocado, beans, whole grains, yogurt, soy foods and bananas. Also treat yourself to a

RELATED GENES / SNPs

MUC1, SHROOM3, TRPM6, DCDC5, ATP2B1, MDS1

The genes and their associated SNPs that are included in this category have been shown to have significant associations with a person's blood magnesium levels.

Magnesium doesn't get much attention in mainstream nutrition circles, but it should. The mineral plays a critical role in blood sugar control, muscle contractions and heart rhythm and is involved in more than 300 biochemical reactions in your body.

Some medical experts have recently dubbed magnesium deficiency the "invisible deficiency" because it's very difficult to pinpoint as the most common symptoms such as fatigue and muscle cramping are common side effects of many conditions. It's also very common. Studies show that only about a quarter of US adults get the 320 mg (women) to 420 mg (men) they need.

Though only about 1 percent of your magnesium is found in your blood, low



MINERALS

MAGNESIUM TENDENCY

chunk of dark chocolate, which delivers about a quarter of your daily needs per 2-ounce square.

Minimize magnesium blockers. Drinking too much coffee, soda and/or alcohol has been linked to low magnesium levels. Soda is high in phosphorous, which in high levels can reduce the storage of important minerals like magnesium. It's also high in sugar, which requires magnesium to process it. High levels of caffeine have been linked to increased urinary secretion of magnesium. Alcohol can interfere with your body's absorption of vitamin D, which you need to absorb magnesium.

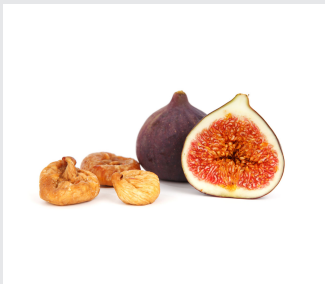
Eliminate soda whenever possible. It's not good for you on any level. If you choose to drink alcohol, stick to a drink a day. If you like coffee, enjoy it in moderation—about two to three cups a day—the amount that has been shown to deliver multiple health benefits, including protection from diabetes and heart disease.

Consider a supplement. It's always best to get nutrients from food whenever possible and magnesium is no exception. That said, you absorb less magnesium as you age and people over 50, especially if you fall into a group that is at risk for low magnesium, can benefit from a magnesium supplement. Avoid magnesium oxide, which is poorly absorbed. Choose ones made with magnesium citrate or magnesium glycinate instead.

serum magnesium levels have been associated with multiple chronic diseases such as diabetes, heart disease and high blood pressure. Though low magnesium is generally a condition that occurs over time due to habitually low magnesium intake, high intakes of alcohol, soda and caffeine, and/or taking medications that interfere with its absorption can also cause levels to dip. There's also a genetic influence. Research shows that serum magnesium concentrations are about 27% heritable.

In one study of 15,366 men and women, researchers identified six generariations that were associated with blood magnesium levels. These findings echoed those of another study that found these gene associations in both Caucasian and African American populations. The effects were most pronounced in post-menopausal women and/or people with low insulin levels.

Our analysis investigated which genotype for these genes was present in your DNA. Your rating of **BELOW AVERAGE**, **NORMAL** or **ABOVE AVERAGE** reflects whether your genotype included those that carried a risk of having low levels of this essential mineral or whether you were likely to have adequate levels.



MAGNESIUM-RICH FOODS TO INCLUDE IN YOUR DIET:

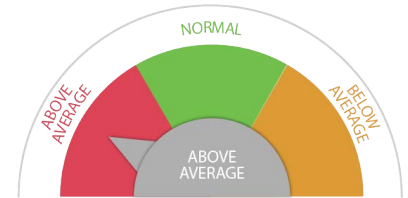
Spinach, pumpkin seeds, yogurt, almonds, black beans, figs, banana, black beans



PHOSPHORUS TENDENCY

WHAT YOUR GENES SAY ABOUT YOU:

Our analysis indicates that your genetic profile exhibits characteristics that make you likely to have **ABOVE AVERAGE** blood serum phosphorus levels. That may be a cause for concern because excess phosphorus has been linked to heart disease in numerous studies, including the landmark Framingham Heart Study. Each 0.5 mg/dL above normal levels is associated with a 15% greater risk of cardiovascular events [Did advisory mean above normal?]. Even having phosphorus levels on the high end of normal—or greater than or equal to 3.5 mg/dL—appear to increase your heart disease risk. One 17-year study of more than 3,000 healthy middle aged men and women found that those who had serum phosphorus concentrations in the top quartile of the normal range (greater than or equal to 3.5 mg/dL) had a two-fold higher risk of heart failure than their peers in the lowest quartile (less than 2.9 mg/dL). Elevated phosphorus harms your heart on a few fronts. It hinders your ability to make vitamin D, which increases the calcification in your heart's blood vessels. It also leads to mineral buildup in your vessels, which causes blockages and cardiovascular problems. It also may increase inflammation in the body, which raises heart disease risk. Excess phosphorus levels also harm your teeth and bones, as when phosphorus levels are high, your body pulls calcium from your bones into your bloodstream to restore balance. The resultant high levels of calcium in your blood can exacerbate your heart disease risk as well.



RELATED GENES / SNPs

ALPL, CSTA, IHPK3, PDE7B, C12orf4, IP6K3

The genes and their associated SNPs included in this category have been shown to have significant associations with a person's serum phosphorus levels.

Though it's a mineral that doesn't get much media attention, phosphorus is essential for survival. In fact, phosphorus is found in every cell of your body, makes up 1 percent of your total weight, and is second only to calcium in its abundance in the human body. The most visible evidence of phosphorus' role in your health is your teeth and bones, which the mineral helps form and maintain. It is also essential for energy production. It activates energy-producing B-vitamins and helps the body make ATP, a molecule you use to store energy. It's vital for healthy heart, kidney, muscle, and nerve function.

Your body works to maintain a normal, healthy range of phosphorus—2.5 to 4.5 milligrams per deciliter in your blood (though lab ranges can vary).

Your genetic profile indicates that you are likely to have a **ABOVE AVERAGE** blood serum level of phosphorus.

Your genetic profile indicates that you are likely to have ABOVE AVERAGE blood serum levels of phosphorus. This is cause for concern because even high-normal levels can double your risk for heart disease. Excess phosphorus also increases your risk for kidney disease and osteoporosis. Because the American diet can be very high in phosphorus—especially if you eat a lot of packaged and processed foods—it's important to take steps to minimize unhealthy sources of phosphorus, since you are already at elevated risk genetically.



PHOSPHORUS TENDENCY

SUCCESS STRATEGIES

Phosphorus is an essential nutrient and prevalent in a well-rounded healthy, whole food diet, so there is no need to curtail any healthy eating habits to keep this mineral in check. However, many food additives are sources of inorganic phosphorus (phosphates), which are very easily absorbed by the body and may wreak havoc on your health, especially if you're already genetically inclined to high serum phosphate levels. A simple blood test will tell you if your levels are high normal or above normal. If high phosphorus is a concern, dietary changes may help.

Can the cola. There are plenty of reasons to cool your cola habit. Here's another: cola drinks contain phosphoric acid and have been linked to poor bone health, likely because of the phosphorus causing calcium to be leached from the skeleton. The Framingham Osteoporosis Study of more than 2,500 adults found that women who regularly drank cola daily had 3.7% lower bone mineral density at the hip than those who rarely drank them or drank other non-cola beverages.

Limit or eliminate processed foods. Phosphate additives are used as stabilizers, flavor enhancers, moisture binders, leavening and stabilizers in literally hundreds of processed foods, frozen foods, fast foods and packaged meats. In fact, there are more than 45 different phosphate-containing food additives on the market. You can find them listed under names like sodium phosphate, calcium phosphate and phosphoric acid. Limit processed and fast foods and read your labels to know how many phosphate containing food additives you're consuming.

Eat a moderate protein diet. Since phosphorus is most prevalent in high protein foods like meat, adhering to a healthy, moderate protein diet where 25% of your calories come from protein (as opposed to a high protein diet) may be a healthier choice to keep phosphorus levels within a healthy range.

What you don't store in your bones gets excreted through your urine. Most people fall within that normal range, but depending on your diet and certain health conditions such as diabetes, heavy alcohol intake, and/or eating disorders, phosphorus deficiency or excess can occur—both of which can have serious health consequences. Even within the normal range, having higher amounts of phosphorus also can pose some health risks, particularly heart disease.

Emerging research also shows that your genotype may influence your serum phosphorus levels. One large-scale study of more than 16,000 men and women found that variations in these key genes had a significant impact on your serum phosphorus levels.

Our analysis investigated which genotype for these genes was present in your DNA. Your rating of **BELOW AVERAGE**, **NORMAL** or **ABOVE AVERAGE** reflects whether your genotype included those alleles that carry a risk of having having low or high levels of this essential mineral or whether you were likely to have adequate levels.



PHOSPHORUS-RICH FOODS TO INCLUDE IN YOUR DIET:

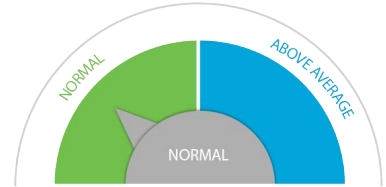
Seeds, cheese, fish, shellfish, nuts, pork, beef and veal, low fat dairy



SELENIUM TENDENCY

WHAT YOUR GENES SAY ABOUT YOU:

Our analysis indicates that your genetic profile exhibits characteristics that give you **NORMAL** blood selenium levels. That means that, like the majority of Americans, you likely have an adequate, healthy intake of this essential mineral. That's good news because selenium is necessary for strong immunity, cellular function, reproductive health and thyroid hormone production.



Your genetic profile indicates that you are likely to have **NORMAL** blood levels of selenium.

You can maintain healthy, adequate levels of this essential mineral by eating a diet rich in whole, unrefined foods.



SUCCESS STRATEGIES

According to the National Health and Nutrition Examination Survey (NHANES), the average daily selenium intake among Americans is 108.5 mcg. So most of us get more than enough and supplements aren't recommended.

Eating a diet high in refined foods can level you with lower than average selenium levels, because selenium is destroyed in processing. So be sure to fill our plate with whole foods whenever possible. Rich sources of selenium include fish, shellfish and seafood like tuna, shrimp, sardines, salmon, mushrooms, asparagus, poultry, tofu, eggs, grains, sunflower seeds, spinach, cabbage, milk and Brazil nuts (which you should only eat occasionally because they're extremely high in selenium).

RELATED GENES / SNPs

DMGDH

The gene and its associated SNPs that are included in this category have been shown to have significant associations with a person's blood levels of selenium.

Selenium is an essential mineral that plays multiple roles in maintaining good health. It works as an antioxidant with other nutrients such as vitamin E in the body to fend off free radical damage; it is vital to immune system function, male fertility and sperm health, and thyroid hormone metabolism.

Low levels of selenium have been shown to increase your risk for auto-immune disorders such as thyroid disease and psoriasis, infections and maybe even certain cancers.

Selenium is found across the dietary spectrum from seafood and meat to grains (and grain-based foods) and nuts, seeds and leafy greens. Adults need about 55 micrograms of the mineral a day and



MINERALS

SELENIUM TENDENCY



SELENIUM-RICH FOODS TO INCLUDE IN YOUR DIET:

Brazil nuts, yellowfin tuna, halibut, sardines, grass-fed beef, turkey, beef liver

most Americans get enough through a balanced diet. Selenium is found in the soil. So how much you get from your food depends on the mineral content of the soil in which the plants you, and the animals you eat, are grown. Selenium is destroyed in food processing, so eating a diet high in refined foods can put you at risk for lower selenium levels. Blood selenium levels also are influenced by genetic factors.

In one widespread analysis of more than 12,000 adults, genetic variations accounted for four percent of variation in blood selenium levels with minor alleles at this SNP increasing the average blood levels. That's a small percentage, but can be significant when considering a trace mineral. It's also possible to have too much of a good thing. Selenium is toxic in very high doses, which can cause GI distress, fatigue, hair loss and fingernail discoloration

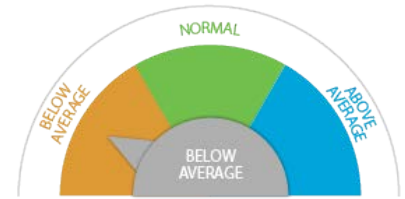
Our analysis investigated which genotype for this gene was present in your DNA. Your rating of **NORMAL** or **ABOVE AVERAGE** reflects the selenium levels that are likely to be present in your blood.



ZINC TENDENCY

WHAT YOUR GENES SAY ABOUT YOU:

Our analysis indicates that your genetic profile exhibits characteristics that give you the likelihood of having **BELOW AVERAGE** blood zinc levels. Low zinc levels compromise your immunity and leave you more vulnerable to acute disease like the common cold and other infections, and more chronic conditions like diabetes and heart disease. The good news is that zinc levels are very easy to boost through diet and supplement use.



Your genetic profile indicates that you are likely to have **BELOW AVERAGE** blood levels of zinc.

We recommend increasing the amount of zinc-rich foods in your diet to ensure that you get the minimum 8 to 11 mg of zinc a day, and maintain adequate zinc blood levels to keep your cellular function and immunity strong.

SUCCESS STRATEGIES

While most people in America get adequate zinc from their diet, a significant percentage of adults fall short of the recommended mark. Analysis of the National Health and Nutrition Examination Survey found that 35 to 45 percent of adults over the age of 60 had zinc intakes below the recommended levels. Vegetarians and vegans may also be at risk because most of the zinc in the American diet comes from meat, poultry and animal products.

If you eat meat, good zinc sources include oysters (which contain 74 mg per 3 ounces, the most zinc per serving of any food), lobster, crab, pork and chicken (dark meat especially). Other good food sources of zinc include yogurt, baked beans, cashews, oatmeal, milk, kidney beans, almonds, chickpeas and fortified grains

Some experts believe that vegetarians may need to get 50% more zinc than the recommended daily allowance to be sure their body absorbs what it

RELATED GENES / SNPs

CA1, PPCDC, LINC01420

The genes and their associated SNPs that are included in this category have all been shown to have significant associations with a person's blood levels of zinc.

Zinc is an essential trace element that plays a key role in immune function, protein synthesis, wound healing, insulin function, reproduction, thyroid function, blood clotting, growth, taste, vision and smell. After iron, it's the most common mineral in the body and is found in every cell.

You don't need much zinc to perform all these functions. The recommended dietary allowance for adults is just 8 mg (women) to 11 mg (men). But you do need zinc in your daily diet because the body doesn't store it.

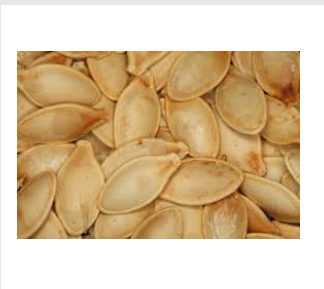
Zinc deficiency hinders immune function and has been associated with cardiovascular disease and diabetes. Though outright deficiency is uncommon in industrialized countries like America,



MINERALS

ZINC TENDENCY

needs. If you don't eat meat, consider taking a multivitamin. Most contain zinc and will provide insurance that you get the recommended amount on days your diet falls short. It's preferable to take zinc in a multivitamin rather than as a standalone supplement because those products also contain copper. Too much zinc on its own can cause a deficiency in copper.



ZINC-RICH FOODS TO INCLUDE IN YOUR DIET:

Lamb, pumpkin seeds, chickpeas, cashews, mushrooms, spinach, yogurt

there is evidence that relative zinc deficiency and marginal zinc levels may be somewhat common among certain populations, particularly among older people as well as vegetarians, since red meat and poultry provide the majority of zinc in the American diet and zinc from plant sources is slightly harder for the body to absorb. Taking too much zinc, which can happen when people supplement the mineral—a popular practice for staving off cold infections—can cause toxicity, which results in nausea, vomiting, GI distress, loss of appetite and headaches. Upper limits for intake are 34 mg for women and 40 mg for men.

Genetics can influence a person's zinc blood levels. In one widespread analysis of more than 12,000 adults, genetic variations accounted for 8 percent of the variation in blood zinc levels. Our analysis investigated which genotype for these genes was present in your DNA. Your rating of **BELOW AVERAGE**, **NORMAL** or **ABOVE AVERAGE** reflects the zinc levels that are likely to be present in your blood.

LINKS TO RELATED STUDIES:

VITAMIN A TENDENCY

FASEB J. 2009 Apr;23(4):1041-53. doi: 10.1096/fj.08-121962. Epub 2008 Dec 22.

Two common single nucleotide polymorphisms in the gene encoding beta-carotene 15,15'-monooxygenase alter beta-carotene metabolism in female volunteers.

<http://www.ncbi.nlm.nih.gov/pubmed/?term=19103647>

Leung WC1, Hessel S, Méplan C, Flint J, Oberhauser V, Tourniaire F, Hesketh JE, von Lintig J, Lietz G.

VITAMIN B6 TENDENCY

Am J Hum Genet. 2009 Apr;84(4):477-82. doi: 10.1016/j.ajhg.2009.02.011. Epub 2009 Mar 19.

Genome-wide association study of vitamin B6, vitamin B12, folate, and homocysteine blood concentrations.

<http://www.ncbi.nlm.nih.gov/pubmed/?term=19303062>

Tanaka T1, Scheet P, Giusti B, Bandinelli S, Piras MG, Usala G, Lai S, Mulas A, Corsi AM, Vestri A, So i F, Gori AM, Abbate R, Guralnik J, Singleton A, Abecasis GR, Schlessinger D, Uda M, Ferrucci L.

VITAMIN B9 – FOLATE TENDENCY

Proc Nutr Soc. 2014 Feb;73(1):47-56. doi: 10.1017/S0029665113003613. Epub 2013 Oct 17.

MTHFR 677TT genotype and disease risk: is there a modulating role for B-vitamins

<http://www.ncbi.nlm.nih.gov/pubmed/?term=24131523>

Reilly R1, McNulty H1, Pentieva K1, Strain JJ1, Ward M1.

VITAMIN B12 TENDENCY

Nat Genet. 2008 Oct;40(10):1160-2. doi: 10.1038/ng.210. Epub 2008 Sep 7.

Common variants of FUT2 are associated with plasma vitamin B12 levels.

<http://www.ncbi.nlm.nih.gov/pubmed/?term=18776911>

Hazra A1, Kraft P, Selhub J, Giovannucci EL, Thomas G, Hoover RN, Chanock SJ, Hunter DJ.

VITAMIN C TENDENCY

Am J Clin Nutr. 2010 Aug;92(2):375-82. doi: 10.3945/ajcn.2010.29438. Epub 2010 Jun 2.

Genetic variation at the SLC23A1 locus is associated with circulating concentrations of L-ascorbic acid (vitamin C): evidence from 5 independent studies with >15,000 participants.

<http://www.ncbi.nlm.nih.gov/pubmed/?term=20519558>

Timpson NJ1, Forouhi NG, Brion MJ, Harbord RM, Cook DG, Johnson P, McConnachie A, Morris RW, Rodriguez S, Luan J, Ebrahim S, Padmanabhan S, Watt G, Bruckdorfer KR, Wareham NJ, Whincup PH, Chanock S, Sattar N, Lawlor DA, Davey Smith G.

LINKS TO RELATED STUDIES:

VITAMIN D TENDENCY

Lancet. 2010 Jul 17;376(9736):180-8. doi: 10.1016/S0140-6736(10)60588-0. Epub 2010 Jun 10.

Common genetic determinants of vitamin D insufficiency: a genome-wide association study .

<http://www.ncbi.nlm.nih.gov/pubmed/?term=20541252>

Wang TJ, Zhang F, Richards JB, Kestenbaum B, van Meurs JB, Berry D, Kiel DP, Streeten EA, Ohlsson C, Koller DL, Peltonen L, Cooper JD, O'Reilly PF, Houston DK, Glazer NL, Vandenput L, Peacock M, Shi J, Rivadeneira F, McCarthy MI, Anneli P, de Boer IH, Mangino M, Kato B, Smyth DJ, Booth SL, Jacques PF, Burke GL, Goodarzi M, Cheung CL, Wolf M, Rice K, Goltzman D, Hidiroglou N, Ladouceur M, Wareham NJ, Hocking LJ, Hart D, Arden NK, Cooper C, Malik S, Fraser WD, Hartikainen AL, Zhai G, Macdonald HM, Forouhi NG, Loos RJ, Reid DM, Hakim A, Dennison E, Liu Y, Power C, Stevens HE, Jaana L, Vasan RS, Soranzo N, Bojunga J, Psaty BM, Lorentzon M, Foroud T, Harris TB, Hofman A, Jansson JO, Cauley JA, Uitterlinden AG, Gibson Q, Järvelin MR, Karasik D, Siscovick DS, Econs MJ, Kritchevsky SB, Florez JC, Todd JA, Dupuis J, Hyppönen E, Spector TD

VITAMIN E TENDENCY

Hum Mol Genet. 2011 Oct 1;20(19):3876-83. doi: 10.1093/hmg/ddr296. Epub 2011 Jul 5.

Genome-wide association study identifies common variants associated with circulating vitamin E levels

<https://www.ncbi.nlm.nih.gov/pubmed/21729881>

Major JM, Yu K, Wheeler W, Zhang H, Cornelis MC, Wright ME, Yeager M, Snyder K, Weinstein SJ, Mondul A, Eliassen H, Purdue M, Hazra A, McCarty CA, Hendrickson S, Virtamo J, Hunter D, Chanock S, Kraft P, Albanes D.

J Nutr. 2012 May;142(5):866-71. doi: 10.3945/jn.111.156349. Epub 2012 Mar 21.

Genome-wide association study identifies three common variants associated with serologic response to vitamin E supplementation in men

<https://www.ncbi.nlm.nih.gov/pubmed/22437554>

Major JM, Yu K, Chung CC, Weinstein SJ, Yeager M, Wheeler W, Snyder K, Wright ME, Virtamo J, Chanock S, Albanes D.

DIETARY CHOLINE TENDENCY

J Nutr. 2011 Mar;141(3):531-4. doi: 10.3945/jn.110.130369. Epub 2011 Jan 26.

Nutritional enomics: defining the dietary requirement and effects of choline

<https://www.ncbi.nlm.nih.gov/pubmed/?term=21270363>

Zeisel SH

Am J Clin Nutr. 2010 Nov;92(5):1113-9. doi: 10.3945/ajcn.2010.30064. Epub 2010 Sep 22.

Dietary choline requirements of women: effects of estrogen and genetic variation

<https://www.ncbi.nlm.nih.gov/pubmed/?term=20861172>

Fischer LM, da Costa KA, Kwock L, Galanko J, Zeisel SH.

FASEB J. 2006 Jul;20(9):1336-44.

Common genetic polymorphisms affect the human requirement for the nutrient choline

<https://www.ncbi.nlm.nih.gov/pubmed/?term=16816108>

da Costa KA, Kozyreva OG, Song J, Galanko JA, Fischer LM, Zeisel SH.

LINKS TO RELATED STUDIES:

CALCIUM TENDENCY

PLoS Genet. 2013;9(9):e1003796. doi: 10.1371/journal.pgen.1003796. Epub 2013 Sep 19.

Meta-analysis of genome-wide association studies identifies six new loci for serum calcium concentrations

<https://www.ncbi.nlm.nih.gov/pubmed/?term=24068962>

O'Seaghdha CM, Wu H, Yang Q, Kapur K, Guessous I, Zuber AM, Köttgen A, Stoudmann C, Teumer A, Kutalik Z, Mangino M, Dehghan A, Zhang W, Eiriksdottir G, Li G, Tanaka T, Portas L, Lopez LM, Hayward C, Lohman K, Matsuda K, Padmanabhan S, Firsov D, Sorice R, Ulivi S, Brockhaus AC, Kleber ME, Mahajan A, Ernst FD, Gudnason V, Launer LJ, Mace A, Boerwinckle E, Arking DE, Tanikawa C, Nakamura Y, Brown MJ, Gaspoz JM, Theler JM, Siscovick DS, Psaty BM, Bergmann S, Vollenweider P, Vitart V, Wright AF, Zemunik T, Boban M, Kolcic I, Navarro P, Brown EM, Estrada K, Ding J, Harris TB, Bandinelli S, Hernandez D, Singleton AB, Girotto G, Ruggiero D, d'Adamo AP, Robino A, Meitinger T, Meisinger C, Davies G, Starr JM, Chambers JC, Boehm BO, Winkelmann BR, Huang J, Murgia F, Wild SH, Campbell H, Morris AP, Franco OH, Hofman A, Uitterlinden AG, Rivadeneira F, Völker U, Hannemann A, Biffar R, Hoffmann W, Shin SY, Lescuyer P, Henry H, Schurmann C; SUNLIGHT Consortium; GEFOS Consortium, Munroe PB, Gasparini P, Pirastu N, Ciullo M, Gieger C, März W, Lind L, Spector TD, Smith AV, Rudan I, Wilson JF, Polasek O, Deary IJ, Pirastu M, Ferrucci L, Liu Y, Kestenbaum B, Koener JS, Witteman JC, Nauck M, Kao WH, Wallaschofski H, Bonny O, Fox CS, Bochud M.

COPPER TENDENCY

Hum Mol Genet. 2013 Oct 1;22(19):3998-4006. doi: 10.1093/hmg/ddt239. Epub 2013 May 29.

Genome-wide association study identifies loci affecting blood copper, selenium and zinc

<https://www.ncbi.nlm.nih.gov/pubmed/?term=23720494>

Evans DM1, Zhu G, Dy V, Heath AC, Madden PA, Kemp JP, McMahon G, St Pourcain B, Timpson NJ, Golding J, Lawlor DA, Steer C, Montgomery GW, Martin NG, Smith GD, Whitfield JB.

IRON TENDENCY

Hum Mol Genet. 2011 Mar 15;20(6):1232-40. doi: 10.1093/hmg/ddq552. Epub 2010 Dec 28.

Identification of a common variant in the TFR2 gene implicated in the physiological regulation of serum iron levels

<https://www.ncbi.nlm.nih.gov/pubmed/212089373>

Pichler I, Minelli C, Sanna S, Tanaka T, Schwienbacher C, Naitza S, Porcu E, Pattaro C, Busonero F, Zanon A, Maschio A, Melville SA, Grazia Piras M, Longo DL, Guralnik J, Hernandez D, Bandinelli S, Aigner E, Murphy AT, Wroblewski V, Marroni F, Theurl I, Gnewuch C, Schadt E, Mitterer M, Schlessinger D, Ferrucci L, Witcher DR, Hicks AA, Weiss G, Uda M, Pramstaller PP.

Blood. 2010 Jan 7;115(1):94-6. doi: 10.1182/blood-2009-07-232496. Epub 2009 Oct 30.

A genome-wide association analysis of serum iron concentrations

<https://www.ncbi.nlm.nih.gov/pubmed/19880490>

Tanaka T, Roy CN, Yao W, Matteini A, Semba RD, Arking D, Walston JD, Fried LP, Singleton A, Guralnik J, Abecasis GR, Bandinelli S, Longo DL, Ferrucci L.

Nat Genet. 2009 Nov;41(11):1173-5. doi: 10.1038/ng.456. Epub 2009 Oct 11.

Common variants in Tmprss6 are associated with iron status and erythrocyte volume

<https://www.ncbi.nlm.nih.gov/pubmed/19820699>

Benyamin B1, Ferreira MA, Willemsen G, Gordon S, Middelberg RP, McEvoy BP, Hottenga JJ, Henders AK, Campbell MJ, Wallace L, Frazer IH, Heath AC, de Geus EJ, Nyholt DR, Visscher PM, Penninx BW, Boomsma DI, Martin NG, Montgomery GW, Whitfield JB.

LINKS TO RELATED STUDIES:

Haematologica. 2009 Jun;94(6):840-9. doi: 10.3324/haematol.2008.001867. Epub 2009 Apr 18.

Matriptase-2 (TMPRSS6): A Proteolytic Regulator Of Iron Homeostasis

<https://www.ncbi.nlm.nih.gov/pubmed/19377077>

Ramsay AJ, Hooper JD, Folgueras AR, Velasco G, López-Otín C.

Nat Genet. 2008 May;40(5):569-71. doi: 10.1038/ng.130. Epub 2008 Apr 13.

Mutations in TMPRSS6 cause iron-refractory iron deficiency anemia (IRIDA)

<https://www.ncbi.nlm.nih.gov/pubmed/18408718>

Finberg KE, Heeney MM, Campagna DR, Aydinok Y, Pearson HA, Hartman KR, Mayo MM, Samuel SM, Strouse JJ, Markianos K, Andrews NC, Fleming MD.

Science. 2008 May 23;320(5879):1088-92. doi: 10.1126/science.1157121. Epub 2008 May 1.

The Serine Protease TMPRSS6 Is Required to Sense Iron Deficiency

<https://www.ncbi.nlm.nih.gov/pubmed/18451267>

Du X, She E, Gelbart T, Truksa J, Lee P, Xia Y, Khovananth K, Mudd S, Mann N, Moresco EM, Beutler E, Beutler B.

Cell Metab. 2008 Dec;8(6):502-11. doi: 10.1016/j.cmet.2008.09.012. Epub 2008 Oct 30.

The serine protease matriptase-2 (TMPRSS6) inhibits hepcidin activation by cleaving membrane hemojuvelin.

<https://www.ncbi.nlm.nih.gov/pubmed/18976966>

Silvestri L, Pagani A, Nai A, De Domenico I, Kaplan J, Camaschella C.

Nat Genet. 2004 Jan;36(1):77-82. Epub 2003 Nov 30.

Mutations in HFE2 cause iron overload in chromosome 1q-linked juvenile hemochromatosis

<https://www.ncbi.nlm.nih.gov/pubmed/14647275>

Papanikolaou G, Samuels ME, Ludwig EH, MacDonald ML, Franchini PL, Dubé MP, Andres L, MacFarlane J, Sakellaropoulos N, Politou M, Nemeth E, Thompson J, Risler JK, Zaborowska C, Babakaiff R, Radomski CC, Pape TD, Davidas O, Christakis J, Brissot P, Lockitch G, Ganz T, Hayden MR, Goldberg YP.

MAGNESIUM TENDENCY

PLoS Genet. 2010 Aug 5;6(8). pii: e1001045. doi: 10.1371/journal.pgen.1001045.

Genome-wide association studies of serum magnesium, potassium, and sodium concentrations identify six loci influencing serum magnesium levels

<https://www.ncbi.nlm.nih.gov/pubmed/?term=20700443>

Meyer TE, Verwoert GC, Hwang SJ, Glazer NL, Smith AV, van Rooij FJ, Ehret GB, Boerwinkle E, Felix JF, Leak TS, Harris TB, Yang Q, Dehghan A, Aspelund T, Katz R, Homuth G, Kocher T, Rettig R, Ried JS, Gieger C, Prucha H, Pfeufer A, Meitinger T, Coresh J, Hofman A, Sarnak MJ, Chen YD, Uitterlinden AG, Chakravarti A, Psaty BM, van Duijn CM, Kao WH, Witteman JC, Gudnason V, Siscovick DS, Fox CS, Köttgen A; Genetic Factors for Osteoporosis Consortium; Meta Analysis of Glucose and Insulin Related Traits Consortium.

BMC Genet. 2015 May 29;16:56. doi: 10.1186/s12863-015-0219-7.

Genetic loci for serum magnesium among African-Americans and gene-environment interaction at MUC1 and TRPM6 in European-Americans

<https://www.ncbi.nlm.nih.gov/pubmed/?term=26058915>

Tin A, Köttgen A, Folsom AR, Maruthur NM, Tajuddin SM, Nalls MA, Evans MK, Zonderman AB, Friedrich CA, Boerwinkle E, Coresh J, Kao WH

LINKS TO RELATED STUDIES:

PHOSPHOROUS TENDENCY

J Am Soc Nephrol. 2010 Jul;21(7):1223-32. doi: 10.1681/ASN.2009111104. Epub 2010 Jun 17.

Common Genetic Variants Associate with Serum Phosphorus Concentration

<https://www.ncbi.nlm.nih.gov/pubmed/?term=20558539>

Kestenbaum B, Glazer NL, Köttgen A, Felix JF, Hwang SJ, Liu Y, Lohman K, Kritchevsky SB, Hausman DB, Petersen AK, Gieger C, Ried JS, Meitinger T, Strom TM, Wichmann HE, Campbell H, Hayward C, Rudan I, de Boer IH, Psaty BM, Rice KM, Chen YD, Li M, Arking DE, Boerwinkle E, Coresh J, Yang Q, Levy D, van Rooij FJ, Dehghan A, Rivadeneira F, Uitterlinden AG, Hofman A, van Duijn CM, Shlipak MG, Kao WH, Witteman JC, Siscovick DS, Fox CS.

SELENIUM TENDENCY / ZINC TENDENCY

Hum Mol Genet. 2013 Oct 1;22(19):3998-4006. doi: 10.1093/hmg/ddt239. Epub 2013 May 29.

Genome-wide association study identifies loci affecting blood copper, selenium and zinc

<https://www.ncbi.nlm.nih.gov/pubmed/?term=23720494>

Evans DM, Zhu G, Dy V, Heath AC, Madden PA, Kemp JP, McMahon G, St Pourcain B, Timpson NJ, Golding J, Lawlor DA, Steer C, Montgomery GW, Martin NG, Smith GD, Whitfield JB.