



Name: SAMPLE, REPORT

Patient ID:

Patient Info:

Gender: M Fasting: ACC/AHA Risk Score: BMI:

Provider

Provider:

Account No:

Accession No:

Requisition No:
Report Date & Time: 01.06.2025 11:20 AM
Received Date & Time: 01.06.2025 11:03 AM
Collection Date & Time: 01.06.2025 11:03 AM

Test Name	Optimal	Borderline	Increased Risk	ed Risk Interpretation		Previous Results
Č Essential Fatty	Acids Test		J			
Omega-3 Fatty Acid Index		4.38		Omega-3 FA Index is BORDERLINE. A lower Omega-3 FA index is associated with an increased risk for CVD. Eicosapentaenoic Acid (EPA) level is LOW. Increased EPA levels have been associated with lower risk of heart disease. Docosahexaenoic Acid (DHA) level is LOW. Increased DHA levels have been associated with a lower risk of CVD.	9,10	
	>4.50	2.50-4.50	<2.50 %	Increased DHA levels have been associated with a lower risk of civil for the commending appropriate of civil for the commendation of civil for the c		
EPA			15.7	Consider recommending consumption of at least 2-3 meals of oily fish such as salmon, sardines, herring, tuna, and mackerel weekly or a fish oil or EPA supplement.	9,10	
	>50.0	20.0-50.0	<20.0 μg/mL	fish oil or EPA supplement.		
DHA			15.7		9,10	
	>100.0	60.0-100.0	<60.0 μg/mL			
EPA/AA Ratio			0.06	EPA/AA Ratio is LOW. Some authorities indicate that an EPA/AA ratio	9,10	
	>0.17	0.07-0.17	<0.07	of >0.75 is optimal, usually only achieved with supplementation.		
AA/EPA Ratio			16.57	AA/EPA Ratio is HIGH. Some authorities indicate that an AA/EPA r	9,10	
	<5.88	5.88-14.29	>14.29	of <1.33 is optimal, usually only achieved with supplementation.		
	Low	Mid	High			
Monounsaturated Fatty Acid Index	13.3			Values are reported according to the lowest, middle and highest thirds of our reference population. Dietary monounsaturated fats from plant sources reduce heart disease risk; however, blood levels of monounsaturated fats do not necessarily correlate closely with dietary	9,10	
	<20.0	20.0-23.0	>23.0 %	intake. More data are needed on the complex effects of omega-6 fatty	,	
Omega-6 Fatty Acid Index			48.3	acids on cardiovascular risk.	9,10	
	<39.0	39.0-43.0	>43.0 %			
Arachidonic Acid (AA)		260.0			9,10	
	<250.0	250.0-320.0	>320.0 µg/mL			
Omega-3/Omega-6 Ratio			0.12		9,10	
nauo	<0.07	0.07-0.10	>0.10			







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01.06.2025 (Most Recent) **Test Name**

Ö Essential Fatty Acids Test

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EPA	15.7					
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EPA/AA Ratio	0.06					
AA/EPA Ratio	16.57					
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Omega-6 Fatty Acid Index	48.3					
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Treatment Consideration Summary

The intended use of this report is to provide an aid in the physician's treatment decisions. This report is intended for a physician or other qualified health care provider. Please consult with your physician regarding any questions.

	_		
		Lifestyle and	Omega-3 Fatty
		Dietary	Acids
		Modification	
Fatty Acid Balance Test			
Omega-3 FA Index		•	•
EPA		•	•
DHA		•	•

Lifestyle and Dietary Modification

Therapeutic lifestyle change is the cornerstone for reducing risk for Cardiovascular Disease (CVD) and diabetes.

The following recommendations are based on the American Heart Association's dietary and lifestyle guidelines. Consume a dietary pattern that emphasizes intake of vegetables, fruits and whole grains; includes low-fat dairy products, poultry, fatty fish, legumes, non-tropical vegetable oils and nuts; and limits intake of refined grains, sweets, sugar-sweetened beverages and red meats. Eliminate foods high in trans fat.

If indicated: control blood pressure, reduce weight, engage in smoking cessation and be physically active — work up to getting at least 30 minutes of a moderate intensity physical activity, at least 5 days per week.

• To improve Fatty Acid Balance results refer to the dietary changes provided in the Fatty Acid Balance interpretation section of this report.

Omega-3 Fatty Acids

Studies have shown that Omega-3 Fatty Acids are essential to heart health. Their benefits may include improved cholesterol balance, improved immune system function, reduced inflammation and reduced rates of heart disease.

To improve Fatty Acid Balance results focus on the dietary changes provided in the Fatty Acid Balance interpretation section of this report. Consuming 1-2 grams of concentrated fish oil daily or 1800 mg of EPA per day has been shown to decrease heart disease morbidity and mortality.

Notes

Footnotes

The intended use of this report is to provide an aid in the physician's treatment decisions. This report is intended for a physician or other qualified health care provider. Please consult with your physician regarding any questions.

¹This test was developed and its performance characteristics determined by Boston Heart Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. Methods: HDL Map: Gel electrophoresis; Cholesterol Balance and Fatty Acid Balance: GC/MS; MPO: Immunoturbidometric; CoQ10: UPLC/UV; Adiponectin: Latex turbidimetric immunoassay; Aldosterone: Chemiluminescent immunoassay; LDL-P, HDL-P, LipoMap and Serum MetaboMap: NMR; TMAO: LC/MS/MS; Dried Blood Spot Testing.

²A fasting glucose level of >125 mg/dL indicates the presence of diabetes mellitus, and a fasting glucose level of <70 mg/dL indicates hypoglycemia.

 3 A test result in the low range is normal in a non-diabetic, but low if a patient has diabetes (consistent with diabetes).

⁴Genetic analysis is performed by real time Polymerase Chain Reaction (PCR) using TaqMan® probes. Amplified gene nucleotide sites: APOE - Apolipoprotein E, T471C rs429358, C609T rs7412; F5 - Coagulation Factor V, G1746A rs6025; F2 - Coagulation Factor 2, G20210A rs1799963; CYP2C19 (Clopidogrel response) -Cytochrome P450 2C19, G681A rs4244275, G636A rs4986893, C-806T rs12248560; SLC01B1 (Statin Myopathy) - Solute Carrier Organic Anion Transporter Family, Member 1B1, T625C rs4149056. MTHFR – Methylenetetrahydrofolate reductase, C677T rs1801133, A1298C rs1801131, Limitations; Other rare mutations not detected by these assays may be present in some individuals. Recommendation: Genetic counseling with discussion of testing for other family members is recommended.

⁹Reference ranges provided are valid for fasting specimens only. Clinical judgement is required for interpretation of results on non- fasting specimens.

¹⁰This testing was done after dried blood spot sampling. If any clinically unexpected results occur we recommend confirming with phlebotomy.

* Tests performed with alternative methodologies are not displayed for comparative purposes.

📤 = Critical Value, 📤 = Alert Value, TNP = Test Not Performed, PEND = Test Result Pending, GSP = Glycated Serum Protein, ADA = American Diabetes Association

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