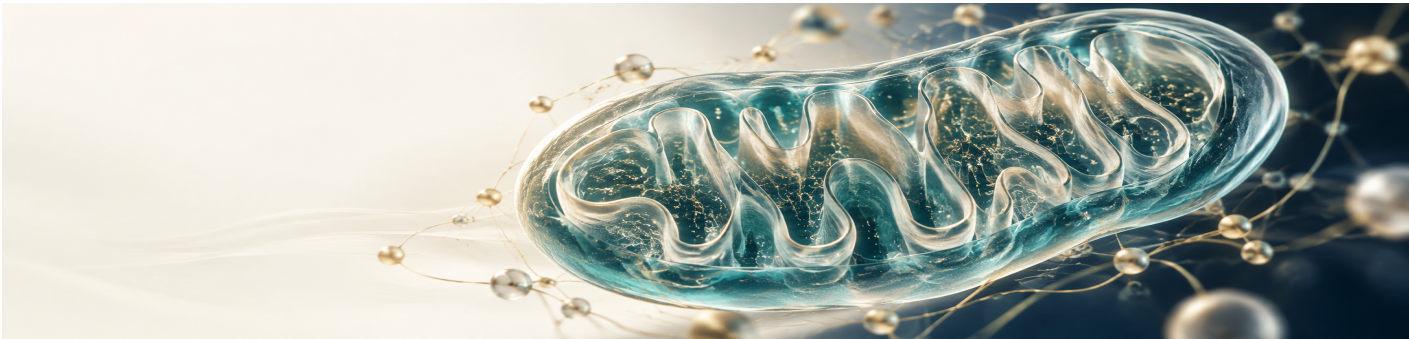


Your evidence review

Fictional example - no real patient | SAMPLE-2026-10 | October 14, 2026



YOUR SUMMARY / ENERGY SCORE

Energy Score: not calculated

All case details and option names are invented. No patient score or patient ranking is shown. This public sample uses the same report renderer as the real report.

AI synthesis for you (human review pending): This is a fictional example (E4). A lab test from 2026-08-12 shows an elevated ALT level of 58 U/L (E1), while AST and calcium were within range (E2, E3). A genetic finding is a variant of uncertain significance (VUS) in a placeholder gene (E9). Device data shows stable or slightly decreased resting heart rate (E7), and hand-grip strength was recorded in mid-2026 (E8). The medication list is incomplete (E10). Several lab results have not been matched to original source documents (E5).

FICTIONAL EXAMPLE: every case detail, test value, device reading, product name and ranking order is invented. The cover is a conceptual illustration, not patient imaging.

The real report uses this same layout and workflow. Here, three example lab values, a placeholder uncertain gene finding and invented function/device records demonstrate the sections. No original patient documents were checked.

Computer-ranked options

ALL INTERVENTIONS / INCLUDING EXPERIMENTAL AND BIOHACKING

TOP COMPUTER-RANKED OPTIONS	BOTTOM COMPUTER-RANKED OPTIONS
1. Fictional option A [EXPERIMENTAL] Biohacking / Experimental Research links: not checked for this report	1. Fictional option D [EXPERIMENTAL] Biohacking / Experimental Research links: not checked for this report
2. Fictional option B Illustrative category Research links: not checked for this report	2. Fictional option E Illustrative category Research links: not checked for this report
3. Fictional option C Illustrative category Research links: not checked for this report	3. Fictional option F Illustrative category Research links: not checked for this report

These invented option names and their illustrative order demonstrate the real report layout. They are not computed rankings or treatment suggestions.

Fictional format demonstration, not a diagnosis, treatment plan or approved patient report.

Without experimental interventions

This list leaves out experimental and biohacking options, then keeps the same computer order for the remaining choices. Options with an unknown status are left out too. Being on this list does not mean an option is approved, effective or safe for you.

TOP COMPUTER-RANKED OPTIONS	BOTTOM COMPUTER-RANKED OPTIONS
1. Fictional option B Illustrative category Research links: not checked for this report	1. Fictional option E Illustrative category Research links: not checked for this report
2. Fictional option C Illustrative category Research links: not checked for this report	2. Fictional option F Illustrative category Research links: not checked for this report

A low rank does not mean an option is harmful. Do not start or stop prescribed treatment because of these lists. Ask the prescriber how the treatment applies to your health.

What matters and what to discuss next

AI-generated synthesis - human interpretation and release review pending.

For you: This is a fictional example (E4). A lab test from 2026-08-12 shows an elevated ALT level of 58 U/L (E1), while AST and calcium were within range (E2, E3). A genetic finding is a variant of uncertain significance (VUS) in a placeholder gene (E9). Device data shows stable or slightly decreased resting heart rate (E7), and hand-grip strength was recorded in mid-2026 (E8). The medication list is incomplete (E10). Several lab results have not been matched to original source documents (E5).

For your care team: This is a fictional example case for demonstration (E4). The primary task is data verification, as three lab results from 2026-08-12, including an elevated ALT of 58 U/L, are not yet matched to source documents (E1, E5). A genetic report shows a VUS in a placeholder gene, which requires clarification with the issuing lab (E9). Device data on resting heart rate (E7) and self-reported hand-grip strength (E8) are available but have limitations. The patient's medication and supplement list is incomplete (E10). The immediate priority is to confirm the accuracy of the saved lab records before clinical interpretation (E5).

Discuss first: Three lab results from 2026-08-12 (ALT, AST, Calcium) have not been matched to their original source documents (E1, E2, E3, E5).

Why it matters: Without source verification, the accuracy of the test name, value, unit, and reference range is unconfirmed. This is a prerequisite for interpreting the results (E5).

Next step: For this fictional example, the illustrative task is to locate the original lab report and check the details for each of the three unresolved observations (E5).

Who: Patient/Clinician

Evidence: E1, E2, E3, E5

Discuss first: A genetic report from 2026-09-18 identified a heterozygous variant of uncertain significance (VUS) in a placeholder gene, "DEMO-GENE" (E9).

Why it matters: A VUS means the effect of the gene change is not known; it is not a diagnosis and its clinical relevance is unclear (E9).

Next step: Ask the clinician to inquire with the issuing laboratory whether it can review the result again and whether symptoms or family history would help clarify its significance (E5, E9).

Who: Clinician/Laboratory

Evidence: E5, E9

Discuss first: An ALT level was 58 U/L on 2026-08-12, which is above the provided reference range of 10-45 U/L (E1).

Why it matters: The ALT level is elevated based on this single, unverified record. The accuracy of the record must be confirmed before any clinical interpretation.

Next step: After verifying the result against the original source document, discuss with the clinician whether previous or follow-up measurements are available to establish a trend.

Who: Clinician

Evidence: E1, E5

Uncertainty to resolve: A genetic test identified a "variant of uncertain significance" (VUS) in a placeholder gene "DEMO-GENE" (E9).

Why it matters: By definition, it is unknown if this genetic variant has any clinical effect. It does not confirm a diagnosis (E9).

Next step: Ask the clinician to contact the issuing laboratory to see if new evidence allows for reclassification of the variant (E5, E9).

Who: Clinician/Laboratory

Evidence: E5, E9

Uncertainty to resolve: The list of current medications, supplements, and allergies is incomplete (E10).

Why it matters: Without a complete list, it is not possible to assess potential contributions to clinical findings, such as the elevated ALT, or to check for interactions.

Next step: The patient should complete a detailed list of all current medications and supplements, including doses and start dates, for review with their clinician or pharmacist (E6, E10).

Who: Patient

Evidence: E6, E10

Uncertainty to resolve: Resting heart rate data comes from two different devices with different baseline recording periods (E7).

Why it matters: Comparisons between different devices are unreliable. Missing records and changes in activity may also explain differences in readings (E7).

Next step: Keep comparisons from each device separate. When logging measurements, note the device used and any unusual circumstances (E6, E7).

Who: Patient

Evidence: E6, E7

Uncertainty to resolve: Hand-grip strength was measured on only three dates over one month in 2026 (E8).

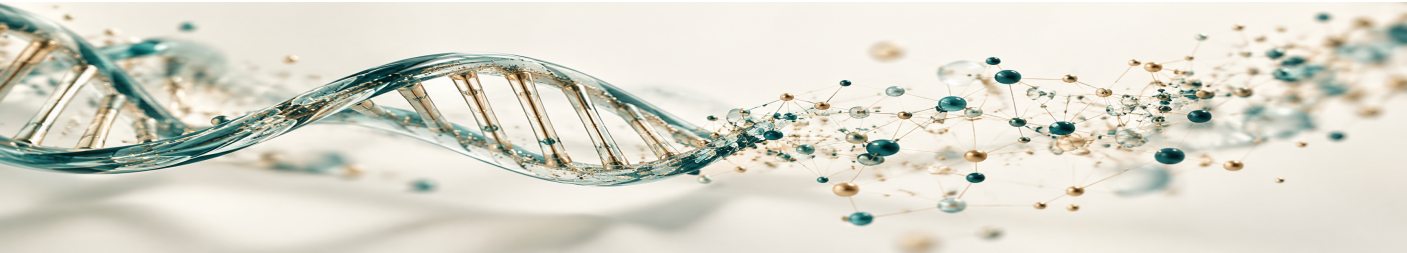
Why it matters: These infrequent measurements may not represent current ability. Technique and circumstances may have differed between measurements (E8).

Next step: If tracking strength is a priority, ask the clinician about a consistent method and schedule for measurement. A recent measurement may help clarify current ability (E8).

Who: Patient/Clinician

Evidence: E8

What the computer estimates mean



Conceptual editorial illustration; not a patient image or diagnostic finding.

This sample shows the same report design without calculating a fictional Energy Score. In the real report, the single canonical value is displayed with its date. It is a computer estimate based on saved profile information, not a measured percentage of healthy mitochondria.

EVIDENCE QUESTION	WHAT TO CHECK
Does this paper test the exact option?	A study of an ingredient in cells is indirect evidence for a complete product in people.
Who provides the product?	Commercial interests belong beside the assessment, not hidden behind a model rank.
Are the sources relevant?	Research-link counts are not counts of relevant human clinical trials.

Your next steps

Use this page as a preparation plan. The order reflects record completeness and review readiness, not medical urgency, diagnosis or treatment priority.

PRIORITY	WHAT YOUR RECORDS SHOW	CONCRETE NEXT OUTPUT
1 / Make the evidence usable	3 observations have not been matched to original source text: ALT, AST, CALCIUM.	Locate the original page for each unresolved observation. Check the test name, sample type, value, unit and lab range.
2 / Establish the timeline	Collection dates are available for the retained observations.	Group observations by collection date before discussing change over time.
3 / Prepare one focused review	1 gene result says the effect of the gene change is uncertain (VUS). This report has not changed that result.	Bring the original gene report, its reference version, your symptoms and family history. Ask what could help the laboratory review its result.

What this report brings together

3 saved lab results organized; 0 matches to original PDF text; 2 linked source documents; 1 gene results. The report keeps computer rankings separate from actual measurements and information that still needs checking.

Choose a service based on your question

YOUR QUESTION	SERVICE THAT MAY HELP	WHAT TO ASK FOR
What has actually changed?	Function + State Navigator	A summary of changes from each device, with measurement dates and missing days shown.
Which option deserves closer investigation?	Premium intervention evidence review	One option, its human evidence, relevance limits, safety questions and practical constraints. Model rank alone is insufficient.
Can my records support a clearer specialist discussion?	Reviewing gene records and original documents	A set of records with original-document references with unresolved questions and the issuing laboratory response.

Service availability depends on account access. No additional service is necessary to use the source directory, question list or preparation worksheet in this report.

Notes for your next appointment

How to start the conversation

"I have organized 2 source document(s) and 3 saved lab results. 3 observations still need source confirmation and 0 lack collection dates. I would like to resolve the question below before interpreting changes or considering options."

WRITE BEFORE THE VISIT	YOUR NOTES
My main question	
What changed, and when?	
The daily activity I most want to understand	
Current products, doses and recent changes	Attach the completed medicine and supplement worksheet later in this report.
Original record most relevant to my question	Source ID / collection date / page:

A simple way to keep records

WHEN	RECORD-KEEPING TASK	DONE WHEN
Before the next review	Choose one thing you already measure and record it the same way each time. Note the date, unit, device or method, and other changes that day.	You have written down what to measure and how.
For an initial 7-day log	Record that measurement on your usual schedule. Mark missing entries explicitly; avoid adding tests solely for this worksheet.	The log includes dates and explains missing entries.
At the review	Ask which finding needs confirmation, who owns the next step and what result would change the interpretation.	You know who will take the next step and when.
After the review	Keep corrected source records and clinician/laboratory responses with this dated PDF. Regenerate after the saved profile is updated.	The next report can distinguish corrections from changes over time.

This worksheet helps you prepare and keep records. It does not ask you to start, stop or change treatment. A seven-day record cannot prove that a treatment caused a change or works for you.

DECISION / OPEN QUESTION	WHO WILL FOLLOW UP	FOLLOW-UP DATE

What changed recently?

Saved activity and wearable summary through 2026-10-14; recorded 2026-10-14. It describes saved records; it is not a medical check-up.

The middle value (median) has half the readings above it and half below. HRV means the variation in time between heartbeats; RMSSD is one way to measure it. "ms" means milliseconds. Device readings alone do not diagnose a condition.

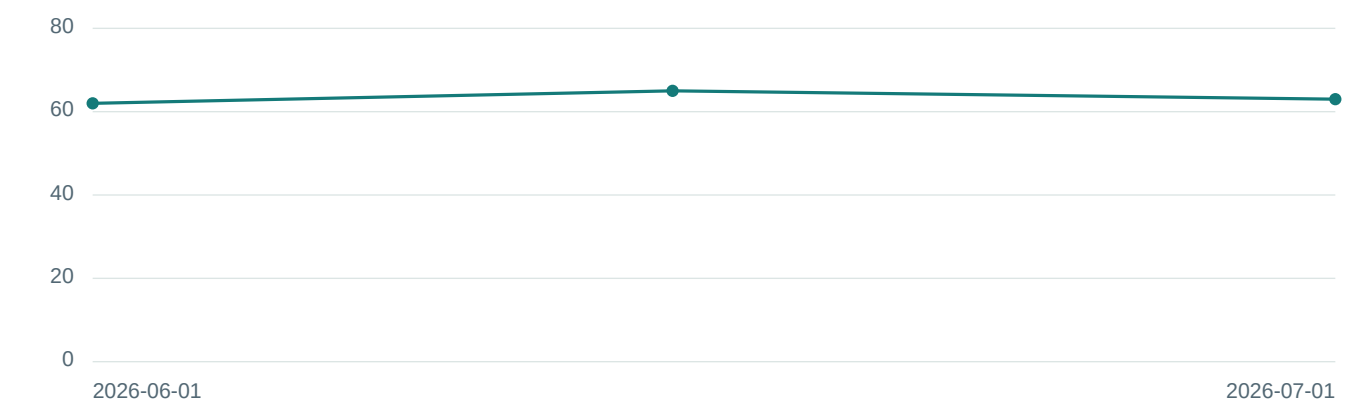
[NIH explanation of heart-rate variability](#)

MEASUREMENT / DEVICE	EARLIER MIDDLE VALUE	RECENT MIDDLE VALUE	DAYS WITH RECORDS
Resting heart rate / Fictional device A	68 beats/min	65 beats/min	7/7 recent; 28/28 baseline
Resting heart rate / Fictional device B	67 beats/min	67 beats/min	7/7 recent; 14/28 baseline

Keep from each device comparisons separate. Different time periods, missing records and changes in activity may explain differences. A day with no record does not mean you had no symptoms.

Your recorded strength and activities

3 dated strength records entered by a person were available. They describe past measurements, not today's ability, and do not replace your Energy Score.



Recorded hand-grip strength, in pounds. The line connects measurements; it does not fill in missing days. Technique and circumstances may differ.

Your saved records do not show whether a particular product or activity caused a change. No personal benefit has been assumed.

Record what you actually took or did, the amount and time, other changes that day, and how you felt or performed afterward. A recent strength measurement may help clarify your current ability.

Your gene results and questions

Mitochondria are small structures inside cells that help make energy. A variant is a difference in a gene. A variant of uncertain significance (VUS) means its effect is not known; it does not confirm a disease. Heterozygous means a change in one gene copy; homozygous means it is in both copies. A transcript number identifies the gene reference used by the laboratory.

GENE RESULT	LABORATORY RESULT / ORIGINAL DOCUMENT	QUESTION TO ASK
DEMO-GENE fictional variant	VUS (fictional); heterozygous S2 / collected 2026-09-18	Ask the laboratory whether it can review the result again and whether symptoms or family history would help. An uncertain result does not confirm a diagnosis.

No check for a newer laboratory interpretation was made. Your doctor or the issuing laboratory should check the original result. DEMO-GENE is a placeholder, not a real gene interpretation.

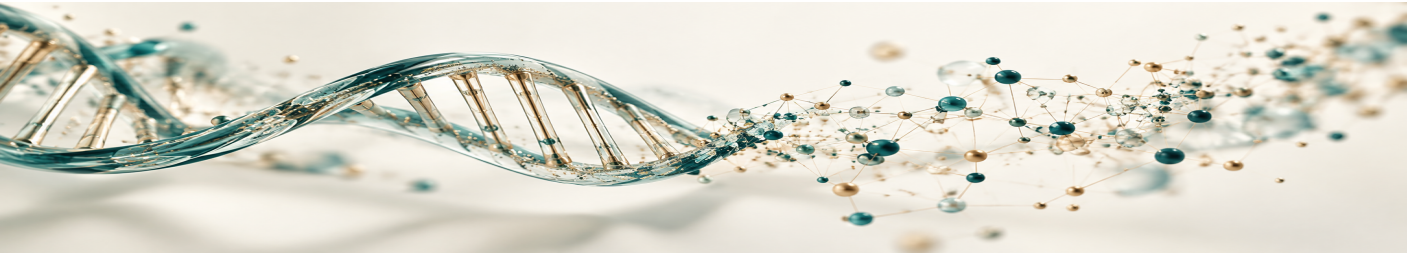
Check your medicines and supplements

The list of medicines, supplements, amounts and allergies is incomplete. We cannot say that an option is safe for you.

SELECTED ITEM	AMOUNT / PRODUCT TYPE	TIME / START DATE	TAKING NOW / SIDE EFFECTS
Current medication / supplement			

Bring product labels, prescriptions, any repeated ingredients, past reactions and recent changes to your pharmacist or doctor. This report does not ask you to change a medicine or supplement.

Other services you can use



Conceptual editorial illustration; not a patient image or diagnostic finding.

SERVICE	WHAT YOU WOULD RECEIVE	WHAT TO BRING
Function + State Navigator Measure function State Navigator (Admin/Doctor)	Sleep, heart-rate and activity changes from each device, alongside daily functioning.	Dated measurements, consistent protocol, device identity and missing-day disclosure.
Premium intervention reports Open intervention reports	Research summaries and a short list matched to your budget and available time.	Your budget, available time and research about the exact product.
Medicine and supplement check Open safety review (Admin)	A list for your pharmacist to check for duplicate ingredients and medicine interactions.	All prescriptions, ingredient lists, dose/formulation, timing, allergies and reactions.
Experiment designer Open designer (Admin)	A plan written in advance for recording an activity and any changes afterward.	One question, something you can measure, and a record of other changes. Get medical advice before changing treatment.
Reviewing gene records Open genetic reports	Records and questions for the laboratory to review again.	Original classification, gene reference version, symptoms and relevant family history.
Extra lab-based computer estimates Open organ/lab models (Admin)	An extra computer estimate that shows which lab results it uses.	Checked lab measurement, sample type, dates and units. It does not replace your Energy Score.

Availability depends on account access and the information available. These are concrete follow-up outputs, not a claim that all analyses have been completed or clinically validated.

Reading about the topics in your records

Real reports choose reading from saved topics and explain why each source may help. These public links illustrate that format. They do not validate the invented case.

EXAMPLE TOPIC	WHY THIS MAY HELP / LIMIT	READ THE SOURCE
ALT blood result	Explains an ALT blood test. It cannot establish the cause of an individual result.	MedlinePlus ALT blood test explained
Medicines and supplements	Helps prepare a professional review. It cannot confirm that a personal combination is safe.	FDA Drug interactions: questions to ask

Synthesis evidence key

E1: ALT: 58 U/L; 2026-08-12; S1; needs source confirmation

E2: AST: 29 U/L; 2026-08-12; S1; needs source confirmation

E3: CALCIUM: 9.3 mg/dL; 2026-08-12; S1; needs source confirmation

E4: Supplied case summary on the opening page

E5: Your next steps

E6: Notes for your next appointment

E7: What changed recently?

E8: Your recorded strength and activities

E9: Your gene results and questions

E10: Check your medicines and supplements

How your lab results compare

Use the range printed by the laboratory first. The published ranges below add background information; they do not replace the laboratory range or set an ideal target for you.

MEASUREMENT / DATE	RESULT CHECKED IN PDF	LAB RANGE / DOCUMENT	OTHER PUBLISHED INFORMATION
AST 2026-08-12	29 U/L	10-40 S1	8-33 U/L general interval [L1].
CALCIUM 2026-08-12	9.3 mg/dL	8.6-10.2 S1	8.5-10.2 mg/dL general interval [L1].

Read the dates before comparing

All dates and values in this sample are invented. In a real report, keep collection dates separate from upload or print dates.

A lab range comes from measurements in a comparison group. It is not a personal goal. Cholesterol targets depend on your overall heart risk, other cholesterol measurements, health history and advice from your clinician [L5].

What deserves a closer look

Use the source directory and dated inventory to see how the real report makes a result traceable.

Bring the questions and worksheet to a clinician or pharmacist. Agree on the next action, its owner and follow-up date.

Your records and collection dates

ID	SOURCE DOCUMENT / DATES	SOURCE CHECK
S1	Fictional laboratory report.pdf Collection date: 2026-08-12	Invented source label only; no real original document exists.
S2	Fictional genetic report.pdf Collection date: 2026-09-18	Invented source label only; no real original document exists.

Questions for your doctor

1. Can the laboratory that issued the original report review it again using newer medical knowledge?
2. Does the dated lab result need follow-up in my clinical context?
3. Has the issuing laboratory updated the uncertain finding?
4. Which original source records or current function measurements would best resolve the remaining uncertainty?

What remains unresolved

Fictional demonstration only. No patient inputs, live model resolution, current variant reclassification, product-specific evidence search, or clinical clearance was performed.

Details still needed: No clinical release for a fictional sample. Final approval has not been given.

All saved lab results - 3 entries

All three inventory entries below are invented. Their check label is "needs checking" because no original laboratory PDF was used. Real reports distinguish source-matched observations from values still needing confirmation.

LAB MEASUREMENT	RESULT	LAB RANGE	DOCUMENT / CHECK
ALT	58 U/L	10-45	S1 / needs checking / 2026-08-12
AST	29 U/L	10-40	S1 / needs checking / 2026-08-12
CALCIUM	9.3 mg/dL	8.6-10.2	S1 / needs checking / 2026-08-12

Where the information comes from

[B1] Richards S, Aziz N, Bale S, et al. Standards and guidelines for the interpretation of sequence variants: a joint consensus recommendation of the American College of Medical Genetics and Genomics and the Association for Molecular Pathology. Genetics in Medicine. 2015;17(5):405-424. doi:10.1038/gim.2015.30. PMID:25741868.

Guidance on how laboratories describe gene changes, including changes with an uncertain effect. It does not change the meaning of this person's result.

<https://doi.org/10.1038/gim.2015.30>

[B2] Chinnery PF. Primary Mitochondrial Disorders Overview. 2000 Jun 8 [updated 2021 Jul 29]. In: GeneReviews [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2026. NCBI Bookshelf: NBK1224. PMID:20301403.

Background on inherited mitochondrial disorders and how doctors investigate them. It does not diagnose a condition in the person receiving this report.

<https://www.ncbi.nlm.nih.gov/books/NBK1224/>

[L1] MedlinePlus. Comprehensive metabolic panel. Reviewed January 1, 2025.

General comparison intervals; laboratory-specific intervals take precedence. These are not individualized optimal targets.

<https://medlineplus.gov/ency/article/003468.htm>

[L6] FDA. Drug Interactions: What You Should Know.

Professional reconciliation of prescriptions, supplements, active ingredients, doses and relevant history.

<https://www.fda.gov/drugs/resources-drugs/drug-interactions-what-you-should-know>

Published comparison sources checked: 2026-10-14. Your uploaded PDFs are separate from these public sources. Personal records are not sent to the illustration generator.