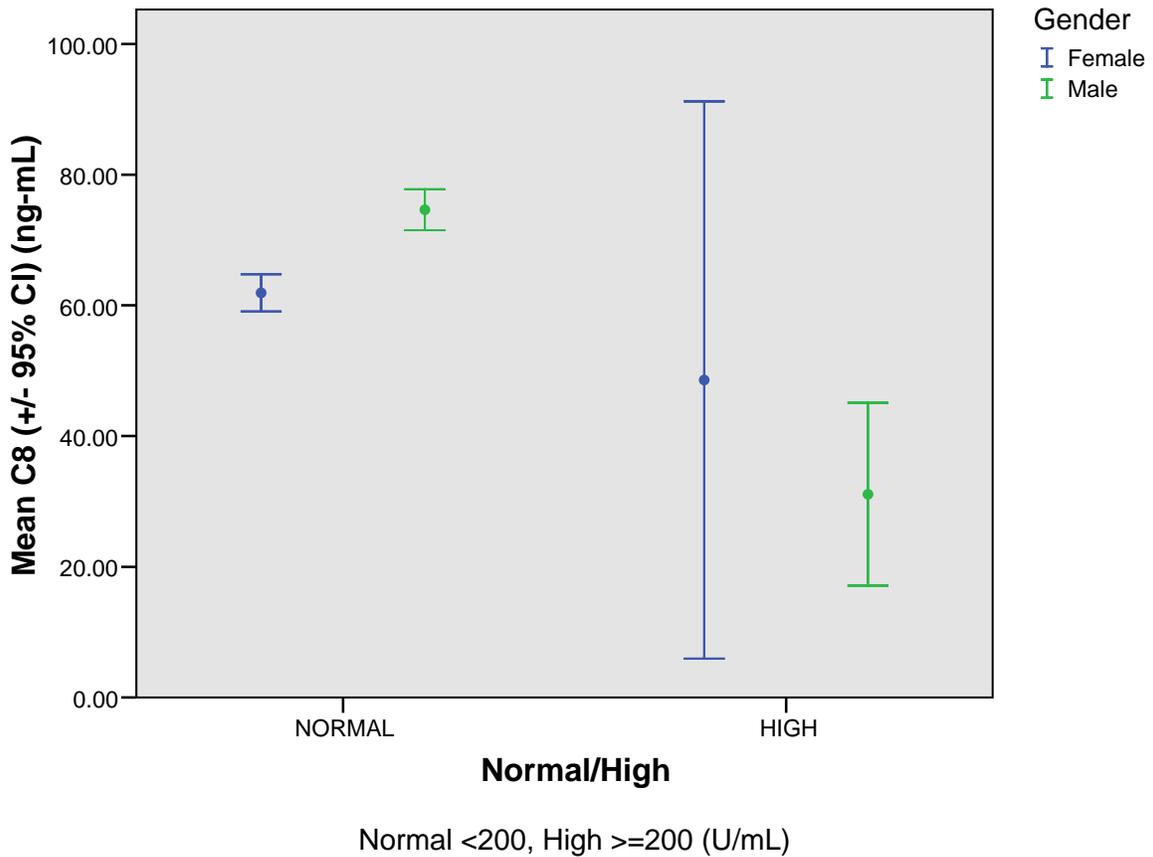


**Serum C8 By Antinuclear Antibody (Direct) Levels
In Participants <18 Years Of Age**
C8 (ng-mL)

Antinuclear Antibodies	Gender	N	Mean
NORMAL	Female	5053	61.9090
	Male	5378	74.6248
	Total	10431	68.4650
HIGH	Female	14	48.5714
	Male	14	31.1000
	Total	28	39.8357
Total	Female	5067	61.8721
	Male	5392	74.5118
	Total	10459	68.3883

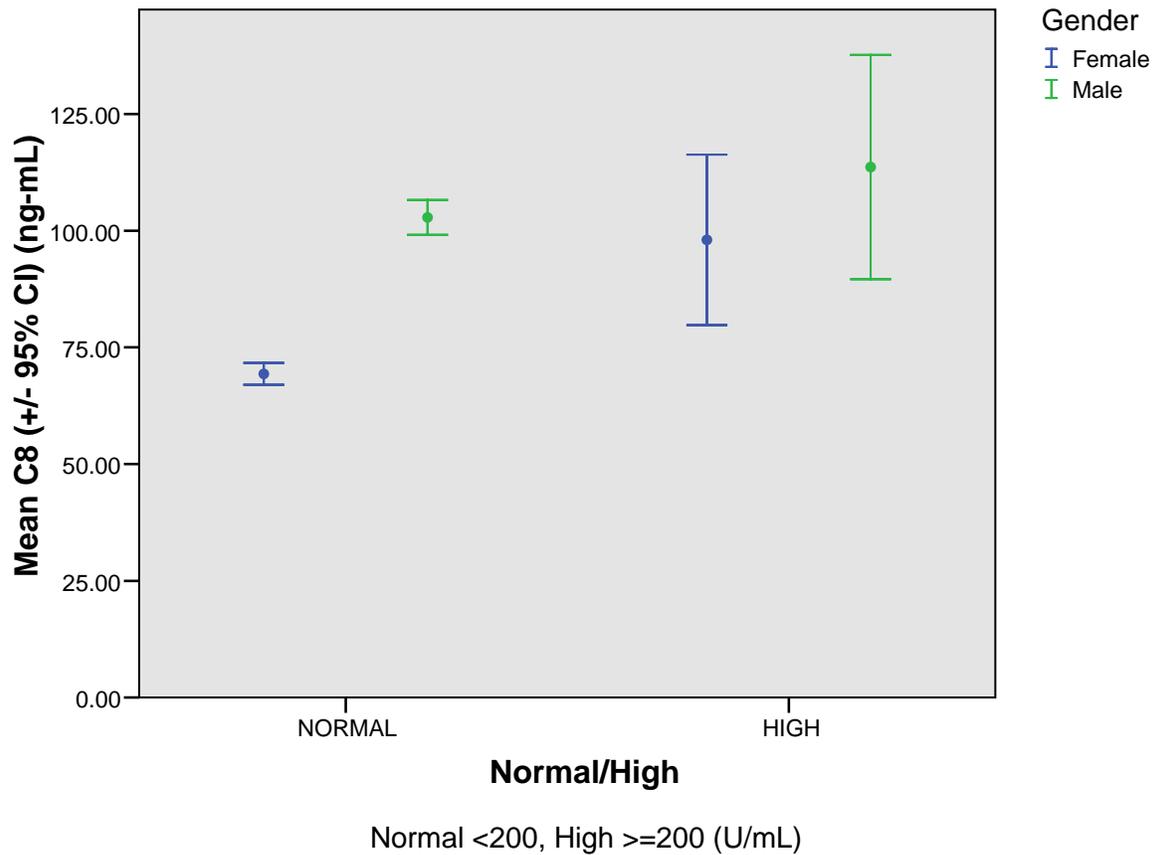
**Serum C8 By Antinuclear Antibody (Direct) Levels
In Participants <18 Years Of Age**



**Serum C8 By Antinuclear Antibody (Direct) Levels
In Participants ≥ 18 Years Of Age**
C8 (ng-mL)

Antinuclear Antibodies	Gender	N	Mean
NORMAL	Female	28794	69.3447
	Male	26268	102.8522
	Total	55062	85.3298
HIGH	Female	524	98.0365
	Male	362	113.6286
	Total	886	104.4071
Total	Female	29318	69.8575
	Male	26630	102.9987
	Total	55948	85.6319

**Serum C8 By Antinuclear Antibody (Direct) Levels
In Participants ≥ 18 Years Of Age**



The WVU website is a communication vehicle to depict associations or their absence for public use. These tables and graphs show many comparisons between lab tests and corresponding population serum PFOA (C8) levels. When it appears that there is a clear relationship between serum C8 and a clinical laboratory value, the meaning of that relationship still requires thought and discussion. Some of the relationships, while real, are weak and not likely to be important. Several are strong, interesting and potentially important, and none of them can be taken to show an etiologic (cause and effect) relationship or its absence without more work. When it comes to causes, scientists interpret these preliminary data with deference to additional work that needs to be done.

These data concerning associations are for public use. They will receive additional collaborative work in peer review format. We hope they prompt public curiosity and suggestions of interested scientists.