

Sabine Sample Patient ID Female, 48 Ethnicity Lab No. 0000SAMPLE



Ordering clinician: DR FIRST LAST NAME
Ordering clinic: CLINIC NAME
12 UBI AVE 2
#07-10
SIN 123456

Sample collected: 17 September 2025, 10:45
Test conducted: 17 September 2025
Test reported: 18 September 2025
Lab ref: QQ102 [Z]

Health Check

powered by Nightingale Health

Routine risk assessment for common chronic diseases

Clinical Report

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This is a computer generated report. No signature required.
All results should be correlated/interpreted with patient's clinical findings.

Nightingale Health

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CAP
ACCREDITED
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Interpretation guide for the clinical report

This test estimates the patient's risk of developing a set of chronic diseases based on the patient's blood values, age, sex, and ethnicity. The results should be interpreted in the context of the overall clinical picture. For example, if the patient has a well-controlled diagnosed condition, the test may show a low risk, which should be considered when evaluating the test results.

Steps for interpreting the results

- 1. Review the clinical summary page:** Evaluate the risk profile and result categories. How does the patient compare to their age peers?
- 2. Review the disease-specific pages:** Evaluate the absolute disease percentages for each disease. Are they clinically significant?
- 3. Review basic blood values page:** Check cholesterol, apolipoproteins, creatinine, and eGFR.

To further evaluate the condition, consider performing additional clinical examinations (e.g. BP, BMI, family history). Also consider additional blood tests (e.g. fatty acids, amino acids, inflammation, Lp(a)) or other relevant, disease-specific investigations.

Interpreting the risk profile on the clinical summary page

The result categories shown in **green**, **amber**, and **red** in the report are determined by comparing the patient's test results to those of individuals in the same age group. The categories are defined as follows:

- Average or lower**
 The result is at or below the 50th percentile in the age group.
- Higher than average**
 The result is between the 50th and 85th percentile in the age group.
- Notably above average**
 The result is above the 85th percentile in the age group.

Important: Colored result categories are always relative to age-matched peers.



Scan the QR code for supplementary information related to the report.

Interpreting the disease-specific pages

The disease-specific pages start with the colored result category. Below the category, the report shows the risk of developing each respective disease as an absolute percentage value (10-year risk). When interpreting the results, it's important to note that chronic diseases are strongly correlated with age.

Younger patients: The risk of developing any disease is typically low in absolute terms. The result categories (Average or lower, Higher than average, Notably above average) provide additional insight by comparing the patient to their age peers.

Example: A **notably above average** result for a young patient indicates a substantially less favorable result category compared to their peers. While the absolute risk for a young patient is likely low and suggest no intervention, this result category indicates that the patient is on an adverse trajectory and the risk is likely to rapidly increase with age. **The notably above average result category allows for early interventions, often decades before the absolute risk prompts action.**

Older patients: The risk of developing any disease in the report is typically on the high side in absolute terms. The result categories (Average or lower, Higher than average, Notably above average) provide additional insight by comparing the patient to their age peers.

Example: An **average or lower** result for an older patient indicates a more favorable result category compared to their peers. While the absolute risk for an older patient is likely on the high side, this result category indicates that the patient is on a favorable trajectory and the risk is less likely to become an issue in comparison to their peers. **The average or lower result category allows for a more detailed stratification of the absolute risk for older patients and more targeted interventions.**



Clinical summary

Your risk profile for common chronic diseases in comparison to other women your age

The result categories indicate how your 10-year risks compare to other women of your age. For evaluating the disease-specific risks, see the risk page of each disease.



Heart attack

Your current result category

Notably above average

In comparison to women your age

Heart attack is one of the most common causes of death. It occurs when an artery supplying blood and oxygen to the heart muscle is occluded.

Your current 10-year risk and future projection

What is your current risk, how it compares to other women your age, and what happens when you get older.



What factors increase your risk?

- **Lifestyle** can account for up to 80 % of your risk. Poor diet, sedentary lifestyle, smoking, excessive use of alcohol, high stress, and lack of sleep may influence the **clinical risk factors** and your risk.

How to improve?

- See the **Lifestyle guidance page** for information on lowering risks through healthy habits.
- Consult your healthcare provider to assess and manage the **clinical risk factors**.

Your progress over time

Your result category has changed since your last blood test.

Notably above average	☐	☒
Higher than average	☒	☐
Average or lower	☐	☐

1 December 2024

18 September 2025

Your current result category

Ischemic stroke

Your current result category

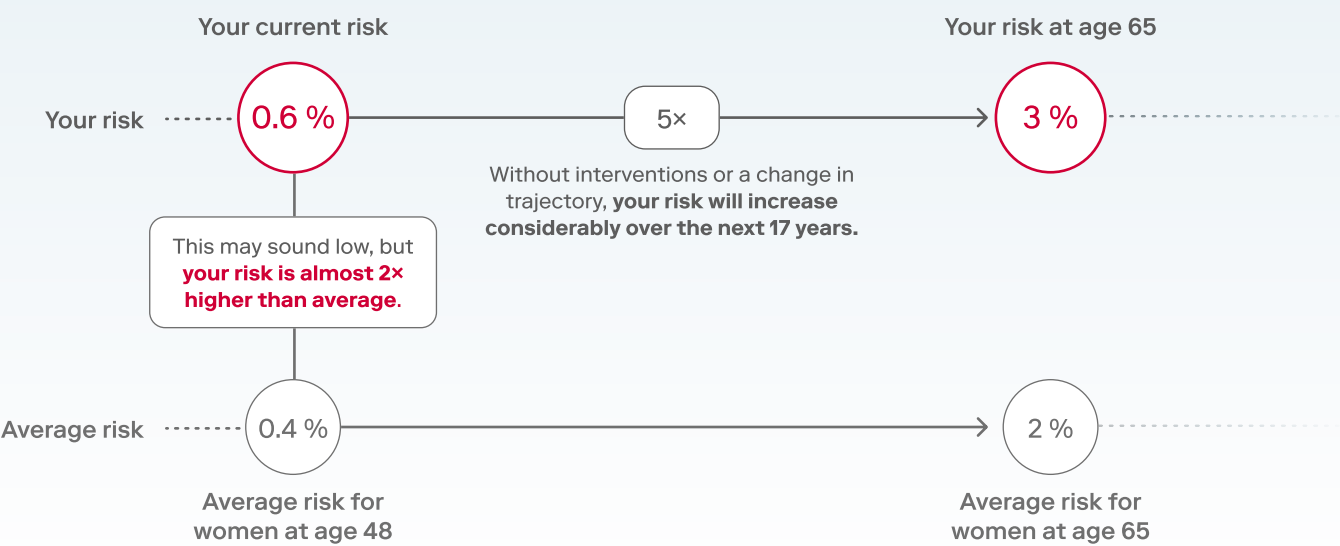
Notably above average

In comparison to women your age

An ischemic stroke can cause brain damage or even death. It happens, when a blood clot blocks a blood vessel in the brain. Smoking, an unhealthy diet, high blood pressure, and lack of exercise increase the risk.

Your current 10-year risk and future projection

What is your current risk, how it compares to other women your age, and what happens when you get older.



What factors increase your risk?

- Lifestyle** can account for up to 80 % of your risk. Poor diet, sedentary lifestyle, smoking, excessive use of alcohol, high stress, and lack of sleep may influence the **clinical risk factors** and your risk.

How to improve?

- See the **Lifestyle guidance page** for information on lowering risks through healthy habits.
- Consult your healthcare provider to assess and manage the **clinical risk factors**.

Your progress over time

Your result category has changed since your last blood test.

Notably above average	☐	☒
Higher than average	☒	☐
Average or lower	☐	☐

1 December 2024 18 September 2025

Your current result category

Type 2 diabetes

Your current result category

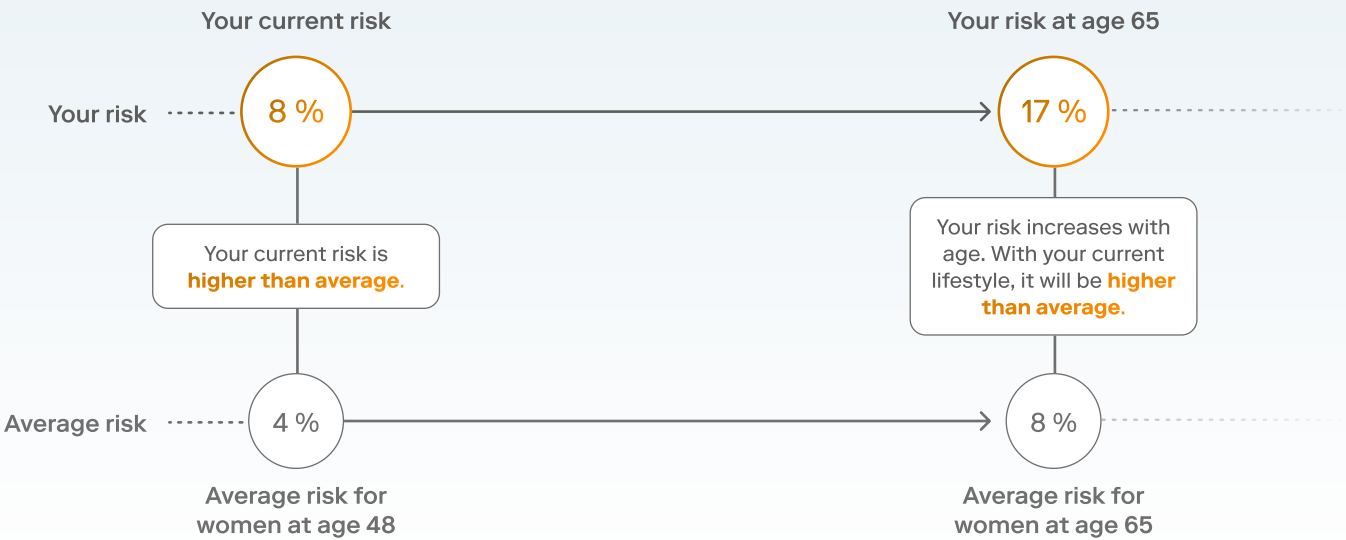
Higher than average

In comparison to women your age

Type 2 diabetes is a common condition that causes high blood sugar and can damage the eyes, kidneys, nerves, and the heart. It can often be prevented and even reversed through lifestyle choices.

Your current 10-year risk and future projection

What is your current risk, how it compares to other women your age, and what happens when you get older.



What factors define my risk?

- **Lifestyle** can account for up to 80 % of your risk. Poor diet, sedentary lifestyle, smoking, excessive use of alcohol, high stress, and lack of sleep may influence the **clinical risk factors** and your risk.

How to improve?

- See the **Lifestyle guidance page** for information on lowering risks through healthy habits.
- Consult your healthcare provider to assess and manage the **clinical risk factors**.

Your progress over time

Your result category has stayed the same since your last blood test.

Notably above average	☐	☐
Higher than average	☒	☒
Average or lower	☐	☐

1 December 2024

18 September 2025

Your current result category

Fatty liver disease

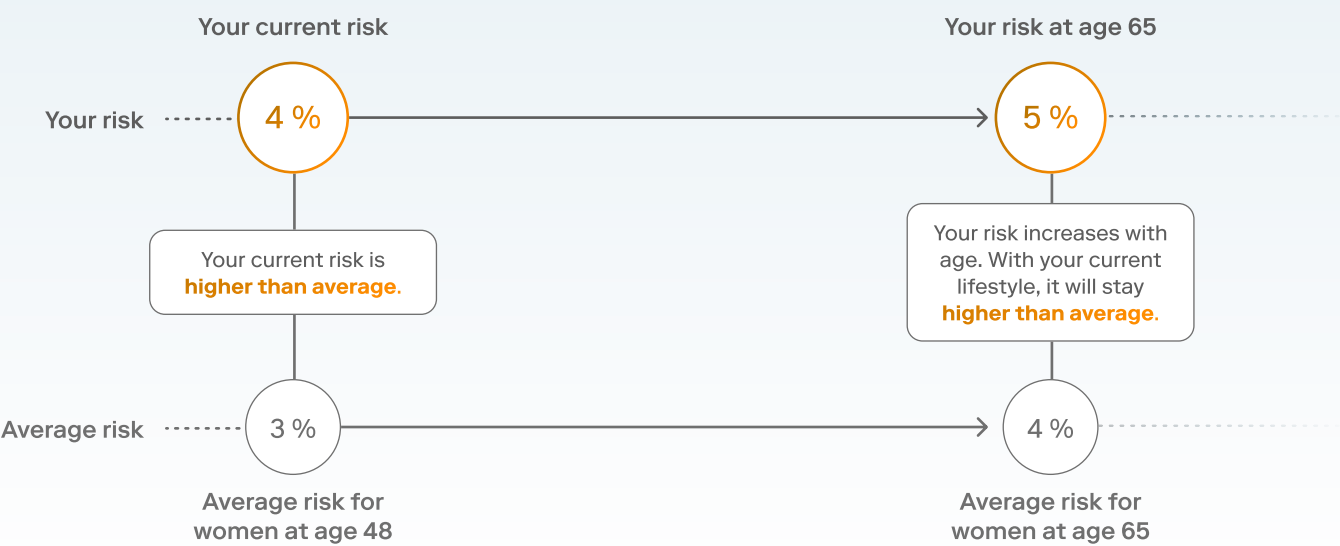
Your current result category

Higher than average
In comparison to women your age

In fatty liver disease, excess fat builds up in the liver. It is a common condition often linked to diabetes and being overweight. It can cause severe liver damage, but can be prevented with a healthy lifestyle.

Your current 10-year risk and future projection

What is your current risk, how it compares to other women your age, and what happens when you get older.



What factors increase your risk?

- **Lifestyle** can account for up to 80 % of your risk. Poor diet, sedentary lifestyle, smoking, excessive use of alcohol, high stress, and lack of sleep may influence the **clinical risk factors** and your risk.

How to improve?

- See the **Lifestyle guidance page** for information on lowering risks through healthy habits.
- Consult your healthcare provider to assess and manage the **clinical risk factors**.

Your progress over time

Your result category has stayed the same since your last blood test.

Notably above average	☐	☐
Higher than average	☒	☒
Average or lower	☐	☐

1 December 2024

18 September 2025

Your current result category

Chronic kidney disease

Your current result category

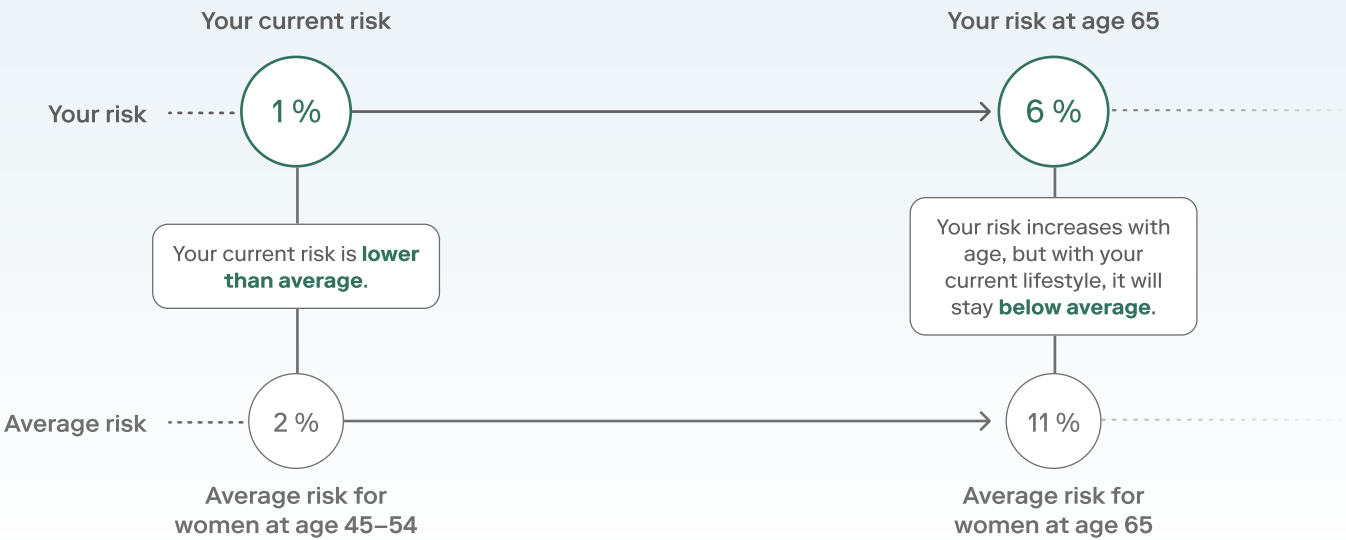
Average or lower

In comparison to women your age

Chronic kidney disease is a long-term condition in which the kidneys slowly lose function. It is very common in older people. Diabetes and high blood pressure are major risk factors, both strongly linked to lifestyle.

Your current 10-year risk and future projection

What is your current risk, how it compares to other women your age, and what happens when you get older.



What factors increase your risk?

- **Lifestyle** can account for up to 80 % of your risk. Poor diet, sedentary lifestyle, smoking, excessive use of alcohol, high stress, and lack of sleep may influence the **clinical risk factors** and your risk.

How to improve?

- See the **Lifestyle guidance page** for information on lowering risks through healthy habits.
- Consult your healthcare provider to assess and manage the **clinical risk factors**.

Your progress over time

Your result category has stayed the same since your last blood test.

Notably above average	☐	☐
Higher than average	☐	☐
Average or lower	☒	☒

1 December 2024

18 September 2025

Your current result category

Lifestyle guidance

Diet

Recommendation:

- Eat plenty of vegetables, fruits, and whole grains.
- Choose lean proteins (like beans, fish, chicken).
- Use small amounts of healthy oils.
- Cut down on foods high in sugar, salt, and saturated fat.

Why this helps?

This helps to keep your weight, cholesterol, and blood pressure in check and prevents blood sugar spikes.

Weight

Recommendation:

- Aim to maintain a healthy body weight by following a healthy diet and having a sufficient amount of exercise.
- As a rule of thumb, a body mass index between 20 and 25 is considered healthy.

Why this helps?

Being overweight is a risk factor for many common chronic diseases. Achieving a healthy body weight lowers the risks and increases wellbeing.

Exercise

Recommendation:

- Aim for at least 150 minutes of brisk activity each week.
- Do muscle-strengthening exercises twice a week.

Why this helps?

Exercise strengthens your heart, lowers blood pressure, improves cholesterol, helps control weight, and keeps blood sugar stable.

Alcohol and smoking

Recommendation:

- Don't smoke.
- Keep your alcohol consumption as low as possible.

Why this helps?

Quitting smoking lowers strain on your heart and also broadly improves other aspects of your health.

Recovery

Recommendation:

- Sleep 7–9 hours each night.
- Manage stress with healthy habits (e.g. relaxation, hobbies, socializing, exercise).

Why this helps?

Good sleep and stress control help keep blood pressure, weight, and blood sugar balanced.

How do lifestyle changes lower the risk?

Heart attack

A heart attack happens when blood flow to the heart is blocked. Smoking, high cholesterol, high blood pressure, and extra weight all make this more likely. By keeping your arteries healthy with better diet, activity, and avoiding smoking, you greatly lower your risk of a heart attack.

Type 2 diabetes

Being active, eating balanced meals, and keeping a healthy weight improve how your body handles sugar. Healthy habits can prevent diabetes from developing or even reverse it.

Fatty liver disease

Too much fat in the liver can lead to damage over time. Eating well, moving regularly, keeping weight healthy, and limiting alcohol all reduce liver fat. This prevents liver scarring and keeps your liver working properly.

Ischemic stroke

Ischemic stroke is caused by blocked blood vessels in the brain. High blood pressure and smoking are major triggers. Controlling blood pressure, improving cholesterol, and staying active protect your brain and lower the risk of stroke.

Chronic kidney disease

Kidneys are damaged over time by high blood pressure and high blood sugar. Healthy habits keep both under control and reduce strain on the kidneys. Protecting your kidneys this way lowers the risk of long-term kidney problems.

Frequently Asked Questions

Is this a diagnosis?

The risk assessment is not a diagnosis. The test identifies your risk of developing a disease in the future and gives you a chance to act now to improve your risk profile and prevent diseases.

What if I already have a diagnosis?

The risk assessment is designed to identify the future risk of developing any of the diseases in the report. If you have a well-controlled diagnosed condition, the test may show favorable risk profile.

What is the Nightingale Health risk assessment based on?

The Nightingale Health risk assessment is based on a wide range of metabolic blood values (including lipids, fatty acids, amino acids, and systemic inflammation), measured from a single blood sample, along with age, sex, and ethnicity.

Numerous independent scientific studies have demonstrated that risks of common chronic lifestyle diseases can be reliably identified based on these blood values.^{1,2,3,4} The same blood test has been used in over 950 peer-reviewed scientific studies on metabolism and lifestyle-related diseases.⁵

The risk assessment is based on data from blood samples from hundreds of thousands of volunteers and subsequent data on health development over a period of more than 10 years. The risk assessment is matching or exceeding the performance of current clinical tools for detecting disease risks.

The risk assessment has been calibrated to different ethnic groups.

What does an “average” result mean?

An “average” result means your result category is similar compared to others of the same age, i.e. your result is neither unusually high nor unusually low.

Why did I receive a poor result?

Receiving a result that is either “higher than average” or “notably above average” means that approximately 50 % of your age group has a better result than you. It’s an indication that you have more risk factors compared to people of the same age as you. This information explains your health trajectory and indicates when preventative actions are needed.

Does poor results mean I get a disease?

Receiving a poor result does not mean that you have a disease or that you will definitely develop one. Conversely, even a good result does not mean that you will definitely avoid the disease. It’s about probability. The better your risk profile, the more likely you will live a healthy life.

What can I do to improve my result?

Improving your lifestyle is key in improving your risk profile. A balanced diet, adequate exercise, sufficient rest, minimal alcohol consumption, and not smoking can help you maintain your health and avoid diseases. Lifestyle improvements are also reflected in your blood values and consequently in your risk profile.

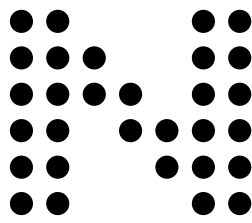
Can I use this test to track my progress?

Yes. Your risk profile can change over time, and future tests will show how your results evolve. By comparing new results with previous ones, you can see whether lifestyle changes are improving your risk profile.

Scientific references

1. Nightingale Health Biobank Collaborative Group, Nature Communications 2024
(<https://doi.org/10.1038/s41467-024-54357-0>)
2. Buerger et al., Nature Medicine 2022
(<https://doi.org/10.1038/s41591-022-01980-3>)
3. Ahola-Olli et al., Diabetologia 2019
(<https://doi.org/10.1007/s00125-019-05001-w>)
4. Würtz et al., Circulation 2015
(<https://doi.org/10.1161/circgenetics.114.000216>)
5. Nightingale Health Publications: <https://research.nightingalehealth.com/publications>

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