SOUND
MEDICAL WEIGHT LOSS

PERSONALIZED NUTRITION

# Insights Report



CELL SCIENCE SYSTEMS

Sample Client

CELLULAR MICRONUTRIENT ASSAY (CMA)

| | | | |
|---|---|---|---|
| **VITAMINS** | | | |
| Biotin | | Vitamin B2 | 130% Insufficient |
| Delta tocotrienol | >140%Insufficient | Vitamin B3 | >140%Insufficient |
| MK4 | | Vitamin B6 | |
| MK7 | | Vitamin B9 | |
| Pantothenic acid | | Vitamin C | |
| Vitamin A | | Vitamin D | |
| Vitamin B1 | 111% Borderline | Vitamin K1 | |
| Vitamin B12 | 117% Borderline | | |
| **MINERALS** | | | |
| Boron | | Magnesium | |
| Calcium | | Manganese | |
| Chromium | 124% Insufficient | Molybdenum | |
| Copper | | Selenium | |
| Iodine | >140%Insufficient | Strontium | >140%Insufficient |
| Iron | | Vanadium | |
| Lithium | >140%Insufficient | Zinc | |
| **AMINO ACIDS** | | | |
| Arginine | >140%Insufficient | L-Tyrosine | |
| Asparagine | 114% Borderline | Lysine | |
| Cysteine | | Methionine | |
| Glycine | 116% Borderline | Phenylalanine | |
| Histidine | >140%Insufficient | Taurine | |
| Isoleucine | | Threonine | |
| Leucine | | Tryptophan | |
| L-Glutamine | 119% Borderline | Valine | |
| L-Serine | | | |
| **OTHER NUTRIENTS** | | | |
| Carnitine | | Lipoic Acid | |
| Choline | | Omega 3 DHA | |
| Coenzyme Q10 | | Omega 3 EPA | |
| Glutathione | 121% Insufficient | Omega 9 | >140%Insufficient |
| Inositol | | | |

100% - 109% Nutrient Sufficiency
110% - 119% Borderline Insufficiency
≥ 120% Insufficiency*

These laboratory results are not intended to diagnose a disease state. The performance characteristics of all assays have been verified by Cell Science Systems, Corp. All information provided is only a suggested guideline and should not be substituted for professional medical advice, diagnosis, or treatment.

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PREPARED FOR

# Sample Client

YOUR REPORT

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UNDERSTANDING YOUR MICRONUTRIENT RESULTS

# Why nutrient adequacy matters

Identify priorities. Nourish your body. Follow your progress.

Cell Science Systems examines how lymphocyte immune cells respond when individual nutrients are added in the laboratory. Each nutrient response is compared with a baseline to identify nutrients that may support cellular function.

### What does the cellular assay measure?

A stronger cellular response after adding a nutrient may suggest a functional need for more of that specific nutrient under the assay conditions. Responses are classified as borderline or insufficient. This measures cell behavior, rather than nutrient concentration.

**CMA AT A GLANCE**

| | |
|---|---|
| **Insufficient** | 11 |
| **Borderline** | 05 |

See full results on page 04.

Your cellular nutrient profile

## Why nutrient needs can go unmet

**01 DIETARY INTAKE**
Limited variety, restrictive eating or inadequate intake can leave gaps.

**02 DIGESTION & ABSORPTION**
GI disorders, low stomach acid or impaired digestion can limit nutrient uptake.

**03 STRESS & CHANGING DEMANDS**
Stress, illness and activity can affect eating patterns or nutritional needs.

**04 MEDICATION EFFECTS**
Some medicines affect nutrient absorption or metabolism; review medications.

**05 GENETIC DIFFERENCES**
Inherited variations may affect nutrient processing and individual requirements.

**06 ENVIRONMENTAL EXPOSURES**
Certain exposures may affect nutrient metabolism; this test does not identify toxin exposure.

**07 AGE-RELATED CHANGES**
Changes in appetite, digestion and absorption may affect nutrient status with age.

**08 INCREASED LIFE-STAGE NEEDS**
Pregnancy and breastfeeding increase requirements for selected nutrients.

**09 ALCOHOL USE**
Heavy alcohol use can reduce intake and interfere with nutrient absorption or use.

**10 ILLNESS & RECOVERY**
Chronic illness, inflammation or recovery can alter intake, absorption or nutrient needs.

## Nutrient-dense meals + targeted supplements

An eating plan built around nutrient-dense foods supplies a broad foundation of vitamins, minerals, protein and healthy fats. Targeted AM/PM supplements complement that foundation by addressing selected nutrient priorities. Together, they can help improve nutrient adequacy and support the goal of optimizing your nutrient levels, guided by appropriate labs and follow-up.

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CELLULAR MICRONUTRIENT ASSAY

# Your nutrient profile

11 insufficient and 5 borderline findings, using the lab's classifications. [22]

**Focus areas: Fatigue and low energy, stress, headaches, high blood pressure and high cholesterol.**

| Nutrient | Category | CMA result | Classification |
|---|---|---|---|
| **Vitamin B3** | Vitamin | **>140%** | Insufficient |
| **Omega 9** | Fatty acid | **>140%** | Insufficient |
| **Iodine** | Mineral | **>140%** | Insufficient |
| **Delta tocotrienol** | Vitamin | **>140%** | Insufficient |
| **Arginine** | Amino acid | **>140%** | Insufficient |
| **Histidine** | Amino acid | **>140%** | Insufficient |
| **Lithium** | Mineral | **>140%** | Insufficient |
| **Strontium** | Mineral | **>140%** | Insufficient |
| **Vitamin B2** | Vitamin | **130%** | Insufficient |
| **Chromium** | Mineral | **124%** | Insufficient |
| **Glutathione** | Antioxidant | **121%** | Insufficient |
| **L-Glutamine** | Amino acid | **119%** | Borderline |
| **Vitamin B12** | Vitamin | **117%** | Borderline |
| **Glycine** | Amino acid | **116%** | Borderline |
| **Asparagine** | Amino acid | **114%** | Borderline |
| **Vitamin B1** | Vitamin | **111%** | Borderline |

Borderline insufficiency: 110-119%; insufficiency: ≥120%. Values reported as >140% are grouped together because their exact percentages are not provided. Percentages describe cellular assay responses.

# 01

# Symptoms & Health Focuses

**Your nutrient findings, connected to your daily wellbeing.**

**01** Fatigue & low energy

**02** Stress

**03** Headaches

**04** High blood pressure

**05** High cholesterol



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## SYMPTOM & HEALTH FOCUS

# Fatigue & low energy

| Your flagged nutrient | Possible connection |
|---|---|
| B12 117%<br>Borderline | B12 helps make the red blood cells that carry oxygen to your muscles and brain. When B12 is low enough to affect those cells, ordinary activities can leave you feeling worn out. [1] |
| B1 111%<br>Borderline | B1 helps your cells turn carbohydrates into fuel. If your body runs short on B1, muscles can feel weak and everyday tasks can take more effort. [12] |
| B2 130%<br>Insufficient | B2 helps your cells turn food into usable energy. Think of it as part of the machinery that lets your muscles and brain tap into the fuel you eat. [2] |
| B3 >140%<br>Insufficient | B3 helps cells move energy from the food you eat into a form your body can use. That is the link between niacin and feeling fueled during the day. [4] |
| Iodine >140%<br>Insufficient | Your thyroid uses iodine to make hormones that set the pace of your metabolism. When thyroid activity slows, you can feel tired even after a full night's sleep. [5] |
| Glycine 116%<br>Borderline | Glycine is an amino acid involved in sleep-related signaling. The link to daytime energy starts the night before, when interrupted or shortened sleep can leave you dragging the next day. [15] |


**Targeted nutrients.**
**Your daily routine.**

Personalized Sound Medical Weight Loss supplements in convenient AM/PM packets.



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## SYMPTOM & HEALTH FOCUS

# Stress

| Your flagged nutrients | Possible connection |
|---|---|
| B1 111%; B12 117%<br>Borderline<br>B2 130%; B3 >140%<br>Insufficient | The brain needs a steady supply of energy to stay focused through a demanding day. B1, B2 and B3 help convert food into fuel, while B12 helps keep the nerves that carry messages working. [1,2,4,12] |
| Glycine 116%<br>Borderline | Stress can make it harder to get restorative sleep, and a poor night's sleep can make the next day feel more demanding. Glycine is relevant on the sleep side of that cycle. [15] |
| Glutathione 121%<br>Insufficient<br>B2 130% insufficient<br>Glycine 116% borderline | Think of glutathione as part of your cells' cleanup system. Glycine helps build it, and B2 helps recycle it so your cells can keep using it to manage everyday wear and tear. [2,10] |


## Targeted nutrients. Your daily routine.

Personalized Sound Medical Weight Loss supplements in convenient AM/PM packets.



SYMPTOM & HEALTH FOCUS

# Headaches

| Your flagged nutrient | Possible connection |
|---|---|
| B2 130%<br>Insufficient | B2 helps the brain’s cells turn fuel into usable energy. The brain needs a steady energy supply, and that role is why riboflavin comes up in migraine prevention. [2,14] |
| B3 >140%<br>Insufficient | B3 helps brain cells convert fuel into energy. Headaches can occur when niacin is severely low, which connects this nutrient to the brain’s energy supply. [4] |
| B1 111%; B12 117%<br>Borderline | B1 helps the brain use glucose for energy, while B12 supports the protective coating around nerves. Together they connect two basics of brain function: making energy and sending signals. [1,12] |


## Targeted nutrients.
## Your daily routine.

Personalized Sound Medical Weight Loss supplements in convenient AM/PM packets.



SYMPTOM & HEALTH FOCUS

# High blood pressure

| Your flagged nutrient | Possible connection |
|---|---|
| Arginine >140%<br>Insufficient | Your body uses arginine to make nitric oxide, a signal that tells blood vessels to relax and widen. Wider vessels offer less resistance as blood moves through them. [17] |
| B2 130%<br>Insufficient | B2 helps an enzyme called MTHFR do its job. In people with a specific inherited version of that enzyme, this pathway can play a role in blood pressure regulation. [20] |
| Omega 9 >140%<br>Insufficient | Omega-9 is the main unsaturated fat in olive oil. Using olive oil in place of butter shifts the balance of fats in your meals and supports heart health when blood pressure is a concern. [6] |
| Glutathione 121%<br>Insufficient<br>Glycine 116%<br>borderline | Glycine helps make glutathione, one of the body's own antioxidants. In blood vessel walls, that antioxidant system helps protect the nitric oxide signal that tells vessels to relax. [10,23] |


## Targeted nutrients.
## Your daily routine.

Personalized Sound Medical Weight Loss supplements in convenient AM/PM packets.



SYMPTOM & HEALTH FOCUS

# High cholesterol

| Your flagged nutrient | Possible connection |
|---|---|
| Omega 9 >140%<br>Insufficient | Replacing foods high in saturated fat with sources of omega-9, such as olive oil, can help lower LDL cholesterol. What you swap out matters as much as what you add. [6] |
| Delta tocotrienol >140%<br>Insufficient | Delta tocotrienol belongs to a family of vitamin E compounds that can influence an enzyme the liver uses to make cholesterol. That connects this nutrient family to cholesterol production inside the body. [8,19] |
| B3 >140%<br>Insufficient | B3 in the form of nicotinic acid can affect how the liver handles fats. At therapeutic doses, it can lower triglycerides and LDL cholesterol. [4] |
| Chromium 124%<br>Insufficient | Insulin helps determine how your body uses and stores fuel. Chromium has been studied for its role in insulin signaling, which links blood sugar metabolism to how the body handles fats such as triglycerides. [9,18] |
| Iodine >140%<br>Insufficient | Your thyroid uses iodine to make hormones. When thyroid function slows, the liver can clear LDL from the bloodstream more slowly, allowing cholesterol to build up. [5,7] |


## Targeted nutrients. Your daily routine.

Personalized Sound Medical Weight Loss supplements in convenient AM/PM packets.



YOUR PERSONALIZED SUPPLEMENT PLAN

# Know what to take.
# Make your routine personal.

Prepared for Sample Client




## Your results. Your goals. Your daily packets.

Your personalized nutritional supplement plan brings selected nutrients into convenient AM/PM packets. Your micronutrient lab findings, health goals, and lifestyle inform the products, amounts, and timing recommended for you.

**PERSONALIZE**

Targeted nutritional support.

**SIMPLIFY**

Morning and evening packets.

**FOLLOW THROUGH**

A routine that fits your day.

YOUR DAILY SUPPLEMENT ROUTINE

# Your Personalized Nutritional Supplement Plan

Prepared for Sample Client




Personalized supplements, organized for morning and evening.

## AM Packet

| SUPPLEMENT | QTY |
|---|---|
| Multi w/o Iron | 2 |
| D3 5000 | 1 |
| Mineral Complex | 1 |
| MitoBlast | 1 |

## PM Packet

| SUPPLEMENT | QTY |
|---|---|
| Digestive Support | 1 |
| Mag Chelate | 1 |
| L-Glutathione | 1 |
| Omega Oil 780 EC | 1 |

Quantities shown are the listed amounts per packet. Product names and amounts are reproduced as supplied for this sample report.

PUTTING YOUR RESULTS TO WORK

# Your follow-up roadmap

Three steps to put your results to work and see what changes over time.

STEP 01

## Order your personalized AM and PM packets

Once your personalized packets arrive, begin your daily routine. Take your AM packet with food in the morning and your PM packet with food in the evening, following the directions on your packet labels.

STEP 02

## Use the nutrient repletion guidance from Sound Medical Weight Loss

Use the guides to find lists of the top whole-food sources of the nutrients flagged in your results. Choose foods you enjoy and tolerate, then work more of those foods into daily meals. The recipes show how to combine nutrient-dense foods in meals you can repeat.

STEP 03

## Repeat your micronutrient test in 3·4 months

We encourage you to repeat the test in 3·4 months. Compare your results with your starting values to see which nutrient levels are moving toward optimal ranges, and review how you are progressing toward your health goals.

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## SOURCES

# Evidence & source reports

Nutrient and symptom references used in this report.

Lab source: Cell Science Systems Cellular Micronutrient Assay (sample results). Focuses supplied for this report: fatigue and low energy, stress, headaches, high blood pressure and high cholesterol.


**[1]** NIH Office of Dietary Supplements. Vitamin B12: Health Professional Fact Sheet. Source.

**[2]** NIH Office of Dietary Supplements. Riboflavin: Health Professional Fact Sheet. Source.

**[4]** NIH Office of Dietary Supplements. Niacin: Health Professional Fact Sheet. Source.

**[5]** NIH Office of Dietary Supplements. Iodine: Health Professional Fact Sheet. Source.

**[6]** Hodson L et al. The effect of replacing dietary saturated fat with polyunsaturated or monounsaturated fat on plasma lipids in free-living young adults. Eur J Clin Nutr. 2001. Source.

**[7]** Endocrine Society. Lipid Management Guideline: thyroid dysfunction and dyslipidemia. Source.

**[8]** Qureshi AA et al. Response of hypercholesterolemic subjects to tocotrienols (1995). Zuo S et al. Tocotrienol supplementation and lipid profile: meta-analysis (2020). Positive early findings have not been consistent across studies. Source.

**[9]** NIH Office of Dietary Supplements. Chromium: Health Professional Fact Sheet. Source.

**[10]** Richie JP Jr et al. Randomized controlled trial of oral glutathione supplementation on body stores of glutathione. Eur J Nutr. 2015. Source.

**[12]** MedlinePlus. Thiamin: energy metabolism and deficiency symptoms. Source.

**[13]** Stough C et al. B-complex and work stress: randomized trial. 2011. Source.

**[14]** Schoenen J et al. Riboflavin in migraine prevention: randomized trial. 1998. Source.

**[15]** Bannai M et al. Glycine and sleep-related daytime fatigue. 2012. Source.

**[17]** Shiraseb F et al. L-arginine and blood pressure: randomized-trial meta-analysis. 2022. Source.

**[18]** Lee NA, Reasner CA. Chromium picolinate and triglycerides in type 2 diabetes. 1994. Source.

**[19]** Qureshi AA et al. Tocotrienol-rich rice bran fraction and serum cholesterol. 2002. Source.

**[20]** Wilson CP et al. Riboflavin and blood pressure in MTHFR 677TT. 2013. Source.

**[21]** Schulman SP et al. VINTAGE MI: L-arginine after myocardial infarction. 2006. Source.

[22] Cell Science Systems. Understanding Your Cellular Nutrition Assays, pages 5-8. Cellular-response methodology and report classifications.

[23] Prasad A et al. Glutathione, vascular function and nitric oxide availability. J Am Coll Cardiol. 1999. Source.

IMPORTANT NOTICE

# Educational use & medical disclaimer

Please read before acting on any information in this report.

## Purpose and scope

This report is provided for nutrition education and general wellness information. It is not medical advice, a medical assessment, a prescription or a treatment plan. Neither the report nor any supplement discussed is intended to diagnose, treat, manage, mitigate, cure or prevent any disease or medical condition.

## Cell Science Systems assay interpretation

The Cell Science Systems Cellular Micronutrient Assay (CMA) reports cellular responses classified by the laboratory as nutrient sufficiency, borderline insufficiency or insufficiency. In this report, “insufficiency” refers to that laboratory classification. The assay does not diagnose a clinical nutrient deficiency or disease and does not directly measure the quantity of a nutrient missing from the body. Its response percentages are not blood nutrient concentrations, percentages of deficiency or measures of clinical severity. An insufficiency classification must not be treated as a confirmed medical deficiency.

## Correlations and individual outcomes

The nutrient-to-symptom and health-focus tables describe biological pathways, clinical associations and selected study findings. They do not establish that an assay finding caused a symptom or a health concern. Benefits depend on the person, indication, nutrient form and dose. No assurance is made that supplements will relieve symptoms, normalize a biomarker or change disease risk. The CMA sample was collected in July 2025; current testing and clinical review should guide present decisions.

## Healthcare practitioner review

Consult a qualified healthcare practitioner about symptoms, abnormal results and any proposed nutrition or supplement change. Do not use this report to self-diagnose, delay evaluation, stop or change prescribed treatment, or substitute supplements for appropriate care. Ongoing headaches, fatigue, high blood pressure or high cholesterol require practitioner review. Sudden severe headache, weakness, loss of vision, confusion or other acute concerning symptoms require urgent medical attention.

## Supplement safety and product imagery

Supplements can cause adverse effects and interact with medicines, other supplements and medical conditions. Practitioner review is especially important with thyroid or kidney disorders, pregnancy, surgery and high-dose or multiple-ingredient products. Product photographs are illustrative; packet contents and the nutrients shown are not an individualized prescription. Purchase of supplements is optional and does not guarantee a clinical outcome.
The supplement recommendations are designed to support healthy nutrient levels in the body.

## No patient-practitioner relationship

Receipt, review, sharing or purchase of this report or a referenced product does not, by itself, establish a patient-practitioner relationship with Sound Medical Weight Loss, the report preparer, laboratory or any person identified in the report. Such a relationship requires separate acceptance and appropriate clinical arrangements. This notice does not modify any relationship already established independently or waive any rights that applicable law does not allow to be waived.