

Testosterone Test Report

Date Presented - Feb 4, 2019

Ordering Doctor

Name: Dr. Jody Smith
License #: 00515515
UPIN #: A999Z9
NPI #: 9999999999

Patient Details

John Smith
Patient Number: 100523
DOB: Jan 1, 1980
Gender: Male
Ph: (234) 234-2343

Specimen Details

Collected: July 1, 2018
Sent: July 1, 2019
Tested: July 5, 2019
Source: Capillary Blood

Welcome To Your Results

Dear John Smith,

We received your small volume blood sample, and tested it for the presence of testosterone.

The testing platform used to produce the results described in this report has been shown to detect these biomarkers to a high level of accuracy when they are present, and to also correctly show a negative result when they are not present.

When shared with your healthcare professional, we are confident this report will provide insight to inform healthcare decisions that may improve your health and quality of life.

You and your healthcare professional can trust the science behind these results, as our lab partners have completed validation studies comparing this process to established testing methods.

For any questions about this test, please visit us at www.imaware.health or connect with us via email at support@imaware.health.

In good health,
The imaware team

Medical Advisory Team



Dr. Eleftherios Diamandis
Head of Clinical Biochemistry
at Mount Sinai Hospital



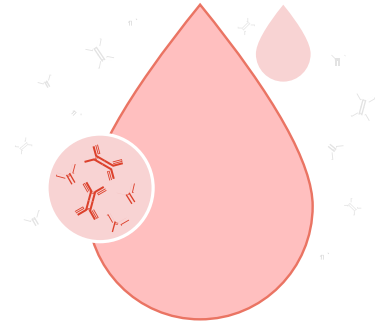
Dr. Stefano Guandalini
Professor Emeritus at
University of Chicago

Testosterone Test – Your Results Summary

John, you **appear to have low testosterone levels**
based on biomarker sampling as well as patient specific considerations.

BIOMARKER SAMPLING

A biomarker (“biological marker”) refers to a category of objective signs that indicate medical state. Elevated biomarker levels in your blood can signal the presence of a disease. We tested your blood for the presence of Testosterone (Total):



Testosterone (Total)

ABNORMAL



PATIENT SPECIFIC CONSIDERATIONS

We included specific aspects of your history and condition as part of this test in order to confirm your likelihood.

- You indicated you have not been previously tested
- You indicated you have a family hiistory of this condition

Your overall likelihood is compared to the possible scenarios

- Highly Likely
More than 60% likelihood
- Somewhat Likely
Between 25-60% likelihood
- Less Likely
Between 2- 25% likelihood
- Not Likely
Less than 2% likelihood

Somewhat Likely
Likelihood you have low Testosterone levels

Your likelihood estimate is based on biomarker sampling and preconditions:

- Your blood sample contained abnormal biomarker levels
- You indicated a pre-condition that may increase your likelihood of having this condition

Your Next Steps

Share these results with your doctor, who can review your results and provide an action plan before you make any major lifestyle changes.

If you begin to make any doctor recommended lifestyle changes, imaware™ can help you monitor the effectiveness of your lifestyle changes and treatment.

Testosterone Test - Detailed Results

The following pages provide additional information that should be shared with your healthcare professional.

DETAILED PATIENT RESULTS TABLE

Analyte	Quantitative	Qualitative	Reportable Range	Cutoff	Target Range
Testosterone, Total	180 ng/mL	Low	130 - 1500 ng/mL	240 ng/mL	240 - 950 ng/mL

PATIENT DISEASE AND SYMPTOMS STATUS

- You indicated you have not been previously tested
- You indicated you have a family history of this condition
- You indicated you do currently smoke

Testosterone Test - Detailed Scientific Validation

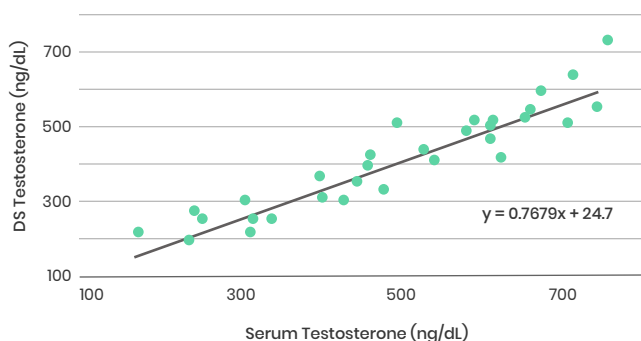
imaware™ tests are tested to be highly accurate and precise. The following data can be reviewed by your medical professional to better understand the validity of the imaware test.

TOTAL TESTOSTERONE TEST - SCIENTIFIC VALIDATION

Accuracy

Paired serum and dried serum spot samples containing varying concentrations of Testosterone were tested. Testosterone concentrations observed for the dried serum samples versus serum (Enhanced chemiluminescence immunoassay method) were statistically analyzed by simple regression:

N=35		
Correlation Coefficient	0.89	
Slope	0.77	
Intercept	24.7	
	DSS Testosterone	Comparable Serum Method
Mean Testosterone	379.8	462.3
Standard Deviation of Range	137.7	166.1



Testosterone Test – Additional Information

SCIENTIFIC REFERENCES

1. Livingston M, Kalansooriya A, Hartland AJ, Ramachandran S, Heald A. Serum testosterone levels in male hypogonadism: Why and when to check-A review. *Int J Clin Pract.* 2017;71(11):e12995. doi:10.1111/ijcp.1299
2. Should Family Physicians Screen for Testosterone Deficiency in Men? Yes: Screening
Joel J. Heidelbaugh, MD, University of Michigan Medical School, Ann Arbor, Michigan; *Am Fam Physician.* 2015 Feb 15;91(4):220-221.
3. McBride JA, Carson CC 3rd, Coward RM. Testosterone deficiency in the aging male. *Ther Adv Urol.* 2016;8(1):47-60. doi:10.1177/175628721561296
4. Crawford ED, Barqawi AB, O'Donnell C, Morgentaler A.; The association of time of day and serum testosterone concentration in a large screening population. *BJU Int.* 2007 Sep;100(3):509-13. Epub 2007 Jun 6.

PERFORMING LABORATORY INFORMATION

- Patient Sample was performed on July 5, 2019 by CoreMedica Labs.
- CLIA Number 26D2013888 CAP Accreditation 7537862
- Lab Location: 200 NE Missouri, Ste 302, Lees Summit, MO, 64081
- Lab Director: Dr. Cristian Saez, Ph.D.

TEST NOTES AND LIMITATIONS

- These test results should be shared with your healthcare provider
- This test is not to diagnose any health condition - only your healthcare provider can make that determination, in light of your overall health history and the results of other testing they may decide to order
- Please consult your healthcare provider before making any dietary changes