DEMO DEMO

Name: DEMO DEMO
Date of Birth: 11-12-1990
Biological Sex: Male
Age: 35
Height: 64 inches
Weight: 160 lbs
Fasting:

Telephone: 000-000-0000
Street Address:
Email:

FINAL REPORT

Accession ID: 2475749138

Provider Information

Practice Name: DEMO CLIENT, MD
Provider Name: DEMO CLIENT, MD
Phlebotomist: 0

Telephone: 000-000-0000
Address: 3521 Leonard Ct, Santa Clara, CA 95054

Report Information

Current Result | Previous Result | In Control | Moderate | Risk

Specimen Information

Sample Type	Collection Time	Received Time	Report	Final Report Date
Serum	2026-01-15 10:00 (PST)	2026-01-15 16:39 (PST)	Neural Zoomer - P2	2026-01-16 09:48 (PST)

VibrantWellness
3521 Leonard Ct, Santa Clara, CA 95054
1-866-364-0963 | support@vibrant-america.com | www.vibrant-wellness.com

VibrantWellness

Neural Zoomer

Your Neural Health Report

Optical and Autonomic Nervous System Disorders — Pg 4

Peripheral Neuropathy — Pg 4

Neuromuscular disorders — Pg 4

Brain Autoimmunity — Pg 4

Infections — Pg 5

Neural Zoomer

INTRODUCTION

Vibrant Wellness is pleased to present Neural Zoomer testing to support healthy lifestyle choices in consultation with your healthcare provider. The Neural Zoomer identifies IgG, IgA, and IgM antibodies across multiple categories related to nervous system function, including Brain Inflammation, Peripheral Neuropathy, Blood-Brain Barrier Disruption, Brain Autoimmunity, Neuromuscular Disorders, Demyelination Antigens, Optical and Autonomic Nervous System Disorders, and Infections. Results are intended to be interpreted by healthcare providers to guide personalized wellness strategies based on immune reactivity across the nervous system.

Methodology

The Neural Zoomer test is a semiquantitative assay that detects IgG, IgA, and IgM antibodies in human serum/DBS for the neural antigens with multiplexed chemiluminescence immunoassay (CLIA) methodology.

Interpretation of Report

The Vibrant Neural Zoomer test is a semiquantitative assay that detects IgG, IgA, and IgM antibodies in human serum/DBS for the neural antigens with multiplexed chemiluminescence immunoassay (CLIA) methodology. The Vibrant ApoE genetics test uses real-time PCR methodology. DNA is extracted and purified from blood/saliva samples and a SNP (single nucleotide polymorphism) genotyping assay is performed using real-time PCR to detect the specific allele target.

The Neural Zoomer summary page provides concise information on the list of antigens with antibody titers that are outside the normal reference range. Reference ranges have been established using 2000 healthy adults over 18 years of age, and pediatric reference ranges are not available. Vibrant utilizes proprietary reporter-based analysis, which is designed to assay specific total IgG (subclasses 1, 2, 3, 4), total IgA (subclasses 1, 2), and total IgM antibodies. Additionally, the previous value (if available) is also indicated to help check for improvements every time the test is ordered.

This is followed by a complete list of all antigens tested, including IgG+IgA and IgM antibody titers. A classification of Green denotes a results that is within the normal reference range, the classification of Yellow denotes a result that is moderately elevated titer with respect to the reference range and the classification of Red denotes a result that is elevated with respect to the normal reference range. The reference metric is listed to the right of the reference range. The previous and current result are listed to the left of the reference range. (result example illustration below)

Please note: It is important that you discuss any modifications to your diet, exercise, and nutritional supplementation with your healthcare provider before making any changes.

Neural Zoomer - Summary

Neural Zoomer

Reference Range: In Control: ≤10 | Moderate: 10.1-20 | Risk: >20

Optical and Autonomic Nervous System Disorders	Current (IgG + IgA)	Current IgM	Previous (IgG + IgA)	Previous IgM
Anti-Recoverin	15.7	4.1		

Recoverin is a member of the neuronal calcium sensor (NCS) protein family. It is present in the outer segments of photoreceptors (specialized cells for vision) present in the retina. Thus, recoverin is important for vision. Autoantibodies against recoverin are associated with various disorders, including retinal dysfunction associated with early-stage diabetes and cancer-associated retinopathy. Retinopathy is characterized by impaired vision and photosensitivity.

Peripheral Neuropathy	Current (IgG + IgA)	Current IgM	Previous (IgG + IgA)	Previous IgM
Anti-Ri	19.5	4.3		

Patients with anti-Ri autoantibodies show symptoms such as difficulty in walking or swallowing, loss of muscle tone, loss of fine motor coordination, slurred speech, memory loss, vision problems, sleep disturbances, dementia, seizures, sensory loss in the limbs, and vertigo or dizziness. Progression of these symptoms can lead to paraneoplastic syndromes (conditions caused due to the body's response to cancer). The antineuronal anti-Ri antibody is also seen to be associated with neurological disorders such as opsoclonus/myoclonus (autoimmune disorder associated with involuntary eye movement, muscle jerks, and loss of balance) and cerebellar ataxia (loss of coordination due to damaged or dysfunctional cerebellum).

Anti-Amphiphysin	14.8	7.0		

Amphiphysin is a membrane protein that is located at nerve terminals. Amphiphysin antibodies affect the retrieval of membrane constituents after neurotransmitter exocytosis (transport of molecules out of the cell). Amphiphysin antibodies are seen in stiff person syndrome (also known as Moersch-Woltman) which is characterized by fluctuating muscle rigidity in the trunk and limbs, heightened sensitivity to stimuli such as noise and touch, and excessive muscle spasms. Amphiphysin antibodies are also seen to be associated with cerebellar degeneration (death of neurons in the cerebellum), myelopathy (injury to the spinal cord resulting in pain and numbness), and neuropathy (nerve damage resulting in pain and numbness).

Neuromuscular disorders	Current (IgG + IgA)	Current IgM	Previous (IgG + IgA)	Previous IgM
Anti-Acetylcholine receptors	12.1	5.5		

Acetylcholine receptors (AChR) are present at nerve terminals, especially at the neuromuscular junction. They get activated by the neurotransmitter acetylcholine which helps in nerve conduction and brings about muscle action. Anti-acetylcholine antibodies interfere with muscle function and cause muscle weakness. Studies reveal that serum anti-AChR usually has an inverse relationship to muscle strength. Anti-AChR antibody is associated with myasthenia gravis (MG) which is characterized by weakness in muscles, fatigue, double vision, difficulties with speech and chewing. Anti-AChR antibody can also lead to restricted ocular myasthenia which affects the muscles that move the eyes and eyelids, resulting in blurry vision and drooping eyelids.

Brain Autoimmunity	Current (IgG + IgA)	Current IgM	Previous (IgG + IgA)	Previous IgM
Anti-Purkinje cell	11.8	8.0		

Purkinje cells are neurons of the cerebellar cortex. They play pivotal roles in coordination, control, and learning of movements. Most Purkinje neurons release a neurotransmitter called GABA (gamma-aminobutyric acid), which exerts inhibitory actions on neurons and thereby reduces the transmission of nerve impulses. Antibodies to Purkinje cells are associated with paraneoplastic cerebellar degeneration (cancer- associated immune response affecting the cerebellar neurons resulting in their death) which is characterized by unsteady gait, double vision, and difficulty with fine hand movements. These symptoms can progress to give rise to cerebellar ataxia (loss of coordination due to damaged or dysfunctional cerebellum).

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Brain Autoimmunity	Current (IgG + IgA)	Current IgM	Previous (IgG + IgA)	Previous IgM
Anti-Amyloid beta (1-42)	13.8	4.5		

Amyloid-beta (1-42) is a major component of senile plaques in the brains of patients with Alzheimer's disease (AD). AD, one of the most common neurodegenerative brain diseases, is characterized by plaque formation. These plaques consist of amyloid-beta (Aβ) peptides. Patients might experience symptoms like memory loss, mental confusion, and cognitive impairment. Antibodies to Aβ (1-42) may contribute to onset and progression of AD and other neurodegenerative disorders.

Anti-Tau	11.9	3.8		

Alzheimer's disease (AD) is one of the most common neurodegenerative brain diseases, which is characterized by the aggregation of amyloid-beta (Aβ) plaques and neurofibrillary tangles (NFTs). Tau is a structural protein that stabilizes microtubules present in neurons. While plaque formation is caused by the deposition of Aβ proteins, NFTs are formed by the deposition of abnormal tau protein which has undergone a chemical change. These protein aggregates are seen to get accumulated in the regions of the brain associated with learning and memory. As a result, AD patients suffer from memory loss, mental confusion, and cognitive impairment. Anti Tau protein antibodies have been found to decline in AD in comparison to healthy subjects.

Anti-Alpha-synuclein	17.0	5.6		

The neural protein alpha-synuclein helps in the regulation of neural impulse transmission across the synapse (the gap between two neurons that allows nerve impulse passage). Its aggregation plays a major role in the pathogenesis of Parkinson's disease (PD). Antibodies against alpha-synuclein are seen to be associated with synucleinopathies including PD, PD dementia, dementia with Lewy bodies, and multiple system atrophy (neurodegeneration that affects multiple areas in the brain).

Infections	Current IgG	Current IgM	Previous IgG	Previous IgM
Epstein Barr Virus EBNA1	>30	6.7		

The Epstein-Barr virus (EBV) infection is characterized by symptoms like extreme fatigue, fever, sore throat, head and body aches, swollen lymph nodes in the neck and armpits, swollen liver and/or spleen, and rash. Severe progression of this condition can lead to various central nervous system complications including encephalitis (brain inflammation), meningitis (inflammation of the covering of the brain and spinal cord) , cerebellitis (inflammation of the cerebellum), acute disseminated encephalomyelitis (inflammation and damage to the myelin sheath), transverse myelitis (spinal cord inflammation across its entire width), and radiculopathy (pinched nerve). Silent EBV infection is seen to be involved in the pathogenesis of multiple sclerosis.

Cytomegalovirus GlyB	11.4	7.5		

Cytomegalovirus (CMV) infection is a common herpes virus infection. It can cause mild illness with symptoms like fever, sore throat, fatigue, and swollen glands. However, individuals with weakened immune systems are likely to suffer from symptoms affecting the eyes, lungs, liver, esophagus, stomach, and intestines. Severe conditions of CMV infection can affect the central nervous system leading to encephalitis (brain inflammation), myelitis (inflammation of the spinal cord), and retinitis (inflammation of the retina). Also, Guillain-Barré syndrome is frequently associated with the presence of CMV-specific antibodies.

Neural Zoomer - Summary

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Infections	Current IgG	Current IgM	Previous IgG	Previous IgM
Cytomegalovirus p52	15.9	3.8		

Cytomegalovirus (CMV) infection is a common herpes virus infection. It can cause mild illness with symptoms like fever, sore throat, fatigue, and swollen glands. However, individuals with weakened immune systems are likely to suffer from symptoms affecting the eyes, lungs, liver, esophagus, stomach, and intestines. Severe conditions of CMV infection can affect the central nervous system leading to encephalitis (brain inflammation), myelitis (inflammation of the spinal cord), and retinitis (inflammation of the retina). Also, Guillain-Barré syndrome is frequently associated with the presence of CMV-specific antibodies.

Epstein Barr Virus p18	15.7	6.8		

The Epstein-Barr virus (EBV) infection is characterized by symptoms like extreme fatigue, fever, sore throat, head and body aches, swollen lymph nodes in the neck and armpits, swollen liver and/or spleen, and rash. Severe progression of this condition can lead to various central nervous system complications including encephalitis (brain inflammation), meningitis (inflammation of the covering of the brain and spinal cord) , cerebellitis (inflammation of the cerebellum), acute disseminated encephalomyelitis (inflammation and damage to the myelin sheath), transverse myelitis (spinal cord inflammation across its entire width), and radiculopathy (pinched nerve). Silent EBV infection is seen to be involved in the pathogenesis of multiple sclerosis.

Epstein Barr Virus p23	14.0	7.4		

The Epstein-Barr virus (EBV) infection is characterized by symptoms like extreme fatigue, fever, sore throat, head and body aches, swollen lymph nodes in the neck and armpits, swollen liver and/or spleen, and rash. Severe progression of this condition can lead to various central nervous system complications including encephalitis (brain inflammation), meningitis (inflammation of the covering of the brain and spinal cord) , cerebellitis (inflammation of the cerebellum), acute disseminated encephalomyelitis (inflammation and damage to the myelin sheath), transverse myelitis (spinal cord inflammation across its entire width), and radiculopathy (pinched nerve). Silent EBV infection is seen to be involved in the pathogenesis of multiple sclerosis.

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Neural Zoomer - All Markers

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Demyelination Antigens	Current (IgG + IgA)	Current IgM	Previous (IgG + IgA)	Previous IgM
Anti-Tubulin	4.6	6.0		
Anti-Myelin basic protein	6.6	5.2		
Anti-Myelin oligodendrocyte glycoprotein	5.4	5.4		
Anti-Myelin proteolipid protein	3.1	5.5		
Anti-Neurofascin	4.3	6.2		
Anti-MAG	4.2	6.9		

Blood Brain Barrier Disruption	Current (IgG + IgA)	Current IgM	Previous (IgG + IgA)	Previous IgM
Anti-s100b	6.1	5.9		
Anti-Glial fibrillary acidic protein	2.1	5.8		
Anti-Microglia	9.5	8.2		
Anti-Glucose regulated protein 78	3.6	5.0		

Optical and Autonomic Nervous System Disorders	Current (IgG + IgA)	Current IgM	Previous (IgG + IgA)	Previous IgM
Anti-Neuron specific enolase	3.1	6.2		
Anti-Aquaporin4	2.3	5.3		
Anti-Recoverin	15.7	4.1		
Anti-CV2	7.9	5.1		

Peripheral Neuropathy	Current (IgG + IgA)	Current IgM	Previous (IgG + IgA)	Previous IgM
Anti-GM1	2.2	4.3		
Anti-GM2	0.6	4.1		
Anti-Hu	4.5	5.2		
Anti-Ri	19.5	4.3		
Anti-Amphiphysin	14.8	7.0		

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Neuromuscular disorders	Current (IgG + IgA)	Current IgM	Previous (IgG + IgA)	Previous IgM
Anti-Acetylcholine receptors	12.1	5.5		
Anti-Muscle specific kinase	2.9	7.3		
Anti-Voltage gated calcium channels	2.3	3.7		
Anti-Voltage gated potassium channels	0.7	6.5		
Anti-Titin	4.0	5.1		
Brain Autoimmunity	**Current (IgG + IgA)**	**Current IgM**	**Previous (IgG + IgA)**	**Previous IgM**
Anti-Cerebellum	4.3	6.0		
Anti-Purkinje cell	11.8	8.0		
Anti-Yo	4.2	4.5		
Anti-Amyloid beta (25-35)	3.3	4.2		
Anti-Amyloid beta (1-42)	13.8	4.5		
Anti-RAGE peptide	9.7	4.9		
Anti-Tau	11.9	3.8		
Anti-Glutamate	3.2	6.6		
Anti-Dopamine	5.0	4.8		
Anti-Hydroxytryptamine	7.3	5.4		
Anti-Alpha-synuclein	17.0	5.6		
Anti-α1 and β2 adrenergic receptors	4.8	4.8		
Anti-Endothelin A receptor	1.7	4.1		
Brain Inflammation	**Current (IgG + IgA)**	**Current IgM**	**Previous (IgG + IgA)**	**Previous IgM**
Anti-NMDA receptor	2.6	5.4		
Anti-AMPA receptor	4.6	7.3		
Anti-GABA receptors	3.7	5.8		

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Brain Inflammation	Current (IgG + IgA)	Current IgM	Previous (IgG + IgA)	Previous IgM
Anti-Dipeptidyl aminopeptidase like protein 6	3.5	4.3		
Anti-Glycine receptor	0.5	4.3		
Anti-Neurexin 3	6.3	4.1		
Anti-Contactin-Associated Protein-like 2 Antibodies	0.5	3.3		
Anti-Leucine-rich glioma-inactivated protein 1 (Anti-LGI1)	5.3	5.5		
Anti-Ma	3.5	3.9		
Anti-Dopamine receptor 1	1.0	5.1		
Anti-Dopamine receptor 2	7.0	4.3		

Infections	Current IgG	Current IgM	Previous IgG	Previous IgM
Cytomegalovirus EIA Antigen	5.9	5.5		
Cytomegalovirus GlyB	11.4	7.5		
Cytomegalovirus p150	7.3	5.2		
Cytomegalovirus p28	5.9	2.5		
Cytomegalovirus p52	15.9	3.8		
Cytomegalovirus p65	1.8	5.0		
Cytomegalovirus p38	8.0	7.3		
Epstein Barr Virus EA Antigen	5.6	1.8		
Epstein Barr Virus EBNA1	>30	6.7		
Epstein Barr Virus VCA gp125	9.0	3.9		
Epstein Barr Virus p18	15.7	6.8		
Epstein Barr Virus p23	14.0	7.4		
HSV-1	0.7	7.2		
HSV-2	3.4	6.0		

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Neural Zoomer - All Markers

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Infections	Current IgG	Current IgM	Previous IgG	Previous IgM
HHV-6	1.0	6.5		
HHV-7	3.4	3.1		
Streptococcal A	4.2	6.1		

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All laboratory testing is performed by Vibrant America LLC, a CLIA-certified (No. 05D2078809) and CAP-accredited (No. 8970308-01) clinical laboratory (address: 3521 Leonard Ct, Santa Clara, CA 95054). Testing is conducted only upon the order of a licensed healthcare professional. Biological specimens are collected from patients by, or at the direction of, the ordering healthcare professional.

This test is a laboratory-developed test (LDT) that has been designed, manufactured, validated and performed by Vibrant in accordance with applicable federal and state laboratory regulations. This test has not been reviewed or approved by the U.S. Food and Drug Administration (FDA). Certain individual analytes within this test may be measured using FDA approved assays.

The informational content (including summaries, descriptions, images, and other materials) included in this report is based on publicly available scientific literature and for informational purposes only. This content and test results do not replace medical advice from a qualified healthcare professional. Test results are intended for use by healthcare professionals and must be interpreted based on their knowledge of the patient's clinical history and presentation. Any wellness, nutritional, or dietary recommendations, diagnoses of medical conditions, or treatment decisions based on these results are made at the discretion and responsibility of the healthcare professional.

Vibrant assumes no responsibility or liability arising from the use or interpretation of test results by the healthcare professional.

Risk and Limitations

This test has been developed and its performance characteristics determined by Vibrant America LLC., a CLIA certified lab and Vibrant Genomics, a CLIA certified lab. These assays have not been cleared or approved by the U.S. Food and Drug Administration. Vibrant Wellness provides additional contextual information on these tests and provides the report in a more descriptive fashion.

Vibrant Neural Zoomer panel does not demonstrate absolute positive and negative predictive values for any condition.

Vibrant Neural Zoomer panel testing is performed at Vibrant America, a CLIA certified laboratory utilizing ISO-13485 developed technology and Vibrant Genomics, a CLIA certified laboratory. Vibrant America and Vibrant Genomics have effective procedures in place to protect against technical and operational problems. However, such problems may still occur. Examples include failure to obtain the result for a specific test due to circumstances beyond Vibrant's control. Vibrant may re-test a sample to obtain these results but upon re-testing the results may still not be obtained. As with all medical laboratory testing, there is a small chance that the laboratory could report incorrect results. A tested individual may wish to pursue further testing to verify any results.

Genetic testing is helpful in analyzing the risk of various diseases. However, it is important to note that Genetic risk determinants are neither necessary nor sufficient for the development of diseases. Environmental and lifestyle risk factors could also affect the risk of disease development. Results from genetic analysis should always be interpreted along with clinical findings on the individual. Genetic testing evaluates only for the genotypes indicated; it does not test for other genetic abnormalities found elsewhere in the genome. Different genetic variants can be tested by different genetic labs to evaluate the risk for a particular disease, depending on what is tested, genetic risk may not be comparable between labs. It should be realized that there are possible sources of error like any lab testing which include sample misidentification, trace contamination of PCR reactions, technical errors and rare genetic variants that may interfere with analysis.

Some individuals may feel anxious about getting their genetic test health results. If the potential user feels very anxious, such user should speak to his or her doctor or other health care professional prior to collection of a sample for testing. Users should consult with their doctor or other health care professional if they have any questions or concerns about the results of their test or their current state of health. Users of the test are also encouraged to discuss their test results with a genetic counselor, board-certified clinical molecular geneticist, or equivalent health care professional.

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