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Genetics play an important role in your training.

Until now, you were able to know your skills and limitations thanks to your sensations in the sport, physical tests and clinical analyses.

In the 21st century a new variable comes into play: You can learn more about your potential thanks to xxxxx's sports genetic test.

Discover in this report relevant characteristics about your training skills. So that you can get the best out of yourself, and so that you can discover your "limits".

This report is not valid for clinical or diagnostic use.

xxxxx. Meet your unlimits.

Introduction

The attached report is an added value for sports training, both amateur and professional. In it you can find your genetic predisposition with respect to multiple variables linked to sports performance, such as the risk of suffering injuries, the capacity to lower pulses or the potential to develop high levels of muscle strength.

But xxxxx is not just about your sporting traits. We know that sports training encompasses other factors in your physiology. Thanks to the sequencing of your DNA and its subsequent analysis, you will know how your body responds to the intake of nutrients such as fats and carbohydrates, or to the convenience of supplementation with certain vitamins and minerals, which is a great help when it comes to adjusting your training diet. Other factors such as allergies, intolerances, intestinal flora and lifestyle habits also influence your response to food and are not reflected in this report.

In addition, the different talents and personalities of sports people are influenced by a multitude of factors. The experiences that have accompanied us since birth and all kinds of environmental factors have shaped our personality. Therefore, throughout the report you will also find your genetic tendency to different personality traits.

Finally, the report also analyses certain parameters linked to personal health and well-being.

Hereditary diseases are susceptible to being transmitted to your descendants. They are mostly single-genetic diseases. In this group we look for pathogenic mutations, or suspected ones, in the genes involved in these diseases. The mutations we are looking for are those reported in some of the most important genetic databases worldwide, basically OMIM and ClinVar.

We did not analyze all the genetic information related to each disease, in particular in this section we managed to analyze on average just under half of the pathogenic markers reported in the databases consulted, so we could have mutations in the other half and not see them in this report.

It is important to bear in mind that if you need a diagnosis of a particular disease, there are genetic tests that analyse the whole gene or genes involved in that disease that are valid for clinical use. If you have a family history, we recommend that you consult a clinical or geneticist staff to study the need for such a test.

The results of this report are personal, and not applicable to studies on other members of your family.

These reports, as well as the progress of scientific research in the field of genetics, may vary over time. New mutations are continually being discovered and the ones we analyze today are becoming better known. At xxxxx, we make a great effort to periodically apply consolidated scientific findings to our reports. We remind you that any change you wish to make with respect to your health must be guided by your medical service.

Throughout the report you will find various features in which we use GWAS statistical analysis to calculate your genetic predisposition to have abnormal levels of certain parameters. As a GWAS study, we indicate that you are more predisposed when your predisposition is greater than that of ninety percent of the population, and less so if your predisposition is less than that of ninety percent of the population. Due to the statistical distribution of this analysis, it is normal that several parameters emerge with greater or lesser predisposition.

The report consists of a general presentation of each section, followed by your personalized analysis. For a better visualization, in the first pages we have specified each concept according to a system of icons that indicate graphically the balance of your results. The genetic information provided in this report is valid only for research, information and educational purposes. In no case is it valid for clinical use.

We remind you that any change you wish to make in your diet or medical treatments should be guided by health professionals. Any doubt you may have about any genetic test should be checked with health

professionals who are experts in Genetic Diagnosis or Specialized Physicians.

Frequently Asked Questions

Should I make any drastic changes in the treatment of my health with the data from this test?

No, any change you want to make in your health should be analyzed by an expert geneticist and with specialized doctors. Any doubts you may have about any genetic test should be checked with expert health personnel in Genetic Diagnosis.

Does everything depend on my genes?

No, our body responds to a lot of conditions. Our genes are undoubtedly an important parameter. Lifestyle, sport, food, and many other circumstances influence our body. Knowing yourself well certainly helps to treat our body in the most suitable way. And this is what genetics brings you today: more knowledge.

Are all the genes analysed in the lists in the sections?

We include only a sample of the genes that we analyze, some of the sections are determined by the analysis of more genes that we did not indicate in the report. Our algorithms combine your genotypes of the analyzed markers.

If the report shows that I have genetic mutations in an inherited disease, does that mean it is safe for me to have it?

No, we look for both pathogenic mutations and mutations that could be pathogenic; if you have any that are qualified in this way your report will indicate that we have detected them. On the other hand, this technology is more than 99% reliable but there is no such thing as 100% reliability in this type of genotyping. If in doubt, consult your doctor or geneticist.

If the report shows that I do NOT have genetic mutations in a hereditary disease, does this mean that it is certain that I do NOT have it?

No, our test does not analyse all the genetic areas where pathogenic mutations may exist and we do not analyse deletions, duplications or many of the existing intergenic areas. We analyse only some markers reported as pathogenic. On average our test covers just under 50% of these markers, so there could be pathogenic markers in the other half and we would not be seeing them. There are diagnostic tests with greater coverage than this test in certain pathologies, and which also have clinical validity. If in doubt, consult your doctor or geneticist.

If I am a carrier of a mutation of a hereditary disease, how does this affect my descendants?

Almost all of us are carriers of some mutations of monogenetic diseases, it is normal to find several significant genetic mutations in a person. However, the risk of our offspring suffering from the disease varies greatly depending on the type of inheritance of the disease: autosomal dominant, autosomal recessive, etc., so we always advise you to consult your doctor or geneticist.

What is this report based on?

This test is based on different internationally consolidated genetic studies accepted by the scientific community. There are certain organisms and scientific databases where studies on which there is a certain level of consensus are published. Our genetic tests are performed by applying these studies to the genotype of our clients. In each section you will see some of the studies on which it is based. There are sections where more studies are used than those listed.

The genetic information provided in this report is valid only for research, information and educational uses. In no case is it valid for clinical use.

What can I do if I have questions?

Our tests are accompanied by a 10-minute telephone genetic counselling consultation per client where you can clarify all your doubts. In the email you received this report you have a link to book an appointment. We recommend that all genetic tests be accompanied by a Genetic Counseling Consultation, and that any changes in your health management be supervised by a doctor.

Summary of analysed characteristics

Diet & Nutrition

Magnesium levels

Omega-6 levels

Effectiveness of a low-fat diet

Caffeine and addiction

Predisposition to fat intake

Vitamin B9 levels

Vitamin B6 levels

Homocysteine levels

LDL cholesterol levels

Triglyceride levels



Predisposition to snacking



Iron levels



Celiac disease



Glycated hemoglobin levels



Serum albumin level



Feeling of Satiety

Health & Sport



Phosphorus levels



The effectiveness of a low-carb diet



Longevity and the Mediterranean diet



Predisposition to emotional eating



Predisposition to consume sweets



Vitamin D levels



Vitamin A - Carotenoid levels



Ease of weight loss



Predisposition to overweight



Vitamin E - Response to supplementation



Iron deficiency anaemia



Metabolic efficiency



Bilirubin levels



Phospholipid levels (plasma)



Serum total protein level



Vitamin K





Strength



Aerobic capacity



Muscle response to resistance training



Muscular fatigue



Risk of overload fracture



Resilience



Brugada Syndrome 1



Resistance



Muscular strength



Skeletal Muscle Performance



General risk of injury



Response of blood pressure to sports



Arrhythmogenic Right Ventricular Dysplasia, Familial, 10



Cardiomyopathy, Familial Hypertrophic, 1

Sports genetic test for Mike. 356548. Page 9 of 85 This report is not valid for clinical or diagnostic use.



Cardiomyopathy, Familial Hypertrophic, 2



C-reactive protein



Spirometric measure of pulmonary function (Forced vital capacity)



Liver enzyme levels



Sex hormone levels



White blood cell count

Lifestyle



Dermal sensitivity



Inflammation of the skin



Psoriasis



Ease tanning



Global benefit of the sport in your body



Benefits of Exercise in Cholesterol

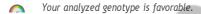


Figurative creativity

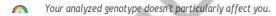


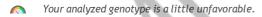
Night person

Caption:









Your analyzed genotype is unfavorable.



Long Qt Syndrome 1



Dehydroepiandrosterone sulphate levels



Liver enzyme levels (gamma-glutamyl transferase)



Serum uric acid levels



Thyroid hormone levels



Protection against pollution



Freckles



Sensitivity to the sun



Sunspots



Benefit of Exercise in Insulin Sensitivity



Benefit of exercise in body mass index



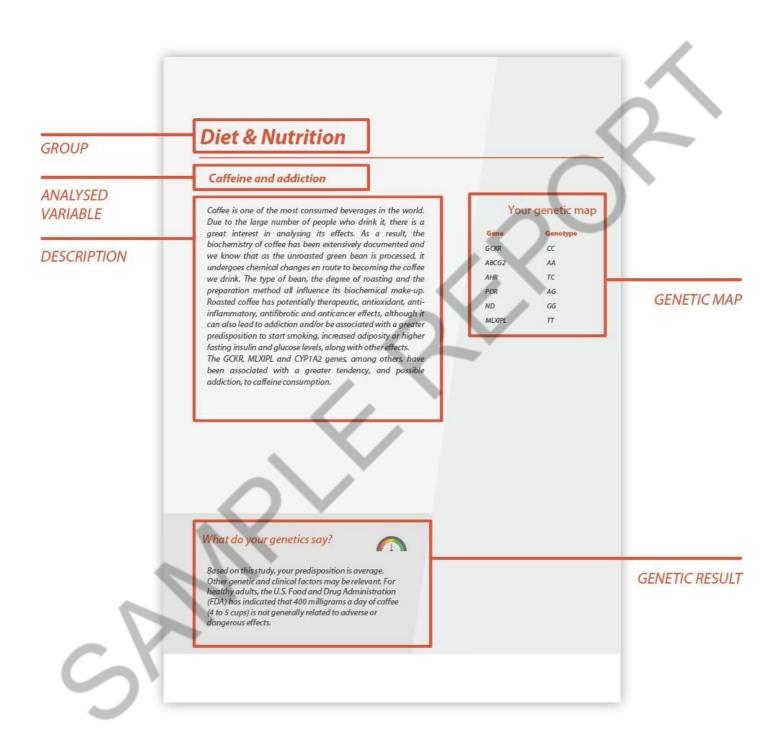
Impulsivity



Longevity



How to interpret the results



Magnesium levels

Magnesium is an essential mineral in human nutrition. It is very important in many bodily processes, such as the regulation of blood sugar levels, the control of blood pressure or the proper functioning of the muscles and nervous system. In short, magnesium is needed for more than 300 biochemical reactions in the body. It is found in nuts, seeds such as pumpkin or chia, beans, green vegetables, cocoa and dark chocolate, and oily fish. Excess magnesium in the blood can cause stomach upset, nausea, vomiting, and diarrhoea. Conversely, a deficit could bring about mood swings, anxiety, depression, or intestinal symptoms, such as constipation. Numerous studies have linked the MUC1 and SHROOM genes with a predisposition to have altered levels of magnesium in the blood.

Your genetic map

Gene	Genotype
MUC1	СС
SHROOM3	GG
LOC107984543	AA
LOC101928338	TC
HOXD9	GG
МЕСОМ	AG

What do your genetics say?



Phosphorus levels

Phosphorus is a mineral that is found in our body's cells and plays an important role in how the body metabolises carbohydrates and fats. The main function of phosphorus is in bone and tooth formation, but it is also needed to produce proteins to grow, maintain and repair cells and tissues. Phosphorus is found in foods such as sardines, yogurt, meat and others. Low levels of this mineral usually do not produce symptoms, unless the deficit is very severe, in which case it may cause respiratory problems, confusion, irritability or coma. On the other hand, high levels may be indicative of kidney disease or hypoparathyroidism.

Multiple studies have shown a relationship between the PDE7B and IP6K3 genes to the predisposition to have abnormal levels of phosphorus in the blood.

Your genetic map

Gene	Genotype
NBPF3 ALPL	СС
CSTA	AG
IP6K3	CC
PDE7B	TT
C12orf4	TT

What do your genetics say?



Omega-6 levels

Omega-6 are essential fatty acids that are crucial for certain bodily functions, but the body does not generate them, meaning it must obtain them through diet. They play a crucial role in brain function and normal growth and development. They also help to stimulate hair and skin growth, maintain bone health, regulate metabolism and maintain the reproductive system. They are found mainly in nuts, cereals, vegetable oils, avocados and eggs. Excess omega-6 in the blood can contribute to the onset of inflammatory diseases, while low levels can cause dermal disorders, such as eczema or hair loss, liver dysfunctions or kidney disorders.

Large-scale studies have shown that certain variants of the ELOVL2 gene cause people who carry that variant to have abnormal levels of omega-6.

Your genetic map

Gene	Genotype
PDXDC1	СС
TMEM258	TC
IL23R	TG
C10orf128	GG
FADS1	CC
FADS2	TC
PDXDC1 NTAN1	TT
FTLP19 RNU6	TC
PDXDC1	AG
ТМЕМ39А	CC
PDXDC1	GC
ELOVL2	GC

What do your genetics say?



The effectiveness of a low-carb diet

A diet low in carbohydrates limits the intake of this type of macronutrient. Carbohydrates are the main source of energy in a diet and can be classified into two different types. Simple carbs provide immediate energy and are mainly found in sugars, such as those contained in fruits, while complex carbs, found in vegetables, cereals and legumes, provide a sustained source of energy throughout the day.

There are studies that indicate that genetics are, in part, responsible for how easy or hard it is to lose weight. In the specific case of a low-carb diet, it has been shown that variants in the FTO gene correlate with a greater predisposition to lose weight with this type of diet.

Your genetic map

AT

Gene Genotype

FTO

What do your genetics say?



Based on your genotype, you have no special predisposition to lose weight with a low-carb diet. Other genetic and clinical factors may be relevant. Foods high in carbohydrates are some of the main sources of fibre, and a diet low in this substance can negatively affect intestinal health.

Effectiveness of a low-fat diet

A low-fat diet is one in which the total fat intake is below 20% of the daily caloric intake, although the WHO considers a fat intake of up to 30% as healthy. In addition, experts recommend reducing the intake of saturated fats, such as pork fat, butter, milk fat, meat, ice cream and cheese, and replacing them with unsaturated fats, such as olive or seed oil, avocados, peanut butter or nuts. One way to distinguish between saturated and unsaturated (healthier) fats is that the former are solid at room temperature, while unsaturated fats only solidify when cooled.

Several large-scale studies on weight loss have shown a correlation between a variant in the IRS1 gene and an enhanced response to a low-fat diet.

Your genetic map

Gene Genotype

IRS1 CC

What do your genetics say?



Based on your genotype, you are predisposed to lose weight with a low-fat diet. Other genetic and clinical factors may be relevant. Regardless of an individual's genetic predisposition to one type of diet being more effective than another, it is important to check with a health care professional before starting any nutritional regimen so that it can be tailored to each person's

Longevity and the Mediterranean diet

Telomeres (a name of Greek origin meaning "final part") are the ends of chromosomes, akin to the plastic tips of shoelaces, whose main function is to protect the genetic material that carries the rest of the chromosome. As our cells divide in order to multiply and thus regenerate the tissues and organs in the body, telomeres shorten over time. This shortening is thus highly associated with the aging process and, consequently, with the time remaining before death. In other words, the shortening of telomeres has a direct relationship with longevity.

Studies have shown that people with mutations in the PPARG gene get an extra benefit from the Mediterranean diet that protects them against telomere shortening.

Your genetic map

Gene Genotype *PPARG CC*

What do your genetics say?



Based on your genotype, you are predisposed to live longer with the Mediterranean diet. Other genetic and clinical factors may be relevant.

Caffeine and addiction

Coffee is one of the most consumed beverages in the world. Due to the large number of people who drink it, there is a great interest in analysing its effects. As a result, the biochemistry of coffee has been extensively documented and we know that as the unroasted green bean is processed, it undergoes chemical changes en route to becoming the coffee we drink. The type of bean, the degree of roasting and the preparation method all influence its biochemical make-up. Roasted coffee has potentially therapeutic, antioxidant, antiinflammatory, antifibrotic and anticancer effects, although it can also lead to addiction and/or be associated with a greater predisposition to start smoking, increased adiposity or higher fasting insulin and glucose levels, along with other effects. The GCKR, MLXIPL and CYP1A2 genes, among others, have been associated with a greater tendency, and possible addiction, to caffeine consumption.

Your genetic map

Gene	Genotype
GCKR	TC
ABCG2	AA
AHR	CC
POR	AG
ND	GG
CYP1A2 CYP1A1	CC
EFCAB5	GG
MLXIPL	TT

What do your genetics say?



Based on this study, your predisposition is average. Other genetic and clinical factors may be relevant. For healthy adults, the U.S. Food and Drug Administration (FDA) has indicated that 400 milligrams a day of coffee (4 to 5 cups) is not generally related to adverse or dangerous effects.

Predisposition to emotional eating

Emotional eating, or uncontrolled eating, is the tendency to eat more than normal as a result of certain emotions, such as stress, anxiety, anger, or certain social situations that create insecurity or discomfort. Sometimes, emotional eating can be brought about by the taste of the food or the pleasure caused by the act of eating itself.

Some studies indicate that certain variations in the TAS2R38 gene may cause some people, especially women, to be more likely to eat excessively when in a certain frame of mind.

Your genetic map

Gene	Genotype
TAS2R38	AG
MC4R	TΤ

What do your genetics say?



Based on your genotype, you are not predisposed to emotional eating. Other genetic and clinical factors may be relevant.

Predisposition to fat intake

Fat is a great source of energy that the body uses to produce nerve tissue and hormones, and to absorb fat-soluble vitamins, such as D, E or K, which are metabolised in the body in the same way as the lipids in the diet. However, excessive fat intake increases the risk of overweight, and therefore of cardiovascular disease.

Genetics are related to the tendency to consume fat in excess, and it has been specifically shown that carriers of mutations in the FGF21/FUT1 intergenic region exhibit a lower predisposition to consume fat.

Your genetic map

GG

Gene Genotype

FGF21 FUT1

What do your genetics say?



Based on your genotype, your predisposition to fat consumption is average. Other genetic and clinical factors may be relevant. It is essential to eat the right balance of fats. As a rule, saturated fats (butter, cheese, whole milk, cream, ice cream or fatty meats) should be replaced with unsaturated fats (olive or sunflower oil, oily fish, avocados and nuts).

Predisposition to consume sweets

The sweet taste is mainly detected in the taste buds at the tip of the tongue, and the desire to eat sweet foods is usually influenced by culinary culture, habits and age. Foods with a high content of simple carbohydrates are perceived as sweet, but their excessive intake can lead to a risk of overweight, diabetes and cardiovascular disease.

However, genetics may also influence the desire to eat sweets, and changes in the FGF21/FUT1 intergenic region have been shown to predispose people to increased consumption.

Your genetic map

Gene Genotype

FGF21 FUT1 GG

What do your genetics say?



Based on your genotype, you are not predisposed to eat sweets. Other genetic and clinical factors may be relevant.

Vitamin B9 levels

Vitamin B9 (folate) is a water-soluble vitamin that is essential in processes such as DNA synthesis, cell repair, protein metabolism and proper brain function. It is naturally present in foods such as leafy green vegetables, peas, lentils, fruits, cereals and other foods. Folic acid is an artificial (synthetic) folate contained in supplements and added to fortified foods. Vitamin B9 deficiencies are associated with anaemia, high homocysteine levels, increased risk of heart disease, complications during pregnancy, increased risk of cancer, and cognitive dysfunction in old age.

Genetic studies have shown that the MTHFR gene is associated with low levels of vitamin B9 in the blood and an increase in homocysteine, a substance that, at high levels, is linked to cardiovascular disease.

Your genetic map

Gene	Genotype
MTHFR	AG
MTHFR	TΤ

What do your genetics say?



Based on your genotype, you are not predisposed to have a vitamin B9 deficiency. Other genetic and clinical factors may be relevant.

Vitamin D levels

Vitamin D (calcidiol or calcifediol) is a fat-soluble vitamin that is important in the absorption and use of calcium, for maintaining good bone and muscle health, and for the proper functioning of the immune, endocrine and cardiovascular systems. It is synthesised in the skin after exposure to sunlight, which transforms it to its active form. Recently, an increase in cases of vitamin D deficiency has been identified in developed countries mainly due to lifestyle, the use of sunscreens and environmental conditions (pollution, geographic location). Numerous studies have identified variations in the GC gene related to vitamin D deficiency.

Your genetic map

Gene Genotype

GC ΤΤ

What do your genetics say?



Based on your genotype, you are not predisposed to vitamin D deficiency. Other genetic and clinical factors may be relevant. Exposure to sunlight is crucial to a person's vitamin D levels because there are few dietary sources of this vitamin.

Vitamin B6 levels

Vitamin B6 (pyridoxine) is a water-soluble vitamin that is involved in numerous essential processes, such as protein metabolism, the proper functioning of the nervous system, the production of haemoglobin and maintaining proper homocysteine levels. It is found naturally in foods such as peas, whole grains, meat, eggs, and fish. Most people get enough vitamin B6 with a balanced diet, and vitamin B6 deficiency is rare. However, even slight imbalances in the levels of this vitamin can lead to various symptoms: nerve inflammation, irritability, depression, dermatitis, cracked and painful lips, swollen mouth and tongue, or confusion. Numerous studies have linked the NBPF3 gene with reduced levels of vitamin B6, possibly due to the increased degradation of this vitamin in the blood.

Your genetic map

Gene Genotype

NBPF3 CC

What do your genetics say?



Based on your genotype, you are predisposed to have low levels of vitamin B6. Other genetic and clinical factors may be relevant. Studies have shown a link between vitamin B6 levels and different genotypes, but this does not mean that your levels are not adequate. Environmental factors, such as the type of food, can compensate for a natural tendency to have levels

Vitamin A - Carotenoid levels

Carotenoids, also called tetraterpenoids, are vitamin A provitamins in the form of yellow, orange, and red organic pigments, and are produced by plants, algae, and various bacteria and fungi. They have an antioxidant and anti-inflammatory function, are fat-soluble and are stored in the fatty tissues of animals.

Studies have shown that PKD1L2 gene, among others, is directly related to circulating carotenoid levels.

Your genetic map

Gene	Genotype
PKD1L2	GG
PKD1L2	π
ND	TG

What do your genetics say?



Homocysteine levels

Homocysteine is an amino acid present in the body whose metabolism is linked to that of some B vitamins, mainly B6, B9 and B12. When there is a deficiency in any of these vitamins, the levels of homocysteine in the blood increase, which can result in cardiovascular diseases, such as myocardial infarction or stroke. It has also been shown that people with high levels of homocysteine in the blood often have other associated risk factors, such as hypertension or high cholesterol.

Several studies have shown a link between the MTHFR gene and the propensity to have abnormal levels of homocysteine.

Your genetic map

Gene	Genotype
MTHFR	TT
MTHFR	AG

What do your genetics say?



Based on your genotype, you are predisposed to have normal levels of homocysteine. Other genetic and clinical factors may be relevant.

Ease of weight loss

Weight loss is a goal for an ever-growing part of the population. Diet and physical activity obviously play a key role in achieving the goal of losing weight, but we often notice that other people achieve better results than us when following the same diet and exercise routine. Genetics has a lot to say about that. We know that between 40 and 70% of the tendency to obesity can be inherited, but genetics also influence how easy or hard it is to lose weight.

Several studies have shown that the LOC10536919, CLOCK, PPARG and TCF7L2 genes influence how easy or hard it is for someone to lose weight.

Your genetic map

Gene	Genotype
TCF7L2	TC
PPARG	СС
CLOCK	AA
LOC105369192	TC

What do your genetics say?



Based on your genotype, your predisposition to weight loss is average. Other genetic and clinical factors may be relevant. Some diseases can make it harder to lose weight. Always consult with a health care professional before starting a diet. And remember that you can also see your predisposition to the effectiveness of different types of diets in other parts of this report.

LDL cholesterol levels

LDL cholesterol is a lipoprotein that can be dangerous if present in high levels, and is thus called "bad" cholesterol. LDL cholesterol can form plaque and build up on the walls of the arteries, which can narrow them and make them less flexible, increasing the risk of cardiovascular disease (infarction, atherosclerosis, or angina pectoris).

Genetic variants in the PCSK9, LDLR, APOC1 and other genes have been associated with abnormal levels of LDL cholesterol in the blood.

Your genetic map

Gene	Genotype
ABCG8	TC
LDLR	TG
LOC102724968	TT
APOB	CC
APOC1	GG
HMGCR	TT
LDLR	TC
FADS1	CC
TIMD4 HAVCR1	CG
CELSR2	GG
PCSK9	TT
SUGP1	TT

What do your genetics say?



Based on your genotype, you are predisposed to have average levels of LDL cholesterol. Other genetic and clinical factors may be relevant. To help maintain adequate LDL levels, you should consume skim milk, limit your intake of butter and fatty meats, and avoid lunch meats, fried foods and mass-produced pastries. The most advisable cooking methods are baking,

Predisposition to overweight

The body mass index (BMI) is a number that is calculated based on a person's weight and height and is used to identify weight ranges that can lead to health problems. A BMI between 18.5 and 24.9 indicates a healthy weight, the overweight range is from 25 to 29.9, and 30 and above indicates obesity, from moderate to very severe. The tendency to overweight is a clear case of a combination of genetic and environmental factors. The environmental factors include mainly the type of diet and physical activity, but approximately 40 to 70% of the predisposition to overweight is inherited.

Several studies have correlated the FTO gene with a predisposition to have a higher BMI. In addition, in men, the MC4R gene is associated with a higher overall excess weight and a higher level of abdominal fat.

Your genetic map

Gene	Genotype
FT0	AC
MC4R	GG

What do your genetics say?



Based on your genotype, your predisposition to overweight is average. Other genetic and clinical factors may be relevant. Since genetics cannot be changed, to maintain a healthy BMI it is important to follow proper habits under the supervision of a health professional. And remember that you can also see your predisposition to the effectiveness of different types of

Triglyceride levels

Triglycerides are the most common type of fat in the body. They come from foods such as butter, some oils, and other fats. However, they can also come from the calories we eat through any other type of food, but that the body does not use and stores in fat cells instead. High triglyceride levels are often also associated with conditions such as lack of exercise, excessive consumption of alcohol, tobacco, or refined carbohydrates, and being overweight. Its most common consequence is an increased risk of cardiovascular disease (heart attack, stroke, atherosclerosis) or type II diabetes. Genetic research has shown a correlation between certain mutations in the APOC1, FADS1, GCKR and other genes and a predisposition to have high levels of triglycerides.

Your genetic map

Gene	Genotype
GCKR	TC
SCARB1	AG
APOC1	GG
FADS1	CC

What do your genetics say?



Based on your genotype, you are more predisposed to high triglyceride levels than the majority of the population. Other genetic and clinical factors may be relevant. To maintain adequate triglyceride levels, you should eat a balanced diet, limit your consumption of fats and carbohydrates, not smoke, limit your consumption of alcohol, and exercise to consume the

Vitamin E - Response to supplementation

Vitamin E (tocopherol) is a fat-soluble vitamin. In addition to being an antioxidant, it is essential for the operation of the immune system and for cardiovascular health, and prevents cataracts, age-related macular degeneration and fatty liver disease. It is also essential for the skin due to its anti-inflammatory and photoprotective properties. Vitamin E deficiency is rare in healthy individuals and is usually caused by diseases in which nutrients are not properly absorbed, such as Crohn's disease, liver diseases or cystic fibrosis. Vitamin E poisoning is also rare, but can cause risk of haemorrhaging, muscle weakness, fatigue, nausea and diarrhoea.

One study has correlated variations in the BUD13/ZNF25, CYP4F2 and NKAIN3 genes in men with abnormal levels of vitamin Eobtained through supplements.

Your genetic map

Gene	Genotype
BUD13/ZNF259/	СС
CYP4F2	СС
NKAIN3	TC

What do your genetics say?



Predisposition to snacking

Snacking is the impulsive need to eat certain amounts of food at frequent intervals. Snacking can be healthy or not, depending on the amount and type of food that is consumed. The tendency to snack is highly influenced by leptin, a hormone that affects the operation of the hypothalamus, which regulates appetite, satiety and energy use.

It has been shown that people with genetic variations in some genes, such as MC4R, have a greater tendency to eat more without feeling satiated, and consequently to snack more frequently between meals.

Your genetic map

Gene

Genotype

MC4R

TT

What do your genetics say?



Based on your genotype, you have a low predisposition to snacking. Other genetic and clinical factorsmay be relevant.

Iron deficiency anaemia

Anaemia is a condition in which the body does not have enough healthy red blood cells needed to carry nutrients to the body's tissues. Iron plays an important role in the production of red blood cells, and not having the right levels can cause anaemia, called iron deficiency anaemia, which is in fact the most common type. However, it should be noted that having low levels of iron does not necessarily lead to anaemia.

Certain genes have been shown to be associated with the development of anaemia; specifically, the TMPRSS6 gene increases the risk of anaemia in men.

Your genetic map

Gene Genotype
TMPRSS6 GG

What do your genetics say?



Based on your genotype, you are predisposed to have iron deficiency anaemia. Other genetic and clinical factors may be relevant. There are two types of iron: heme (which is absorbed better) and non-heme. To facilitate the absorption of non-heme iron, you can eat citrus fruits or foods rich in vitamin C-rich. A health care professional may also prescribe an iron

Iron levels

Iron is an essential mineral for many bodily functions. For example, it is a basic component in the proper functioning of antioxidant enzymes. The absorption, transport and storage of iron are closely regulated by metabolism, because it is an essential but potentially toxic element. Iron deficiency is the

most common nutritional dysfunction in the world. Symptoms include fatigue, rapid heart rate and palpitations. Children, women of childbearing age and vegetarians or vegans are at high risk of iron deficiency.

It has been found that the TF gene affects the level of iron in blood in men.

Your genetic map

Gene	Genotype
TF	AA
TMPRSS6	GG

What do your genetics say?



Based on your genotype, you are not predisposed to have low levels of iron. Other genetic and clinical factorsmay be relevant.

Metabolic efficiency

Metabolism refers to the chemical processes that the body undergoes to convert food into energy, and a concept related to the way in which each body uses nutrients.

Physical fitness is a very complex phenotype, influenced by numerous genetic and environmental factors that contribute to inter-individual variation. Sports genomics studies the genetic components that determine sports performance.

Variations in various genes play an important role in how bodies respond to different types of physical activity, as these genes have a physiological impact on sports performance. Some genes analysed are involved in the metabolism of fatty acids whose expression can improve the oxidative capacity of skeletal muscle during exercise; i.e. different variants result in a more or less efficient acquisition of energy from fatty acids and other nutrients.

Your genetic map

Gene	Genotype
AMPD1	GG
PPARA	CG
ADRB2	GG
PPARD	TT
PPARGC1A	СС

What do your genetics say?



You are predisposed to exhibit lower metabolic efficiency, associated with diminished athletic performance.

Celiac disease

Celiac disease is an immune disease in which people cannot eat gluten because it damages their small intestine. If you have celiac disease and eat foods with gluten, your immune system responds by damaging the small intestine. Gluten is a protein found in wheat, rye, and barley. It may also be found in other products, like vitamins and supplements, hair and skin products, toothpastes, and lip balm. Celiac disease affects each person differently. Symptoms may occur in the digestive system, or in other parts of the body. One person might have diarrhea and abdominal pain, while another may be irritable or depressed. Irritability is one of the most common symptoms in children. Some people have no symptoms.

What do your genetics say?



According to this study, you are less likely to suffer from this disease than most of the population.

Your genetic map

Gene	Genotype
RGS1	AA
AHSA2 REL	AA
IL18R1 IL1RL1	TT
ITGA4 UBE2E3	AA
ICOS CTLA4	CC
CCRL2 CCR5	CC
IL12A	AA
LPP	CC
IL2 IL21	AA
HLA DQB1 HLA	CC
TNFAIP3	AA
SH2B3	TT
PTPN2	AA
MMEL1	AA
RUNX3	AG
Intergenic	CC
PLEK	TC
CD80 KTELC1	TT
MAP3K7 BACH2	AC
THEMIS PTPRK	AA
Intergenic	AA
ZMIZ1	AG

Bilirubin levels

Variation in serum bilirubin is associated with altered cardiovascular disease risk and drug metabolism.

Your genetic map

Gene	Genotype
UGT1A8 UGT1A	GG
HIST1H1T	СС
ARHGEF7	GG
SLCO1B1	TT

What do your genetics say?



According to this study, your propensity is to have normal levels, in line with the average person.

Glycated hemoglobin levels

Glycated hemoglobin A1c (HbA1c) is used as a measure of glycemic control, and also as a diagnostic criterion for diabetes.

Your genetic map

Gene	Genotype
TMEM79 SMG5	AG
LOC107986647	TC
FADS2	CC
PIEZO1	CC
МҮО9В	TC
ANK1	GG
FN3KRP	AG
ABCB11	CC
CDKAL1	TT
GCK YKT6	CC
LOC105375716	TC

What do your genetics say?



According to this study, your propensity is to have normal levels, in line with the average person.

Phospholipid levels (plasma)

Long-chain n-3 polyunsaturated fatty acids (PUFAs) can be the result of diet, or of a-linolenic acid (ALA), through elongation and desaturation

Your genetic map

Gene	Genotype
TMEM258	TC
MYRF	AC
RPLPOP2 DAGLA	GG
FADS1	CC
FADS2	AG
FADS2 FADS3	AG
FEN1	TT
UBXN4 LCT	AA
TMEM258	AA
MYRF	TC
FADS2	AC
ELOVL2	GC
BEST1	AC
LOC101926964	TT
ELOVL2	TC
SYCP2L	TG
RAB3IL1	TG
DAGLA	CC
GCKR	TC
LOC105370339	TT
RPS2P37	TC
STIM2	TT

What do your genetics say?



According to this study, you are more prone than the average person to having normal levels.

Serum albumin level

Many disorders are associated with altered serum protein concentrations, including malnutrition, cancer, and cardiovascular, kidney, and inflammatory diseases.

Your genetic map

Gene	Genotype
MIR22HG	π
ACTBP9	TC
RPS11	GG
FRMD5	GG
TNFRSF13B	TC
FKBPL PRRT1	AG
LOC107984237	TT
HPN AS1	TT
CHRNA3	CC
ELL2	CC

What do your genetics say?



According to this study, your propensity is to have normal levels, in line with the average person.

Serum total protein level

Many disorders are associated with altered serum protein concentrations, including malnutrition, cancer, and cardiovascular, kidney, and inflammatory diseases.

Your genetic map

Gene	Genotype
TNFRSF13B	TC
intergenic	AG
FNDC4 GCKR	TC
ARID5B	TT
FCGRT RPS11	GG
ELL2	CC

What do your genetics say?



According to this study, your propensity is to have normal levels, in line with the average person.

Feeling of Satiety

Satiety refers to the physical sensation of feeling full after eating. When satiety is normal, the brain receives a signal that the body has eaten enough, and hunger subsides.

People with genetic variations in some genes, like FTO, are more likely to eat more without feeling full and satisfied.

The FTO gene is an important factor that predisposes one to having a healthy vs. an unhealthy weight. There is also a correlation between low satiety and weight gain. People with low levels of satiety tend to eat more and consume foods rich in sugar and fat. To improve satiety, you can increase your intake of dietary fibre and eat balanced and healthy foods throughout the day. Examples of high-fibre foods include whole wheat bread, oats, barley, lentils, black beans, artichokes, raspberries and peas.

Your genetic map

AT

Gene

Genotype

FT0

What do your genetics say?



Your genotype indicates that you are prone to reduced satiety compared to those with other genetic variants. Increase your consumption of foods rich in fibre, and eat frequently throughout the day (foods low in calories) to avoid gaining weight.

Vitamin K

Vitamin K is a group of fat-soluble vitamins essential for promoting proper blood clotting and bone health. Numerous studies indicate that an optimal intake of vitamin K contributes to greater longevity. Vitamin K plays a protective role against various modern diseases such as arteriosclerosis, osteoporosis, diabetes and some types of cancer. Low levels of vitamin K increase the risk of bleeding, the calcification of blood vessels, and bone fractures. Vitamin K is often used to treat varicose veins, bruises, scars, and burns, as it accelerates healing. Dietary sources richest in Vitamin K include vegetable oils and leafy green vegetables.

Genetic variations have been reported that contribute to imbalances in Vitamin K levels; in fact, some variants have been associated with increased levels, while others have contributed to lower levels.

Your genetic map

Gene	Genotype
VKORC1	GG
VKORC1	СС

What do your genetics say?



Your genotype is associated with normal levels of Vitamin K.

Strength

Muscle strength measures the maximum amount of force that can be exerted over a limited period of time. Rapid shrinkage fibres generate a relatively high amount of force over a short period of time. They are characterised by great strength, power and speed, but they fatigue faster. They are less able to obtain aerobic energy, lower oxygen levels, and higher levels of glycogen, so at first they get energy from glycolysis (anaerobic respiration) for muscle contraction.

This process is very fast, but it is also quite inefficient at producing energy; and it produces lactic acid, which favours muscular fatigue. This explains why fast-twitch fibres tire faster.

It is estimated that power is 80% inherited, depending on the specific type of muscle (isometric strength of the knee, hand strength, elbow flexion). To assess the power predisposition profile, genetic markers have been used that have been associated with power sports.

Your genetic map

Gene	Genotype
ACE	GG
IGF2BP2	TG
NOS3	AA
PPARG	CC
AGT	GG
PPARA	CG
VEGFA	GG
VDR	AA
PPARGC1A	CC
HIF1A	CC

What do your genetics say?



Your propensity to develop strength is moderate.

Resistance

Resistance training is defined as a low-intensity activity performed over a long period of time. Muscle endurance measures your ability to sustain an activity for a time period without feeling tired.

If your muscular structure favours endurance, you have the potential to thrive at sports that depend on this ability. The intrinsic ability to perform resistance exercise is influenced by several factors. First, resistance depends on the proportion of slow-twitch fibres of skeletal muscle. These are also known as red fibres because they contain more myoglobin, a protein that stores oxygen, and they have their own energy source, so they can maintain their strength longer. Second, it has been observed that the top athletes usually have what have been called "marathon genes".

Studies have identified genetic variants associated with a high proportion of these fibres and a high supply of oxygen to muscle tissue.

Your genetic map

Gene	Genotype
PPARGC1A	СС
ACE	GG
NFIA AS2	GG
HIF1A	СС

What do your genetics say?



Your genetic profile indicates that you are predisposed to perform endurance sports.

Aerobic capacity

Maximum aerobic capacity (or maximum volume of oxygen, VO2max) is the maximum volume of oxygen a athlete's muscles can use for one minute to produce maximum physical effort. This measure reflects the person's aerobic physical condition and determines their power during prolonged exercise. The benefits of having good aerobic fitness are low pressure, low cholesterol, and reduced risk of obesity, type-2 diabetes and cardiovascular disease. VO2max is measured in L/min, but is more commonly expressed in mL of O2/kg/min in order to equitably compare athletes whose body masses are different. Absolute VO2max figures are usually 40-60% higher in men than in women.

Beginning at age 30 lung capacity begins to decline, and at age 50 may be half of what it was. This decrease means that less oxygen enters our cells, leading to reduced respiration and endurance, and increased susceptibility to respiratory diseases with age. Numerous genetic variants have been associated with aerobic capacity.

Your genetic map

Gene	Genotype
NFIA AS2	GG
RGS18	GG
ACSL1	GG

What do your genetics say?



Your genotype does not tend to endow you with an enhanced lung capacity, but you can improve it, so your muscles can convert oxygen into energy more efficiently. Perform intense exercise, increasing your heart rate to 70-85%.

Muscular strength

Muscle strength is the amount of force a muscle can exert in a single contraction. Muscles have two types of fibres: fast and slow. Fast-twitch fibres provide explosive energy; to lift weights, or run fast, for example. Slow-twitch fibres are for more endurance-related exercises.

Developing fast-twitch fibres requires aerobic activity, whereas for the development of slow-twitch fibres anaerobic exercise is required, to gain strength. Muscle strength is determined by fast fibres. which provide rapid explosions of energy.

Studies with relatives have shown that up to 90% of the variation in muscle mass, and up to 60% of variation in muscle strength, are heritable. Genetic variations have been associated with muscle strength.

Your genetic map

Gene	Genotype
HFE	СС
IGF1	GG
HIF1A	CC
GDF8	TT
IGF1	TC
SLC30A8	TC
CCL2	AA

What do your genetics say?



You do not enjoy an extra benefit in terms of a tendency to greater strength and muscle mass.

Muscle response to resistance training

Workouts featuring resistance training are recommended at least two days a week. Systematic, long-term resistance training increases skeletal muscle size and strength in men and women of different ages, as well as the aerobic capacity of fast-twitch fibres.

There are studies that show that almost all people benefit from endurance exercises, although gains in muscle size and strength are highly variable amongst individuals, and depend on gender, age, general health, nutrition and personal genetics.

Several studies have reported an association between certain genetic variations and muscle size and strength. Some people gain more strength and muscle size in response to the same training as others.

Your genetic map

Gene	Genotype
BMP2	СС
IL15RA	π
INSIG2	GG

What do your genetics say?



Your genotype indicates that you are prone to easily increasing your muscle through resistance-based exercise.

Skeletal Muscle Performance

Muscles such as biceps, pectorals and quadriceps are skeletal muscles that are attached to the skeleton to generate movement. Skeletal muscle is composed of elongated, thin cells, which include all the organelles necessary for cellular functions. More than 90% of the total volume of skeletal muscle cells is composed of muscle proteins, including actin and myosin contractile proteins.

When a muscle cell is activated by a nerve impulse, the interaction between actin and myosin generates a contraction. The total force depends on the sum of all the contractions that occur simultaneously in a muscle cell. Skeletal muscle is one of the three main types of muscles, the others being the heart and smooth muscle. The UCP2 and UCP3 proteins can negatively regulate mitochondrial ATP synthesis (energy that muscles use), thereby influencing physical performance. One study has found that genetic variants in these genes are associated with improved skeletal muscle performance through training.

Your genetic map

Genotype

Gene

UCP2 TT

What do your genetics say?



You present an increase in the efficiency of muscle contraction through training.

Muscular fatigue

Muscle fatigue occurs when muscles cannot exert normal strength, or when it takes more effort than normal to achieve a desired level of strength. Late-onset muscle pain describes a phenomenon of muscle pain or stiffness that is felt 12-48 h after exercise, particularly when starting a new training program, after a change in sports activity, or after a considerable increase in the duration or intensity of exercise.

The proteins of an injured muscle are released into the blood. A higher concentration of these proteins means greater damage to muscle fibres and a greater likelihood of muscle fatigue.

In addition to exercise, genetic condition is another cause of muscle fatigue. There are studies that relate certain genetic variants with enhanced resistance to muscular fatigue.

Your genetic map

Gene	Genotype
HNF4A	GG
NAT2	AA

What do your genetics say?



The likelihood of your muscles suffering damage and fatigue is average.

General risk of injury

Exercise has numerous health benefits, but we must be careful to avoid injuries that occur when we perform exercises incorrectly. Although injury is always a risk when we engage in any exercise, some people are more likely to injure themselves than others, in part due to their genetics.

Scientific evidence has shown that certain genetic variations can affect vulnerability to injury. People at increased risk should adjust their training plans.

The genetic risk of injury is calculated taking into account variations in the genes related to general inflammation, as when suffering from soft tissue injuries, inflammation levels may affect recovery. This information allows you to get recommendations about which exercises to do and which to avoid.

Your genetic map

Gene	Genotype
GDF5	AA
COL1A1	СС
IL6	CC
CRP	CC

What do your genetics say?



You are at a high risk of injury to your tendons, ligaments and muscles.

Risk of overload fracture

Overload fractures are small cracks in the bone caused by repetitive force or repetitive movements, such as running long distances or jumping repeatedly. They can also be caused by normal use of a weakened bone.

Anyone can suffer an overload fracture, but some people have a greater predisposition, which is associated with lower bone density. Overload fractured are a common injury in athletes, and affect up to 20% of athletes, particularly women. The main factor affecting one's risk to overload fractures is bone density, which has a genetic component (up to 85% of the variability is explained by genetic variations).

Using information from various genetic variants, the risk of overload fractures is estimated. Some variations increase risk while playing a protective role.

Your genetic map

Gene	Genotype
FUBP3	AG
RIN3	СС
C17ORF53	AA
MEPE	GG
ZBTB40	GG

What do your genetics say?



Your predisposition to suffering stress fractures is very great.

Response of blood pressure to sports

High blood pressure, known as hypertension, is a common health issue. It is estimated that most people will have hypertension at some point in their lives.

Exercise has been shown to lower blood pressure. In fact, aerobic training is generally recommended as a therapy to prevent, treat, and control hypertension. An hour and a half of low-intensity aerobic exercise per week helps to lower blood pressure. There is great variability in the inter-individual response to the antihypertensive effects of exercise, and much of this variation is explained by genetic predisposition.

People more prone to controlling their hypertension see their blood pressure drop more quickly than the average person. For these people the benefits of 30 minutes of exercise a day are more noticeable than for the general population.

Your genetic map

Gene	Genotype
EDN1	GG
NOS3	AG
GNAS	π
ADD1	GG

What do your genetics say?



The likelihood that your blood pressure will decrease thanks to regular exercise is average.

Resilience

Prolonged exercise involves muscle lengthening and may result in structural muscle disruption, deterioration of the excitation-contraction process, inflammation, and the breakdown of muscle proteins.

This process is known as exercise-induced muscle damage, and although a certain amount of muscle damage is required for adaptation to occur, excessive damage or inadequate recovery from muscle damage may increase the risk of injury.

After performing physical exercise, some people recover quickly and are ready to make a physical effort again after a brief rest. Other people do not recover as quickly, and need more rest time. Research has shown that certain genetic variants are associated with slower recovery after hard exercise. People with these markers should take special care with their training plan.

Your genetic map

Gene	Genotype
L6	СС
CRP	СС
SOD2	GG

What do your genetics say?



Your genotype is associated with high levels of inflammation and low levels of antioxidants, which predisposes you to slower recovery after exercise.

Arrhythmogenic Right Ventricular Dysplasia, Familial, 10

Familial Isolated Arrhythmogenic Right Ventricular Dysplasia (ARVC) is the familial autosomal dominant form of ARVC, a heart muscle disease characterised by life-threatening ventricular arrhythmias with Left Bundle Branch Block Configuration (LBBBC), which may manifest with palpitations, ventricular tachycardia, syncope and sudden, fatal attacks. It is due to dystrophy and fibro-fatty replacement of the right ventricular myocardium, which may lead to right ventricular aneurysms.

Your genetic map

Gene	Genotype
DSG2	GG
DSG2	ТТ
DSG2	AA

What do your genetics say?



Brugada Syndrome 1

Brugada Syndrome (BrS) manifests with ST segment elevation in right precordial leads (V1 to V3), incomplete or complete Right Bundle Branch Block, and susceptibility to ventricular tachyarrhythmia and sudden death. BrS is an electrical disorder without overt myocardial abnormalities. As the aberrant ECG pattern is often intermittent and shows a distinct regionality, it is difficult to estimate the prevalence of the disease. The largest cohorts in Far East countries indicate a prevalence of 1/700-1/800. Its prevalence in Europe and the United States is lower: 1/3,300 to 1/10,000. An analysis of worldwide literature suggests a prevalence of the Type 1 (diagnostic) ECG pattern of 1/1000.

Your genetic map

Gene	Genotype
SCN5A	GG
SCN5A	СС

What do your genetics say?



Cardiomyopathy, Familial Hypertrophic, 1

Hypertrophic Cardiomyopathy (HCM) is typically defined by the presence of Left Ventricular Hypertrophy (LVH). SUCH LVH occurs in a non-dilated ventricle in the absence of other cardiac or systemic diseases capable of producing the observed magnitude of increased LV wall thickness, such as pressure overload (e.g., long-standing hypertension, aortic stenosis) or storage/infiltrative disorders (e.g., Fabry Disease, amyloidosis). The clinical manifestations of HCM range from asymptomatic LVH, to progressive heart failure, to Sudden Cardiac Death (SCD), and vary from individual to individual, even within the same family. Common symptoms include shortness of breath (particularly with exertion), chest pain, palpitations, orthostasis, presyncope, and syncope. Most often the LVH of HCM becomes apparent during adolescence or young adulthood, although it may also develop late in life, in infancy, or in childhood.

Your genetic map

Gene	Genotype
MYBPC3	DD
МҮВРС3	СС
мүн7	CC
мүн7	GG
MYH7	II
MYH7	π
MYH7	AA
MYBPC3	GG

What do your genetics say?



Cardiomyopathy, Familial Hypertrophic, 2

Hypertrophic Cardiomyopathy (HCM) is typically defined by the presence of Left Ventricular Hypertrophy (LVH). SUCH LVH occurs in a non-dilated ventricle in the absence of other cardiac or systemic diseases capable of producing the observed magnitude of increased LV wall thickness, such as pressure overload (e.g., long-standing hypertension, aortic stenosis) or storage/infiltrative disorders (e.g., Fabry Disease, amyloidosis). The clinical manifestations of HCM range from asymptomatic LVH, to progressive heart failure, to Sudden Cardiac Death (SCD), and vary from individual to individual, even within the same family. Common symptoms include shortness of breath (particularly with exertion), chest pain, palpitations, orthostasis, presyncope, and syncope. Most often the LVH of HCM becomes apparent during adolescence or young adulthood, although it may also develop late in life, in infancy, or in childhood.

Your genetic map

Gene	Genotype
TNNT2	GG
TNNT2	СС
TNNT2	ll ll

What do your genetics say?



Long Qt Syndrome 1

Congenital Long QT Syndrome (LQTS) is a hereditary cardiac disease characterised by a prolongation of the QT interval at basal ECG and by a high risk of life-threatening arrhythmias. The disease's prevalence is estimated at close to 1 in 2,500 live births.

Your genetic map

Gene	Genotype
KCNQ1	СС
KCNQ1	GG

What do your genetics say?



C-reactive protein

C-reactive Protein (CRP) have been used as critical markers contributing to acute and chronic inflammation.

Your genetic map

Gene	Genotype
FLJ20021	π
DOCK4	GG
LOC105377910	TT
KCNE4	GG
HNF1A	TT
LOC105374322	AA
PSMD3 CSF3	TT
LOC100506403	AA

What do your genetics say?



According to this study, your propensity is to have normal levels, in line with the average person.

Dehydroepiandrosterone sulphate levels

Dehydroepiandrosterone Sulphate (DHEAS) is the most abundant circulating steroid secreted by adrenal glands--yet its function is unknown. Its serum concentration declines significantly with increasing age, which has led to speculation that a relative DHEAS deficiency may contribute to the development of common age-related diseases or diminished longevity.

Your genetic map

Gene	Genotype
ZKSCAN5	СС
SULT2A1 SNAR	GG
SRP14 AS1	AA
HHEX EXOC6	CC
LOC107984256	TC
TRIM4	GG
BCL2L11	CG
ARPC1A	CC

What do your genetics say?



According to this study, your propensity is to have normal levels, in line with the average person.

Spirometric measure of pulmonary function (Forced vital capacity)

Forced Vital Capacity (FVC), a spirometric measure of pulmonary function, reflects lung volume and is used to diagnose and monitor lung diseases.

Your genetic map

Gene	Genotype
EFEMP1	AT
BMP6	ТТ
MIR129 2	GG
PRDM11	AA
WWOX	AA

What do your genetics say?



According to this study, you have a propensity similar to that of most of the population.

Liver enzyme levels (gamma-glutamyl transferase)

Concentrations of liver enzymes in plasma are widely used as indicators of liver disease.

Your genetic map

Gene	Genotype
PNPLA3	CG
NBPF3	AC
RNU6 1151P	TA
LOC105376184	CC
ABO LCN1P2	CC
JMJD1C	GG
FADS2	TT
ST3GAL4	TC
ASGR1 DLG4	TC
ABHD12	AA
LOC101927479	AA
CEPT1	AA
EFHD1	AC
SLC2A2	GG
HPRT1P2	AA
MLXIPL	CC
DLG5	AA
HNF1A	AG
EXOC3L4	AA
RORA RORA AS1	AC
CD276	СС
LOC102724084	СС

What do your genetics say?



According to this study, your propensity is to have normal levels, in line with the average person.

Liver enzyme levels

Plasma liver-enzyme tests are widely used at the clinic for the diagnosis of liver diseases and to monitor responses to drug treatment. There is considerable evidence that human genetic variation influences the plasma levels of liver enzymes

Your genetic map

Gene	Genotype
JMJD1C	СС
JMJD1C	AA
LINC01363	TC
ADAMTS13	GG
PNPLA3	AA
NBPF3 ALPL	GG
GPLD1	GG
GGT1	GG

What do your genetics say?



According to this study, your propensity is to have normal levels, in line with the average person.

Serum uric acid levels

Uric acid is a chemical that is created when the body breaks down substances called purines. Purines are normally produced in the body and are also found in some foods and beverages. Foods with a high purine content include liver, anchovies, mackerel, beans (beans) and dried peas and beer.

Most of the uric acid dissolves in the blood and travels to the kidneys. From there it comes out through the urine. If your body produces too much uric acid or does not eliminate it in sufficient quantities, you can get sick. High levels of uric acid in the blood are called hyperuricemia.

Your genetic map

Gene	Genotype
ABCG2	GG
SLC2A9	TG
SLC17A1	AG

What do your genetics say?



Sex hormone levels

Genetic factors contribute strongly to sex hormone levels, yet knowledge of the regulatory mechanisms remains incomplete.

Your genetic map

Gene	Genotype
ZNF789	СС
LOC146253	AA
LOC105376607	TT
ANO2	CC
ZKSCAN5	GG
SLC22A24	CC
SULT2A1 SNAR	GG
LOC102723403	CC

What do your genetics say?



According to this study, you are more prone than the average person to having normal levels.

Thyroid hormone levels

Thyroid hormone is essential for normal metabolism and development, and overt abnormalities in thyroid function lead to common endocrine disorders affecting approximately 10% of individuals over their life spans. In addition, even mild alterations in thyroid function are associated with weight changes, atrial fibrillation, osteoporosis, and psychiatric disorders.

What do your genetics say?



According to this study, your propensity is to have normal levels, in line with the average person.

Your genetic map

Gene	Genotype
PDE8B	AG
PDE10A	СС
LOC105376817	AG
LOC105371356	TC
LOC107986598	CC
LINC01512	CC
LOC107986195	TT
LOC101928278	AA
SOX9	TT
NFIA	GG
FAM227B FGF7	TT
PRDM11	CC
DET1	GG
INSR	TT
ITPK1 CYB5AP3	CC
NRG1	AG
LINC00609	TT
SASH1	TC
GLIS3	GG
DIO1	AC
LHX3	AG
KRT18P13	TC

White blood cell count

White blood cells are a type of blood cell that is produced in the bone marrow and found in blood and lymphatic tissues. White blood cells are part of the body's immune system. These help the body fight infections and other diseases. The types of white blood cells are granulocytes (neutrophils, eosinophils, and basophils), monocytes, and lymphocytes (T cells and B cells).

White blood cell count is a common clinical measurement of whole blood count tests, and varies widely among healthy individuals.

Your genetic map

Gene	Genotype
LINC01565	AA
EPS15L1	AG
LOC101927156	TC
LINC01565	GC
CCDC26	GG
LOC105376219	TC
PSMD3 CSF3	TT
HCG22 C6orf15	π
PSMD3 CSF3	TC

What do your genetics say?



According to this study, your propensity is to have normal levels, in line with the average person.

Dermal sensitivity

The skin functions as a permeable barrier that blocks the penetration of harmful pathogens and toxins. A hyperreactive immune response to allergens and deficiencies in protection against environmental toxins contribute to the overall risk of dermal sensitivity. In some cases dermal sensitivity results in atopic dermatitis, or eczema, which is the most common skin involvement, with a prevalence of up to 20% in children and 3% in adults in developed countries. People living in cities and in dry climates are more susceptible to this disease. Atopic dermatitis is characterised by very dry skin and inflammatory lesions, which are frequently infected by bacteria and viruses. It is important to see a dermatologist if you have these symptoms.

Genetic and environmental factors appear to be the cause of increased dermal sensitivity. Your overall risk is calculated using the results of a large-scale study in which a number of genetic variants associated with increased risk have been identified.

Your genetic map

Gene	Genotype
IL18	CG
ADAD1	GG
EPHX1	TC

What do your genetics say?



You have genetic variants associated with normal dermal sensitivity.

Protection against pollution

Environmental pollution causes signs of ageing on the skin, dark spots and inflammation. Two important enzymes (EPHX1 and NQO1) protect the skin and body from highly reactive external chemicals (epoxides and quinones).

The EPHX1 enzyme prevents the absorption of epoxides by converting them into less reactive, water-soluble forms. The NQ01 enzyme converts the coenzyme Q10 (ubiquinone) to its reduced form, ubiquinol, which captures free radicals in the mitochondria and in the lipid membrane of the skin. This enzyme detoxifies quinones by converting them into reduced forms that can be excreted. On the skin, both enzymes play an important role in preventing the outer layer (the epidermis) from absorbing toxins.

Genetic variations in the EPHX1 gene may cause deficiencies in its function and, in the NQ01 gene, decrease the production of ubiquinol. People with reduced levels of these two enzymes suffer from significantly reduced skin protection against environmental toxins.

Your genetic map

Gene	Genotype
EPHX1	TC
NQO1	GG

What do your genetics say?



You enjoy good protection against that external agents that can damage your skin.

Inflammation of the skin

Skin inflammation occurs when skin cells have a hyperreactive response to allergens or toxins. Acute inflammation is a natural reaction to repair the skin after being exposed to environmental infections or toxins, and usually lasts a few days. While it is a useful short-term response, if inflammation continues it can play a negative role. When the inflammation is chronic it begins to be destructive and damages the skin.

There are numerous stimuli that induce chronic inflammation: UV rays, stress, toxins, tobacco, alcohol, pathogen infections, excess free radicals. While inflammation is the skin's first line of defence, excessive inflammatory response causes premature ageing of the skin.

Signs include dermal tenderness, redness, and irritation. Genetic variations in various proinflammatory and antiinflammatory genes are associated with an increased risk of chronic skin inflammation.

Your genetic map

Gene	Genotype
IL18	CG
IL6	AA
IFNG	AG
ADAD1	GG
IL10	AG
IL6	CC

What do your genetics say?



Your genetics predispose you to a lower risk of excessive inflammatory responses on your skin.

Freckles

Freckles, also known as ephelides, are hyperpigmented spots that often appear on the face, neck, thorax, and arms. They are the result of an increase in the production of melanin in the skin. They usually appear in childhood, but decrease with age, and darken with sun exposure.

Freckles are common among the Caucasian population and more frequent in light-skinned and red-haired people, who tend not to tan, are more likely to suffer sunburn and sun spots, and are at an increased risk for malignant melanoma and skin cancers.

Freckles are associated with genetic variations in the IRF4 and MC1R genes. The MC1R gene contributes the most to red hair and fair skin. The number of parts depends on the number of variants of the MC1R gene.

Your genetic map

Gene	Genotype
Intergenic	СС
Intergenic	GG
IRF4	CC
TYR	AC
TYR	GG
MC1R	CC

What do your genetics say?



Your genotype is the most favourable, so you are at a very low risk of freckles.

Psoriasis

Psoriasis is a chronic inflammatory disease that affects the skin and joints and causes desquamation and inflammation (pain, swelling and redness). During cell renewal, skin cells grow from the deepest layers and rise to the surface by constantly replacing dead cells, which takes about a month.

In the case of psoriasis, cell renewal occurs in only a few days, which causes new cells to rise too quickly and accumulate on the surface. It is a disorder of the immune system: T lymphocytes protect the body against infections and diseases, but in psoriasis they are unduly activated. This causes swelling and rapid cell replacement in the skin.

Factors that can cause skin worsening with psoriasis include: infections, stress, changes in the weather, exposure to UV light, and certain medications. Variants in the analysed genes HLA-C, IL12B, IL23R, IL13, MTHFR and TNIP1 have been associated with psoriasis. Genetic predisposition is the underlying cause of this disease.

Your genetic map

Gene	Genotype
HLA C	СС
IL12B	GG
IL13	GG
IL23R	GG
MTHFR	AG
TNIP1	AG

What do your genetics say?



You are at a high risk of psoriasis, although this does not necessarily mean that you will develop it. Vitamin D, A and omega-3 fatty acids are nutrients used for the management of psoriasis. The combination of topical treatments, phototherapy and systemic treatments can yield better results.

Sensitivity to the sun

The skin can be sensitive to the sun for a variety of reasons: it is underdeveloped (childhood), or inflamed (atopic dermatitis or acne), or due to photosensitivity induced by drugs or dermatological treatments. In these cases it is vital to use protection with a Sun Protection Factor (SPF) suitable for each type of skin.

Sensitivity to the harmful effects of ultraviolet radiation is inheritable. Numerous large-scale studies have identified genetic variations that enhance sensitivity to the sun and the tendency we have to suffer from sunburn (erythema).

The genes related to skin pigmentation (ASIP, TYR, MC1R, and OCA2) and a low tanning capability are those that most influence the skin's sensitivity to the sun. In addition, there is a strong association between DNA repair genes and the tendency to suffer from sunburn. These genes have no relation to tendency to tan, so there is an underlying mechanism to burns that is independent of pigmentation.

Your genetic map

Gene	Genotype
NTM	AA
TYR	GG
ASIP	CC
LOC105374875	TC

What do your genetics say?



You are at a high risk of skin sensitivity to the sun. Supplementation with omega-3 reduces sensitivity to solar erythema. Apply a sunblock suitable for your skin type, even in cases of brown skin or good tans. Keep a close eye on any changes in the colour, size or texture of moles.

Ease tanning

Tanning is the physiological response stimulated by ultraviolet (UV) radiation from the sun's rays. Exposure to UV rays increases the production of eumelanin, a type of melanin pigment that darkens the skin to protect it from damage. Different individuals' tanning capacities vary, and can have positive and negative effects on the health of the skin.

People with less capacity are more prone to burns and sun spots, wrinkles, folate loss and melanoma, while people who tan easily are at risk for Vitamin D deficiency, because they can produce less Vitamin D in response to solar exposure.

The skin's tanning capability is variable and is genetically determined. People with certain variants in genes related to pigmentation usually have light-coloured eyes and skin, and a reduced tanning capacity. Variations in the MC1R gene (melanin receptor) are the most determinant, and are associated with red hair, freckles, increased sensitivity to the sun and less tanning.

Your genetic map

Gene	Genotype
LOC105374069	TC
LOC105374875	TC
HERC2	AA
ASIP	CC
ASIP	GG
IRF4	CC
MC1R	CC
TYR	AC
TYR	GG

What do your genetics say?



Your skin is very likely to tan easily.

Sunspots

Facial sunspots (sun lentigos, or lentigines) are oval or round, pigmented spots that measure 2 to 20 mm, are brown, uniform, and located in areas frequently exposed to the sun, like the face, arms and back of the hands. They are larger than freckles/ephelides, do not disappear in the winter, and are common in ageing skin.

Solar lentigines are the result of the local growth of melaninproducing cells in response to ultraviolet radiation. These spots are more frequent among the Caucasian and Asian populations, and in women, especially after age 50. Although they are benign lesions that do not need medical treatment, they indicate that sun exposure has been excessive. For aesthetic reasons they can be eliminated by different treatments, although the best form of prevention is the use of sunscreens and limiting sun exposure.

Variations in MC1R and IRF4 genes have been associated with an increased risk of sunspots. There are numerous risk alleles in the MC1R (melanin receptor) gene.

What do your genetics say?



Your predisposition to sunspots is very low.

Your genetic map

Gene	Genotype
IRF4	СС
MC1R	GG
MC1R	СС

Global benefit of the sport in your body

The benefits of exercise and regular physical activity are well known, and all people, regardless of age, sex or physical ability can notice its benefits. Exercise can prevent weight gain and help prevent many health problems, such as heart attacks, metabolic syndrome, type-2 diabetes, depression, various cancers, and arthritis.

Exercise releases oxygen and nutrients to tissues and helps the cardiovascular system work more efficiently. When the heart and lungs are healthier, the body has more energy.

Some people experience the benefits of exercise more quickly than others, but may also require dietary changes. People with certain genetic variants experience rapid results, such as lower cholesterol, triglycerides and blood pressure.

Your genetic map

Gene	Genotype
CETP	СС
BDNF	TC

What do your genetics say?



Based on your genotype, to note the benefits of regular exercise you should also make changes in your diet.

Benefit of Exercise in Insulin Sensitivity

Insulin helps control changes in glucose levels (commonly known as sugar) in the body. Insulin sensitivity refers to the body's ability to respond to these changes.

Having a greater sensitivity to insulin means that the body is better able to process glucose. Insulin resistance, on the other hand, is an alteration that impedes the proper regulation of glucose, and is associated with obesity and type-2 diabetes. Many people can benefit from exercise to increase insulin sensitivity.

According to one study, people with the beneficial genotype in a marker of the LIPC gene benefit more in the form of increased insulin sensitivity.

Your genetic map

Gene Genotype

LIPC CC

What do your genetics say?



You enjoy increased benefits from exercise in the form of better insulin sensitivity. This is especially important if you are diabetic, are overweight, or have a metabolic syndrome.

Benefits of Exercise in Cholesterol

One of the benefits of exercise is improved cholesterol levels. HDL cholesterol is known as good cholesterol, and having high levels of HDL is beneficial. Many people can improve their HDL levels through exercise.

Research has shown that exercise stimulates enzymes that help move bad cholesterol from the blood to the liver, allowing it to be excreted with bile. It has also been stipulated that exercise increases the size of protein particles that carry cholesterol through the blood, reducing the possibility that small particles clog arteries.

Individuals with certain genetic variants will do well to increase their good cholesterol levels while exercising, while carriers of other genetic variants are less likely to lower their bad cholesterol levels through exercise alone.

Your genetic map

Gene	Genotype
CETP	СС
PPARD	TT

What do your genetics say?



Your genotype is not associated with a greater capacity to regulate your cholesterol levels through exercise.

Benefit of exercise in body mass index

Exercise is part of weight loss plans, and is a crucial tool for maintaining a healthy weight. Physical activity is beneficial for all people, regardless of their genetics, but exercise is especially recommended for people at increased risk of being overweight.

People with a certain variant in the genetic marker of the FTO gene are more likely to be overweight, have an increased Body Mass Index, and waist circumference. However, a large-scale study has shown that genetic susceptibility to obesity-induced variants in the FTO gene can be changed by adopting an active lifestyle.

In fact, people who are more susceptible to obesity experience greater weight loss by exercising at moderate intensities.

Your genetic map

Gene	Genotype
FT0	GG
FTO	AC

What do your genetics say?



Your genotype is not associated with easier weight loss through exercise.

Figurative creativity

Creativity refers to the ability to invent or create something. It is closely related to human development and achievement, both individually and socially. The COMT gene and its function as a dopamine transmitter have long been researched as a contributor to creativity.

Your genetic map

Gene

Genotype

COMT

GG

What do your genetics say?



Based on your genotype, your genetic propensity to have figurative creative skills is normal.

Impulsivity

Impulsivity is the predisposition to react unexpectedly, quickly, and disproportionately to an external situation that may be threatening, or to an internal stimulus specific to the individual, without prior reflection or taking into account the consequences that one's actions might have. Variants of the DBH gene related to dopamine metabolism seem to influence impulsivity.

Your genetic map

Gene Genotype

DBH TC

What do your genetics say?



Based on your genotype, you do not have a propensity towards impulsive personality traits. Other genetic and clinical factors may also have an effect.

Night person

The body's internal biological clock controls behaviour and physiological processes occurring in 24-hour cycles, such as the sleep-wake cycle. Numerous genes regulate one's circadian rhythm. One of them, CLOCK, has been associated with a preference for early or late-night behaviour.

Your genetic map

Gene	Genotype
CLOCK	AA
PER3	СС

What do your genetics say?



Your genotype is not associated with a genetic propensity to being a night owl.

Longevity

Genetic studies on twin brothers have shown that approximately 25% of overall variation in human life expectancy can be attributed to genetic factors, which become more relevant as of the age of 60. The TAS2R4 gene has been correlated with life expectancy.

Your genetic map

Gene

Genotype

TAS2R4

TC

What do your genetics say?



Your genotype is associated with normal longevity. In any case, longevity depends on many other factures, apart from genetic.