

EVER PRECISION · RESULTS REPORT

What your body is *telling* you.

Personalized insights from lifestyle, blood markers, DNA and microbiome, brought together into one picture and concrete next steps.

PREPARED FOR

Marie Muster

REPORT NO.

EP-2026-0615

FINALIZED ON

June 15, 2026

SCIENTIFIC REVIEW

Reiner Kraft, Ph.D.

Six chapters. One picture of your health.

This report brings your lifestyle, blood, DNA and microbiome analyses together into one picture and leads into concrete next steps. It is your personal health, lifestyle and longevity orientation, not a medical diagnosis.

01	Summary & Focus Areas	P. 04
	Your overall picture and the three threads running through all four analyses.	
02	Lifestyle Analysis	P. 06
	Metabolism, minerals, vitamins, immune system, recovery and nutrition, based on your own answers.	
03	Blood Markers	P. 12
	Two lab results over time (March 2025 → January 2026), placed in functional context.	
04	DNA Analysis	P. 19
	Your genes as a system profile: methylation, iron, thyroid, inflammation and more.	
05	Microbiome Analysis	P. 26
	Diversity, key bacteria and the axes connecting your gut to immunity, metabolism and brain.	
06	Take Action & Recommendations	P. 30
	Concrete next steps across nutrition, sleep, movement and supplements, with scientific sources.	

YOUR DATA

Your personal starting point.

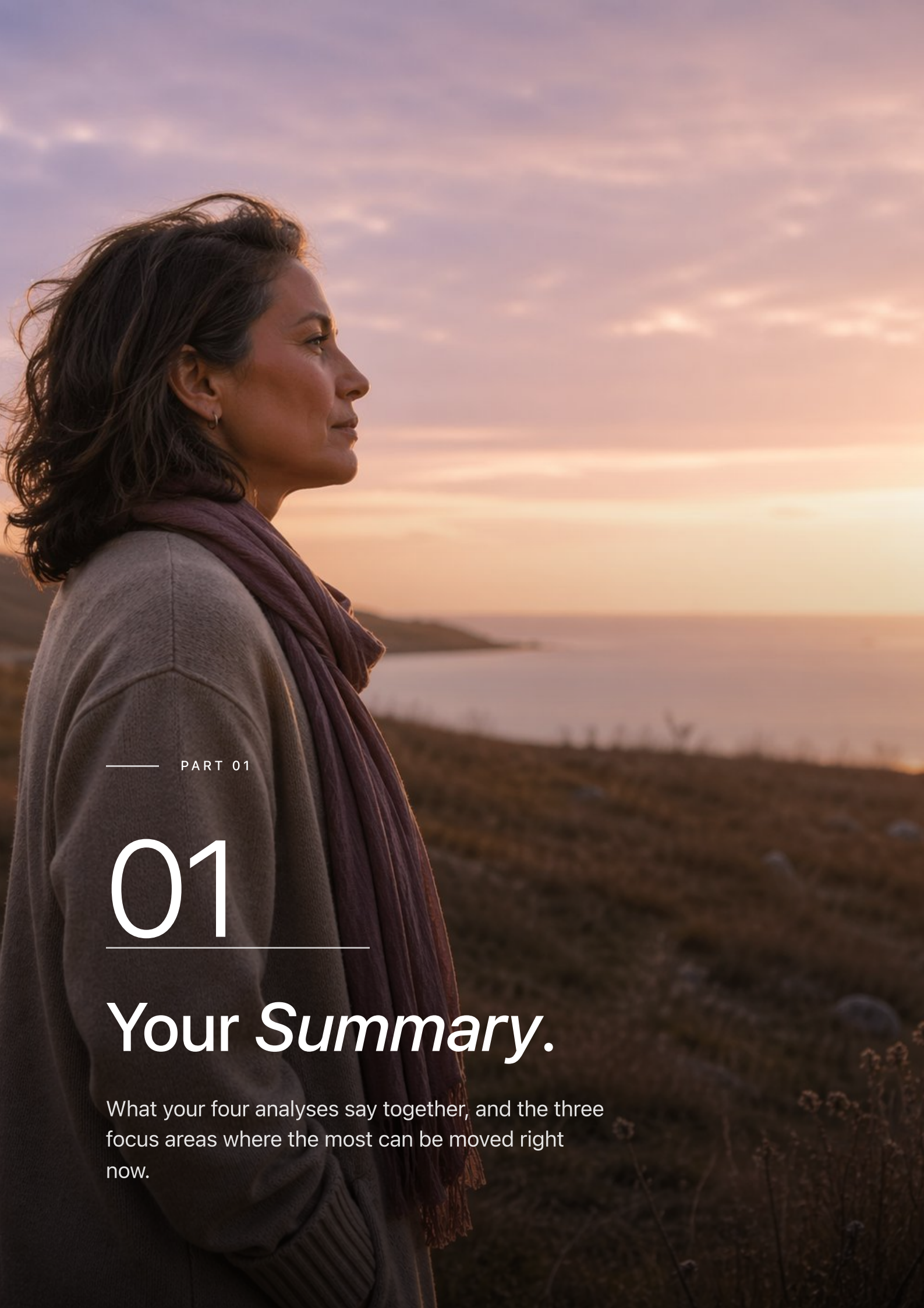
This report is your personal health, lifestyle and longevity orientation. It is not a medical diagnosis and does not replace a conversation with your doctor. The lifestyle assessment is based on your own answers and is complemented by your lab results and the review of your EVER expert.

NAME	Marie Muster	AGE / DATE OF BIRTH	42 (September 8, 1983)
SEX	female	HEIGHT / WEIGHT	168 cm / 64 kg
BMI	22.7	DIET	mixed diet, little meat
MAIN GOALS	Energy & focus · Stress & recovery · Immune system	MEDICATION	none (self-reported)
REPORT DATE	June 15, 2026	LAB RESULTS	two measurements: March 2025 and January 2026

REPORT STATUS

- Lifestyle
- Blood markers
- DNA
- Microbiome
- Take Action

All four analyses are available. Finalized on June 15, 2026.

A woman with dark, wavy hair is shown in profile, looking out over a vast landscape at sunset. She is wearing a grey sweater and a dark purple scarf. The background features a body of water, distant hills, and a sky with soft, orange and pink clouds. The overall mood is contemplative and serene.

— PART 01

01

Your *Summary.*

What your four analyses say together, and the three focus areas where the most can be moved right now.

Strong foundation, three connected themes.

Marie, your overall picture is genuinely good in many areas: your blood sugar is stable, your blood lipids are exemplary, and your nutrition is a real strength. Across all four analyses, however, three themes emerge that are connected and that hold back your everyday energy. Those are exactly what we turn into your focus areas.

01

Focus

Iron stores & energy

Your ferritin, meaning your iron storage, has fallen from 18 to 14 and sits below the target range, while your hemoglobin is still normal. This is precisely the stage before anemia and explains fatigue and reduced focus very well. You have no genetic iron overload according to HFE, but your TMPRSS6 variant favors lower stores.

Ferritin 14

TMPRSS6

Hemoglobin 12.7

02

Focus

Thyroid, selenium & stress axis

Your TSH has risen to 3.6, your active FT3 sits in the lower normal range, and your selenium is too low at 68. On top of that, your morning cortisol is elevated. Your DIO2 variant makes the conversion of T4 into active T3 less efficient, which is why selenium and iodine matter especially for you.

TSH 3.6

FT3 low

DIO2

Selenium 68

03

Focus

Methylation, gut & silent inflammation

Your homocysteine is slightly elevated at 12.1, matching your slow MTHFR 677 TT variant and your marginal B12 and folate levels. In parallel, your microbiome shows few butyrate producers, and your CRP has edged upward. These three are closely linked and can be addressed together.

Homocysteine 12.1

MTHFR 677 TT

F. prausnitzii

How to approach these three focus areas in practice is bundled in Part 06, Take Action.

02

PART 02

Lifestyle *Analysis*.

Sleep, stress, movement, nutrition: the foundation on which every biological recommendation depends.

Six areas, your self-assessment.

This assessment is based on your own answers from the questionnaire, so these are self-assessments for orientation, not clinical findings. It shows where your habits already carry you and where a targeted lever moves a lot.

Metabolism & energy		6/10
Minerals & trace elements		7/10
Vitamins & supply		6/10
Immune system		7/10
Recovery, stress & sleep		4/10
Nutrition & lifestyle		8/10

Your nutrition carries you, and that is a real strength. The biggest lever sits with recovery and sleep, exactly where your cortisol value comes in later.

Metabolism & minerals.

3.1 Metabolism & energy

● 6/10

Why this matters: A stable metabolism keeps your energy even across the day. When it fluctuates, it shows up as dips, fatigue or fading focus.

How it works: Your energy is produced in the mitochondria, tiny power plants in almost every cell. They need three things: fuel from food, oxygen carried by the iron in your blood, and a suitable pace set by your thyroid. If one of these is missing, energy drops even when blood sugar is fine.

YOUR RESULTS

Your blood sugar is stable, and your lab results confirm this later. What stands out is the pattern across the day: a clear afternoon dip (4/10), fading concentration toward the evening (5/10) and a slow start in the morning (4/10). Cravings, by contrast, are barely an issue (8/10). This picture fits less with a sugar problem and more with oxygen transport and thyroid function. We look at both closely in the blood chapter.

3.2 Minerals & trace elements

● 7/10

Why this matters: Minerals and trace elements steer muscles, nerves and your energy metabolism. Even small shifts become noticeable in everyday life.

How it works: Magnesium and potassium act as electrolytes and help muscles and nerves let go. Iodine and selenium are specialists: iodine is the building block of thyroid hormones, selenium the helper that converts the storage hormone T4 into its active form T3.

YOUR RESULTS

You get magnesium (8/10) and potassium (8/10) regularly, and muscle cramps are rare (8/10). Two points fall off noticeably: iodine-rich foods such as sea fish or seaweed are rarely on your plate (4/10), and selenium sources such as Brazil nuts almost never (2/10). These two are precisely the cofactors of your thyroid, and your blood selenium level confirms this later.

Vitamins & immune system.

3.3 Vitamins & supply

● 6/10

Why this matters: Vitamin D, the B vitamins and omega-3 are levers that support energy, nerves and the immune system.

How it works: Vitamin D acts almost like a hormone and docks onto many cells. The B vitamins folate, B12 and B6 are the fuel of methylation, a core process that breaks down homocysteine among other things. Omega-3 fatty acids are building blocks of your cell membranes and help regulate inflammation.

YOUR RESULTS

You have supplemented vitamin D regularly since winter (9/10), which shows clearly in your blood. The picture is thinner for the B vitamins: you rarely eat meat (3/10) and green leafy vegetables only irregularly (5/10). Fish is rare on your plate as well (3/10), so omega-3 is limited too. Since you also carry a slow methylation variant, we bring this topic together in the DNA and blood chapters.

3.4 Immune system

● 7/10

Why this matters: A stable immune system and quick recovery show how well your body repairs itself.

How it works: Immune cells renew constantly and need building blocks such as zinc, iron and vitamin D. A large share of the immune system also sits in the gut lining, which is why gut flora and defense are closely connected. Ongoing stress shifts this balance further.

YOUR RESULTS

Solid overall: you rarely fall ill (8/10), and wounds heal well (8/10). Two signals fit the bigger picture, though. During stressful phases you catch infections more often (5/10), and recovery afterward takes longer than it used to (4/10). This points less to a weak immune system than to missing recovery reserves, and those are exactly your next area.

Recovery & nutrition.

3.5 Recovery, stress & sleep

● 4/10

Why this matters: Sleep and recovery are the foundation. Without them, even the best measures work only halfway.

How it works: Sleep is active repair time. At night your body lowers the stress hormone cortisol, cells repair themselves during deep sleep and the brain clears out. If stress stays high, cortisol stays elevated, and waking in the early morning hours is typical. Caffeine extends this effect when it is broken down slowly.

YOUR RESULTS

This is your biggest lever. You sleep 6 to 6.5 hours (3/10), wake regularly between two and three in the morning (3/10) and rarely feel rested (4/10). Your stress level is high (3/10), with work and family as the main sources, and switching off in the evening is difficult (4/10). One detail fits perfectly: your last coffee is often around 4 p.m., and your genes break caffeine down slowly. Your elevated morning cortisol completes the picture.

3.6 Nutrition & lifestyle

● 8/10

Why this matters: What you eat and how you move is the largest daily lever on energy, weight and longevity.

How it works: Whole foods deliver micronutrients and fiber. Fiber is the food of your gut bacteria, which turn it into short-chain fatty acids such as butyrate, the preferred fuel of your gut lining. Movement acts as a second lever and builds new mitochondria.

YOUR RESULTS

This is your clear strength. You mostly cook fresh (9/10), avoid heavily processed products (9/10) and do not smoke. Vegetables are well represented (8/10), and you rarely drink alcohol (9/10). One point remains open: fiber could be higher (6/10), especially legumes and whole grains. That is exactly what your microbiome results pick up later. You move regularly with yoga and cycling (7/10), while more intense sessions are rare.

Strong nutrition, weak recovery.

Your nutrition and lifestyle carry you well, and that is a foundation to build on. The biggest lever clearly sits with sleep and stress regulation. Your energy pattern across the day points less to blood sugar than to oxygen transport and thyroid function, two topics we check specifically in your blood.

WHAT WE CARRY FORWARD

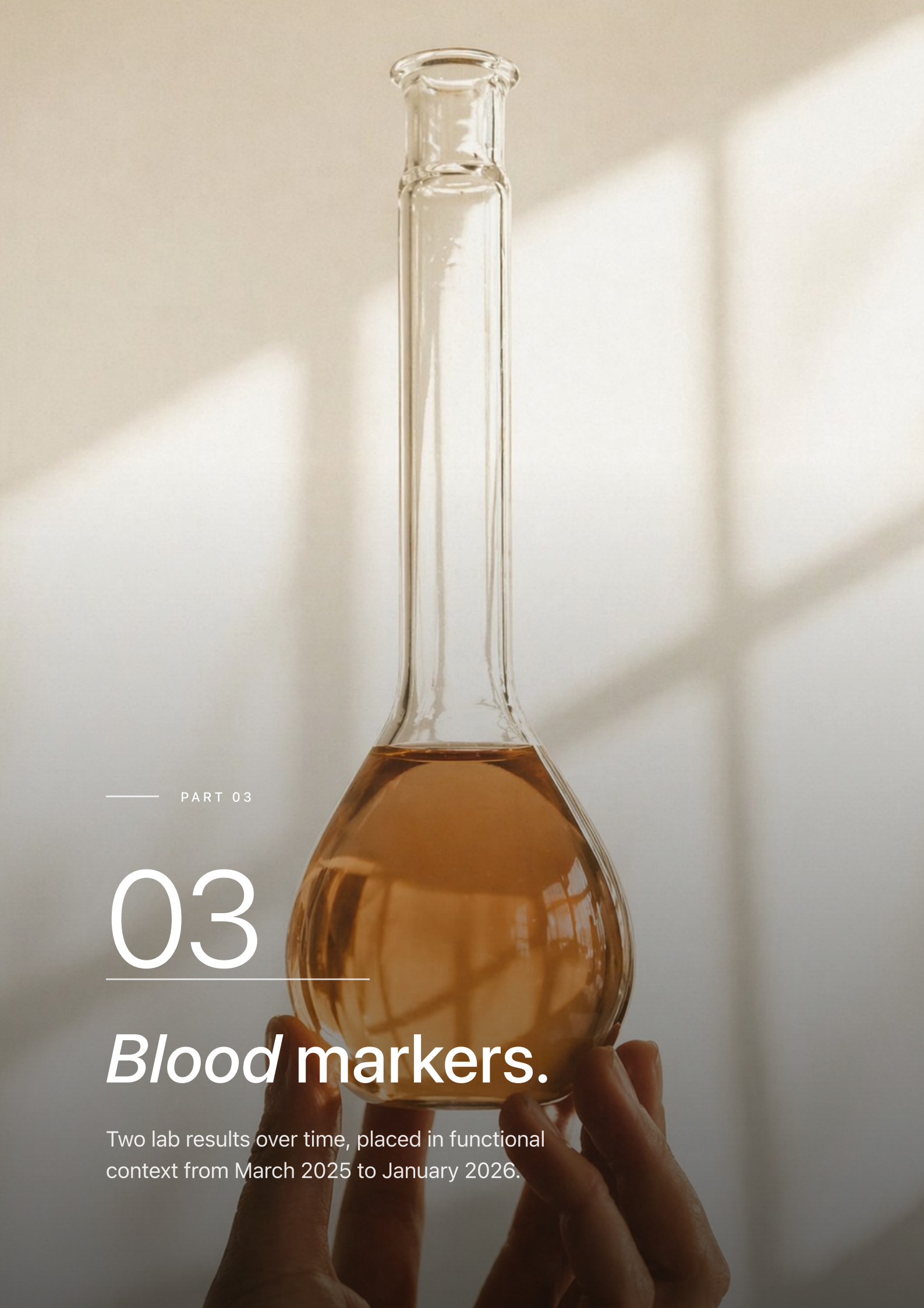
You eat little meat and rarely fish. That is a good basis in principle, but it makes iron, B12 and omega-3 the nutrients worth keeping an eye on. Iodine and selenium barely appear in your diet, and both are central to the thyroid. And your fiber intake is the one point where your otherwise strong nutrition still has room.

POSSIBLE NUTRIENT TOPICS · PRELIMINARY

This is a **first, preliminary** orientation based on your answers, **not yet a recommendation**. Which nutrients are truly relevant for you only becomes clear together with your lab results. A concrete routine tailored to you is then set up by your EVER expert in the EVER app. We deliberately name no products here.

- **Iron**, matching fatigue and a slow start into the day.
- **Selenium and iodine**, the two cofactors of your thyroid.
- **B12 and folate**, since meat and leafy greens are rare.
- **Omega-3**, for inflammation balance and brain health.
- **Fiber**, as food for your gut bacteria.
- **Magnesium**, with a view to sleep and stress regulation.

One important next step: Note down for your consultation which supplements you currently take, with product and dose. That way your routine can be built without duplication.

A hand holds a glass flask containing an amber liquid. The background is a bright window with a grid pattern, casting soft shadows. The overall tone is warm and scientific.

— PART 03

03

Blood markers.

Two lab results over time, placed in functional context from March 2025 to January 2026.

Not one point, a trajectory.

This assessment is based on two lab results (March 2025 and January 2026). That way we see not just a single value but a development, which is often more meaningful than one snapshot. The numbers were measured in the lab; the medical interpretation belongs to your doctor. We place them in functional context and show you the connections.

- within the good range ● borderline / keep an eye on
● outside the target range · discuss with a professional ↘ / ↗ trend March → January

✓ THE MOST IMPORTANT FIRST

Your results rest on a very good foundation: blood sugar, blood lipids, liver and kidney are unremarkable, and your vitamin D has improved markedly through supplementation (24 to 38). Three things we keep an eye on: your iron storage ferritin has fallen further (18 to 14), your thyroid is working a little harder while selenium is low, and your homocysteine is slightly elevated. Together these three explain your energy topics very well, and all three respond well to targeted action.

Energy metabolism & blood lipids.

4.1 Energy metabolism & blood sugar

These values show how calmly your sugar metabolism works. **HbA1c** measures long-term blood sugar over the past 8 to 12 weeks, while fasting insulin shows how much effort your body spends to achieve it.

MARKER	MARCH 2025	JAN 2026	REFERENCE	ASSESSMENT
Fasting glucose	88 mg/dL	85 mg/dL	70–100	●
HbA1c	5.3%	5.2%	4.3–5.7	●
Insulin (fasting)	9.1 µIU/mL	7.4 µIU/mL	2.6–24.9	● ↘ better

What this means for you: Very good, and even calmer over time. That is important information: your afternoon dip from the lifestyle chapter does not come from blood sugar. The cause lies elsewhere, and we find it next in iron and thyroid.

4.2 Blood lipids & cardiovascular

LDL brings cholesterol to the cells, **HDL** carries the excess back to the liver. Lp(a) is largely genetically fixed and worth knowing once in a lifetime.

MARKER	MARCH 2025	JAN 2026	REFERENCE	ASSESSMENT
Triglycerides	96 mg/dL	88 mg/dL	< 150	●
HDL	68 mg/dL	71 mg/dL	> 45	●
Total cholesterol	198 mg/dL	194 mg/dL	up to 200	●
LDL	112 mg/dL	108 mg/dL	< 130	●
Lp(a)	–	18 nmol/L	< 75	●

What this means for you: An exemplary lipid profile. Your HDL is high, triglycerides are low, and your Lp(a) sits in the favorable range, which is welcome news for life. Nothing to do here except keep going.

Iron stores & thyroid.

4.3 Iron metabolism & blood count

Ferritin is your iron storage, hemoglobin the active transport protein. The storage always empties first, hemoglobin drops much later. That makes ferritin the early warning value.

MARKER	MARCH 2025	JAN 2026	REFERENCE	ASSESSMENT
Ferritin	18 ng/mL	14 ng/mL	30–200	● ↘ fallen
Transferrin saturation	21%	16%	20–45	● ↘
Iron (serum)	78 µg/dL	61 µg/dL	40–150	● ↘
Hemoglobin	13.1 g/dL	12.7 g/dL	12.0–15.6	●
MCV	87 fL	84 fL	80–100	●
Red blood cells	4.5	4.4	4.0–5.2	●

What this means for you: This is the most important finding of your report. Your storage is clearly below the target range and has fallen further, while hemoglobin and cell size are still normal. This is precisely the stage before anemia, and it explains fatigue, a slow start and reduced focus very well. Please discuss this value with your doctor, also to clarify the underlying cause.

4.4 Thyroid & cofactors

The thyroid mainly releases T4, which is converted in tissue into active **T3**. Your body needs selenium for this step and iodine for the building block itself.

MARKER	MARCH 2025	JAN 2026	REFERENCE	ASSESSMENT
TSH	2.8 mU/L	3.6 mU/L	0.35–4.50	● ↗
FT3	2.9 pg/mL	2.6 pg/mL	2.30–4.20	● low-normal
FT4	1.15 ng/dL	1.10 ng/dL	0.89–1.76	●
TPO antibodies	22 IU/mL	28 IU/mL	< 34	● ↗
Selenium	–	68 µg/L	80–140	● low
Iodine (urine)	–	74 µg/L	100–200	● low

What this means for you: Your thyroid still works within the normal range, but visibly under more strain: TSH is rising, active FT3 is falling. On top of that, you are missing exactly the two cofactors, selenium and iodine, that your questionnaire already hinted at. The TPO antibodies are unremarkable but slightly up, so we keep watching them. This connection is very actionable, and your DNA explains next why selenium counts double for you.

Inflammation & micronutrients.

4.5 Inflammation & methylation

Homocysteine is a metabolic intermediate broken down via methylation. When it rises, folate, B12 or B6 are usually short. CRP detects even small levels of inflammation with high sensitivity.

MARKER	MARCH 2025	JAN 2026	REFERENCE	ASSESSMENT
CRP (high-sensitivity)	1.8 mg/L	2.4 mg/L	< 3.0	● ↗
Homocysteine	11.4 µmol/L	12.1 µmol/L	< 10	● ↗
Vitamin D (25-OH)	24 ng/mL	38 ng/mL	30–60	● ↗ better

What this means for you: Vitamin D is the success story: your supplementation moved the value clearly into the target range. Your homocysteine, by contrast, sits above target and is rising, and your CRP has edged up slightly. Both fit your marginal B vitamins and your microbiome results. This is exactly where several measures pay off at once.

4.6 Vitamins & micronutrients

Holo-transcobalamin is the active fraction of B12 and reveals supply earlier than total B12. The omega-3 index measures the share of EPA and DHA in your cell membranes.

MARKER	MARCH 2025	JAN 2026	REFERENCE	ASSESSMENT
Vitamin B12 (holo-TC)	41 pmol/L	38 pmol/L	> 50	● ↘
Folate (serum)	5.2 ng/mL	4.8 ng/mL	> 5.4	● ↘
Zinc	82 µg/dL	85 µg/dL	70–120	●
Magnesium (serum)	0.84 mmol/L	0.82 mmol/L	0.73–1.06	●
Omega-3 index	–	4.8%	> 8	● low

What this means for you: B12 and folate both sit just below the target range and have fallen slightly. That is the direct explanation for your rising homocysteine, and your genetics amplify it further. Your omega-3 index of 4.8 is clearly too low, which matches how rarely you eat fish and helps explain the slightly elevated inflammation. Zinc and magnesium are unremarkable.

Organ values & stress axis.

4.7 Liver & kidney

AST and ALT are enzymes from liver cells, **creatinine** is a waste product of muscle metabolism from which kidney filtration is estimated.

MARKER	MARCH 2025	JAN 2026	REFERENCE	ASSESSMENT
AST (GOT)	22 U/L	21 U/L	< 35	●
ALT (GPT)	19 U/L	18 U/L	< 35	●
Gamma-GT	16 U/L	15 U/L	< 40	●
Creatinine	0.78 mg/dL	0.76 mg/dL	0.50–0.90	●
eGFR	> 90	> 90	> 60	●

What this means for you: Completely unremarkable and stable across both measurements. Your liver values in the lower normal range fit well with little alcohol and a fresh, minimally processed diet.

4.8 Hormones & stress axis

Cortisol follows a daily rhythm and peaks in the morning. A persistently elevated morning value points to an activated stress axis. Estradiol and progesterone must be read in relation to your cycle.

MARKER	MARCH 2025	JAN 2026	REFERENCE	ASSESSMENT
Cortisol (morning)	–	21.4 µg/dL	6.2–19.4	● elevated
DHEA-S	–	148 µg/dL	65–380	●
Estradiol	–	148 pg/mL	cycle-dep.	●
Progesterone	–	9.2 ng/mL	2.0–25 (luteal)	●

What this means for you: Your morning cortisol sits above the reference range. That is the measurable counterpart to what you described in the questionnaire: high stress, difficulty switching off, waking at night. Your sex hormones are unremarkable for your cycle phase. Cortisol is not a value you supplement directly, but one that sleep, caffeine timing and recovery routines move.

Where targeted work pays off.

A first orientation, **not yet a recommendation and no products**. Values outside the reference range, especially your ferritin, belong in a conversation with your doctor. Your concrete routine is then coordinated by your EVER expert.

IRON STORES

Have ferritin assessed medically and rebuilt in a targeted way. **Vitamin C with iron-rich meals** improves absorption, while coffee and tea taken with the meal inhibit it.

THYROID

Replenish **selenium and iodine** as cofactors. Both are low in your blood and rare in your diet. Monitor TSH, FT3 and antibodies over time.

METHYLATION

Supply **B12 and folate** in active form to lower homocysteine. Your genetics in the next chapter explain why the active form makes sense for you.

KEEP GOING

Blood sugar, blood lipids, liver and kidney are exemplary, and your vitamin D shows that targeted measures work well for you.

SUMMARY

Good base,
three levers.

Metabolism and vascular profile are strong. Your energy topics are explained by **iron stores, thyroid and methylation**, complemented by an activated stress axis. All three are measurable, highly actionable and interlock with each other.

04

PART 04

DNA *Analysis.*

Your genes as a system profile, not a diagnosis. Where something runs slower, we compensate with nutrition and nutrients.

An operating manual, not a destiny.

Your genes explain why some values tip faster for you than for others. In your case they match remarkably well what we saw in your blood, and that is exactly what makes the recommendations precise.

BRIEFLY, WHAT THIS IS ABOUT

Your genes are the blueprint for every protein and enzyme in your body. A SNP (pronounced "snip") is a tiny, entirely normal variation at a single letter, not a defect and not a disease. It only changes how fast or efficiently a system works. That is precisely what makes it useful: where a system runs slower, we can compensate with nutrition, lifestyle and targeted nutrients.

IMPORTANT AND REASSURING AT ONCE

Genes are a predisposition, not a destiny. Your lifestyle decides what becomes of them in real life. Your vitamin D is the finest example: you carry a variant that makes transport harder, and you still reached a good level because you supplemented consistently. This analysis makes no statements about disease.

- favorable or neutral variant
- ⚙ adjustable lever: actionable through nutrition or nutrients

Methylation & detoxification.

5.1 Methylation & B vitamins

Methylation repairs DNA, converts messenger substances and detoxifies homocysteine. Its fuel is **B vitamins**, above all folate, B12 and B6.

GENE (SNP)	YOUR RESULT	WHAT THIS MEANS FUNCTIONALLY	STATUS
MTHFR (677)	TT	enzyme works at only about 30%, markedly higher need for active folate	⚠
MTHFR (1298)	AC	additionally slightly reduced, relevant in combination	⚠
MTR	AA	normal	
MTRR	GG	runs smoothly only with good B12 supply	⚠
CBS	CC	normal	
COMT (472)	AG	medium breakdown speed for stress hormones	⚠

What this means for you: This is the key insight of the chapter. MTHFR 677 TT is the pronounced variant: your enzyme works at only about one third, and together with MTRR this explains your elevated homocysteine of 12.1 almost entirely. In practice this means folate in an already active form (5-MTHF) plus good B12 supply works considerably better for you than standard preparations.

5.2 Detoxification & antioxidant protection

Glutathione-dependent enzymes neutralize metabolic waste, while **SOD2** protects the mitochondria from free radicals.

GENE (SNP)	YOUR RESULT	WHAT THIS MEANS FUNCTIONALLY	STATUS
GSTM1	present	detoxification enzyme normally present	
GSTT1	present	detoxification enzyme normally present	
GSTP1 (313)	AG	slightly reduced activity	⚠
NQO1	CC	antioxidant enzyme normal	
SOD2	TT	radical protection inside the mitochondria somewhat weaker	⚠

What this means for you: A largely robust detoxification system, with both main GST enzymes present. The only real lever is SOD2: your mitochondria carry slightly less self-protection. Colorful, polyphenol-rich plant foods and regular movement are the most effective levers here, because exercise raises your own protective enzymes.

Iron & thyroid.

5.3 Iron metabolism & blood formation

The hormone **hepcidin** controls how much iron is absorbed from the gut. The HFE genes conversely show whether iron overload is a risk.

GENE (SNP)	YOUR RESULT	WHAT THIS MEANS FUNCTIONALLY	STATUS
HFE C282Y	negative	no genetic iron overload	
HFE H63D	negative	no variant	
TMPRSS6	AA	hepcidin regulation favors lower iron stores	⚠
TF (transferrin)	CC	iron transport normal	

What this means for you: These four rows are the genetic key to your most important blood value. Your TMPRSS6 variant means you tend to store iron less readily, which explains the fallen ferritin despite a solid diet. At the same time the good news: both HFE markers are negative, so you carry no risk of iron overload. A targeted, medically supervised rebuild is therefore well justifiable.

5.4 Thyroid & selenium utilization

DIO2 is the enzyme that turns the storage hormone T4 into active T3 in tissue. **SEPP1** transports selenium to where it is needed.

GENE (SNP)	YOUR RESULT	WHAT THIS MEANS FUNCTIONALLY	STATUS
DIO2	CT	conversion of T4 into active T3 less efficient	⚠
SEPP1	AG	weaker selenium transport, higher selenium requirement	⚠
TPO	normal	no notable variant	

What this means for you: Here too, genetics and blood results interlock perfectly. Your FT4 is normal but your active FT3 is low, and DIO2 explains exactly that step. SEPP1 adds to it: you need more selenium than others, and your selenium level of 68 is already too low. Selenium is therefore perhaps the single most rewarding measure for you.

Inflammation & vitamin utilization.

5.5 Inflammation

These genes set how quickly your body releases inflammatory messengers such as **IL-6** and how long the reaction lasts.

GENE (SNP)	YOUR RESULT	WHAT THIS MEANS FUNCTIONALLY	STATUS
IL-6 (-174)	GC	moderate tendency toward inflammation	⚠️
IL-1B	CT	slightly increased reactivity	⚠️
TNFA	GG	normal	

What this means for you: A mild inflammatory tendency, uncritical on its own. In combination, though, it explains why your CRP has risen to 2.4: a low omega-3 index, few butyrate producers in the gut and this predisposition all pull in the same direction. The good news is that all three factors can be influenced through nutrition.

5.6 Vitamin utilization

Some genes decide how well you convert vitamins into their **active form** or absorb them at all.

GENE (SNP)	YOUR RESULT	WHAT THIS MEANS FUNCTIONALLY	STATUS
CYP2R1 (vit D)	AA	activates vitamin D normally	
GC (vit D)	TT	weaker transport protein, higher requirement	⚠️
BCO1 (vit A)	TT	converts plant beta-carotene into vitamin A poorly	⚠️
FUT2 (vit B12)	AG	non-secretor tendency: affects B12 uptake and bifidobacteria	⚠️

What this means for you: Two fascinating connections. First vitamin D: your GC variant explains why you were only at 24 in March and had to supplement consistently to reach 38. Keep going. Second FUT2, which appears twice: it dampens your B12 uptake and at the same time favors fewer bifidobacteria in the gut. You will see exactly that again in your microbiome in the next chapter.

Stress axis, sleep & stimulants.

5.7 Stress axis & chronobiology

These genes influence how sensitively you respond to cortisol and how strongly your internal rhythm reacts to lack of sleep.

GENE (SNP)	YOUR RESULT	WHAT THIS MEANS FUNCTIONALLY	STATUS
PER3	5/5	pronounced morning type, reacts sensitively to too little sleep	⚠
NR3C1	AG	cortisol receptor slightly less sensitive, stress response fades more slowly	⚠
BDNF	CC	good neuronal adaptability	
ADRA2B	negative	normal emotional stress processing	

What this means for you: PER3 5/5 means lack of sleep hits you harder than others, so your 6 hours cost you above average. NR3C1 explains why your cortisol is still elevated in the morning: your stress response fades more slowly. Neither is a deficit; both are signs that sleep and recovery pay you back especially well.

5.8 Nutrition & stimulants

This is about enzymes that work directly with food components, such as how quickly **caffeine** disappears again.

GENE (SNP)	YOUR RESULT	WHAT THIS MEANS FUNCTIONALLY	STATUS
CYP1A2 (caffeine)	AC	slow caffeine breakdown, the effect lasts considerably longer	⚠
MCM6 (lactose)	CC	lactose intolerant	⚠
HLA (gluten)	negative	very low celiac risk	
ALDH2 (alcohol)	GG	normal alcohol breakdown	
TAS2R38 (bitter)	non-taster	bitter compounds taste mild, vegetables come easy to you	
ACE (salt)	II	blood pressure not very salt-sensitive	

What this means for you: The most important finding is right at the top. You break caffeine down slowly, so your 4 p.m. coffee still acts well into the night and meets an already elevated cortisol. This is one of the simplest and most effective changes in your entire report. Your lactose intolerance explains why dairy works only to a limited degree as a calcium and B12 source. Bitter compounds taste mild to you, so vegetables come easy, and that is a genuine advantage.

Five threads, matching your blood.

- ① **Active folate and B12 count especially for you** (MTHFR 677 TT plus MTRR). This explains your homocysteine and argues for the active form 5-MTHF rather than standard folic acid.
- ② **Selenium is your most rewarding single measure** (DIO2 plus SEPP1). Both variants hit exactly the step your FT3 depends on.
- ③ **Low iron stores are built into your profile** (TMPRSS6), while overload is not a risk (HFE negative twice). Rebuilding is therefore well justifiable.
- ④ **Sleep pays you back above average** (PER3 5/5, NR3C1), and caffeine stays active for a long time (CYP1A2).
- ⑤ **FUT2 connects two chapters:** less B12 uptake and fewer bifidobacteria. You will see exactly that in the microbiome next.

Note on individual markers: Disease-related markers such as HFE fall under genetic diagnostics legislation in Germany and strictly speaking require genetic counseling. Your results here are unremarkable. For a medical interpretation, your physician or a clinical geneticist is the right contact.

The encouraging part of your profile: almost every variant comes with a concrete, everyday lever. None of it is destiny, and your vitamin D trajectory proves you have already put exactly that into practice successfully.



PART 05

05

Microbiome.

Your gut is closely tied to immunity, metabolism and mood. It co-determines what you actually take from your meals.

Stable structure, too little diversity.

Your gut flora is not out of balance, it is under-fed. The basic balance is right, but diversity and the most important butyrate producers sit below the target range. That matches the one open point in your otherwise strong nutrition: fiber.

BACTERIAL DIVERSITY

3.1

SHANNON INDEX · TARGET 3.5 TO 4.5

Lower diversity is associated with less adaptability.

SPECIES RICHNESS

142

SPECIES · TARGET ABOVE 180

A broader range of fiber sources raises species count measurably.

BASE BALANCE

1.8

FIRMICUTES / BACTEROIDETES · TARGET 0.8 TO 2.5

The base ratio of your two main groups is unremarkable.

YOUR KEY BACTERIA

BACTERIUM	YOUR VALUE	TARGET RANGE	ASSESSMENT
Faecalibacterium prausnitzii	3.2%	5–15%	● butyrate producer
Akkermansia muciniphila	0.4%	1–4%	● mucus layer
Bifidobacterium	1.1%	2–8%	●
Roseburia	2.1%	2–6%	●
Lactobacillus	0.9%	0.5–2%	●
Bacteroides	24%	15–35%	●
Escherichia / Shigella	2.8%	< 3%	●

What your gut has to do with the rest of your report.

Your microbiome does not stand alone. Three connections explain why exactly these results fit your blood values and your everyday life.

01 · GUT-IMMUNE AXIS

Little butyrate, a less stable barrier.

Butyrate is the preferred fuel of your gut lining and keeps the barrier tight. Your two most important butyrate producers, *Faecalibacterium* and *Roseburia*, sit below the target range, as does *Akkermansia*, which tends the protective mucus layer. Together with your IL-6 predisposition and the low omega-3 index, this explains your slightly raised CRP of 2.4 well.

02 · GUT-METABOLISM AXIS

Bifidobacteria, B vitamins and your FUT2 gene.

Bifidobacteria produce folate precursors among other things and support the uptake of B vitamins. Your value of 1.1 percent sits below the target range, and your FUT2 variant from the DNA chapter favors exactly that. So two factors meet at the same construction site: marginal B12 and folate levels in your blood, and a gut that contributes little here.

03 · GUT-BRAIN AXIS

Diversity, stress resilience and sleep.

Gut bacteria form precursors of messengers such as serotonin and GABA and communicate with the brain via the vagus nerve. Lower diversity is associated in studies with weaker stress resilience. In your case this meets an elevated morning cortisol and a PER3 variant that makes lack of sleep especially noticeable. This is not a cause-and-effect statement, but it shows why gut and recovery pull in the same direction for you.

Important context: a microbiome result is a snapshot and responds quickly to nutrition. That is exactly what makes it one of the most rewarding starting points, with changes often visible after just a few weeks.

The most rewarding starting point.

A first orientation based on your results, **not yet a recommendation and no products**. Your concrete routine is coordinated by your EVER expert together with your blood values and genetics.

FIBER VARIETY RATHER THAN FIBER QUANTITY

Not more of the same, but **as many different sources as possible**: legumes, oats, barley, flaxseed and a range of vegetables. Species richness in the gut follows variety on the plate.

FEED THE BUTYRATE PRODUCERS

Resistant starch from cooled potatoes, rice or oats, plus **inulin from chicory, Jerusalem artichoke and onions**, is the preferred food of Faecalibacterium and Roseburia.

SUPPORT BIFIDOBACTERIA

Fermented foods and prebiotic fiber. Since you are lactose intolerant, **sauerkraut, kimchi or lactose-free yogurt** suit you better than classic dairy.

POLYPHENOLS AS A BONUS

Berries, olive oil, green tea and dark chocolate promote **Akkermansia** among others and act at the same time on your SOD2 lever from the DNA chapter.

A follow-up test after roughly three months shows well whether diversity and butyrate producers respond to the change.

A close-up, high-angle shot of a person's hands over a wooden table. The left hand is holding a yellow, oval-shaped pill over a small, light-colored ceramic dish. The dish contains two other pills: a brown, capsule-shaped one and a white, oval-shaped one. To the left of the dish is a clear glass filled with water. To the right is an open notebook with handwritten text in cursive. The scene is lit with warm, natural light from a window on the left.

PART 06

06

Take Action.

Everything from lifestyle, blood, genes and microbiome, bundled into concrete next steps with scientific sources.

Nutrition & sleep.

For each point you find why it can make sense at the cellular level, plus a source to read up on. These are general, preventive recommendations, not promises of cure and not products. Your concrete routine with preparations and doses is set up by your EVER expert in the EVER app.

NUTRITION

- **Actively improve iron absorption**

Why: Combining legumes, oats and pumpkin seeds with a vitamin C source markedly increases absorption, while coffee and tea taken with the meal inhibit it. On a plant-focused diet the storage level needs active attention.¹⁰

- **Build selenium and iodine sources into your week**

Why: Selenium is the cofactor of the enzyme that turns T4 into active T3, precisely your DIO2 bottleneck. One to two Brazil nuts daily plus sea fish cover both; use seaweed sparingly because of its high iodine content.⁹

- **Increase fiber variety**

Why: Fiber is the food of your butyrate producers and smooths blood sugar at the same time. What matters is the variety of sources, not the quantity alone.²

- **Emphasize omega-3 from EPA and DHA**

Why: EPA and DHA are direct building blocks of your cell membranes and dampen inflammatory signaling. Your omega-3 index of 4.8 is clearly too low, and your IL-6 predisposition makes this lever especially worthwhile.¹

SLEEP

- **Move your last coffee to the morning**

Why: Your CYP1A2 variant breaks caffeine down slowly, so a coffee at 4 p.m. still acts into the night and meets an already elevated cortisol. This is the simplest effective change in your report.³

- **Move sleep toward 7.5 hours with a fixed evening routine**

Why: Cells repair themselves during deep sleep and the hormone balance resets; persistently short sleep is linked to higher metabolic risk. Magnesium in the evening supports the switch from tension to recovery.⁴

Movement & supplements.

MOVEMENT

- **Add two moderate endurance sessions per week**

Why: Yoga and cycling are a good base. Structured, moderate endurance additionally improves insulin sensitivity and builds new mitochondria, exactly the power plants at the heart of your energy topic.⁵

- **Strength training once or twice a week**

Why: Exercise raises your own antioxidant enzymes such as SOD2 inside the mitochondria, precisely where your genetics could use some support.⁶

SUPPLEMENTS · topics, not products

- **Iron, medically supervised**

Why: Your ferritin of 14 is clearly below the target range and still falling. Both HFE markers are negative, so there is no risk of overload. Rebuilding and monitoring nevertheless belong in medical hands.¹⁰

- **Selenium**

Why: A blood level of 68 against a target range from 80, plus DIO2 and SEPP1 raising your requirement. Selenium is therefore your single most rewarding measure for thyroid and energy.⁹

- **Active folate (5-MTHF) plus vitamin B12**

Why: Your MTHFR 677 TT variant handles standard folic acid poorly, while the active form bypasses that bottleneck. Together with B12 this lowers your elevated homocysteine of 12.1.⁷

- **Omega-3 (EPA/DHA)**

Why: Since fish is rarely on your plate, a direct source is more reliable than plant-based precursors. Acts on inflammation balance and cell membranes.¹

- **Continue vitamin D**

Why: Your GC variant makes transport harder, but your trajectory from 24 to 38 shows your current supply is exactly right. Keep it up and monitor over time.⁸

REFERENCES

The science behind the steps.

All sources are peer-reviewed studies or review articles and can be retrieved reproducibly via their PubMed ID (PMID).

- 1 Bhatt DL, Steg PG, Miller M, et al. Cardiovascular Risk Reduction with Icosapent Ethyl for Hypertriglyceridemia. *N Engl J Med*. 2019;380(1):11-22. PMID: 30415628. pubmed.ncbi.nlm.nih.gov/30415628
- 2 Reynolds A, Mann J, Cummings J, et al. Carbohydrate quality and human health: a series of systematic reviews and meta-analyses. *Lancet*. 2019;393(10170):434-445. PMID: 30638909. pubmed.ncbi.nlm.nih.gov/30638909
- 3 Cappuccio FP, D'Elia L, Strazzullo P, Miller MA. Quantity and quality of sleep and incidence of type 2 diabetes: a systematic review and meta-analysis. *Diabetes Care*. 2010;33(2):414-420. PMID: 19910503. pubmed.ncbi.nlm.nih.gov/19910503
- 4 Abbasi B, Kimiagar M, Sadeghnia K, et al. The effect of magnesium supplementation on primary insomnia in elderly: a double-blind placebo-controlled clinical trial. *J Res Med Sci*. 2012;17(12):1161-1169. PMID: 23853635. pubmed.ncbi.nlm.nih.gov/23853635
- 5 Knowler WC, Barrett-Connor E, Fowler SE, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med*. 2002;346(6):393-403. PMID: 11832527. pubmed.ncbi.nlm.nih.gov/11832527
- 6 Powers SK, Jackson MJ. Exercise-induced oxidative stress: cellular mechanisms and impact on muscle force production. *Physiol Rev*. 2008;88(4):1243-1276. PMID: 18923182. pubmed.ncbi.nlm.nih.gov/18923182
- 7 Pawlak R, Parrott SJ, Raj S, et al. How prevalent is vitamin B12 deficiency among vegetarians? *Nutr Rev*. 2013;71(2):110-117. PMID: 23356638. pubmed.ncbi.nlm.nih.gov/23356638
- 8 Wang TJ, Zhang F, Richards JB, et al. Common genetic determinants of vitamin D insufficiency: a genome-wide association study. *Lancet*. 2010;376(9736):180-188. PMID: 20541252. pubmed.ncbi.nlm.nih.gov/20541252
- 9 Schomburg L. Selenium, selenoproteins and the thyroid gland: interactions in health and disease. *Nat Rev Endocrinol*. 2011;8(3):160-171. PMID: 22009156. pubmed.ncbi.nlm.nih.gov/22009156
- 10 Haider LM, Schwingshackl L, Hoffmann G, Ekmekcioglu C. The effect of vegetarian diets on iron status in adults: a systematic review and meta-analysis. *Crit Rev Food Sci Nutr*. 2018;58(8):1359-1374. PMID: 27880062. pubmed.ncbi.nlm.nih.gov/27880062
- 11 Lampe JW, Peterson S. Brassica, biotransformation and cancer risk: genetic polymorphisms alter the preventive effects of cruciferous vegetables. *J Nutr*. 2002;132(10):2991-2994. PMID: 12368383. pubmed.ncbi.nlm.nih.gov/12368383

The legal framework of this report.

Sample report. This document serves solely to demonstrate the EVER Precision report design. **All personal, laboratory, genetic and microbiome values are entirely fictitious** and refer to no real person.

FUNCTIONAL CONTEXT, NOT A DIAGNOSIS

This report summarizes lifestyle, blood, DNA and microbiome analyses in functional terms. It does not constitute a medical diagnosis, medical advice or a treatment recommendation, and it does not replace consultation with a physician. The relationships shown describe functional and statistical associations and permit no conclusions about disease or medical necessity. Values outside the reference range belong in medical assessment.

NUTRIENT & LIFESTYLE RECOMMENDATIONS

The recommendations given are oriented toward current scientific associations and serve the general support of physiological functions. No products are named. Dietary supplements should be used individually and with professional guidance, particularly in the presence of existing conditions, concurrent medication, pregnancy or breastfeeding.

GENETIC MARKERS & GENETIC DIAGNOSTICS LAW

The DNA analysis is read as a lifestyle and nutrigenomics profile, not as disease diagnostics. Individual disease-related markers fall under genetic diagnostics legislation; their medical interpretation belongs to a physician or clinical geneticist.

RK

Reiner Kraft, Ph.D.

Scientific review for EVER Precision · reiner@everhealth.ai