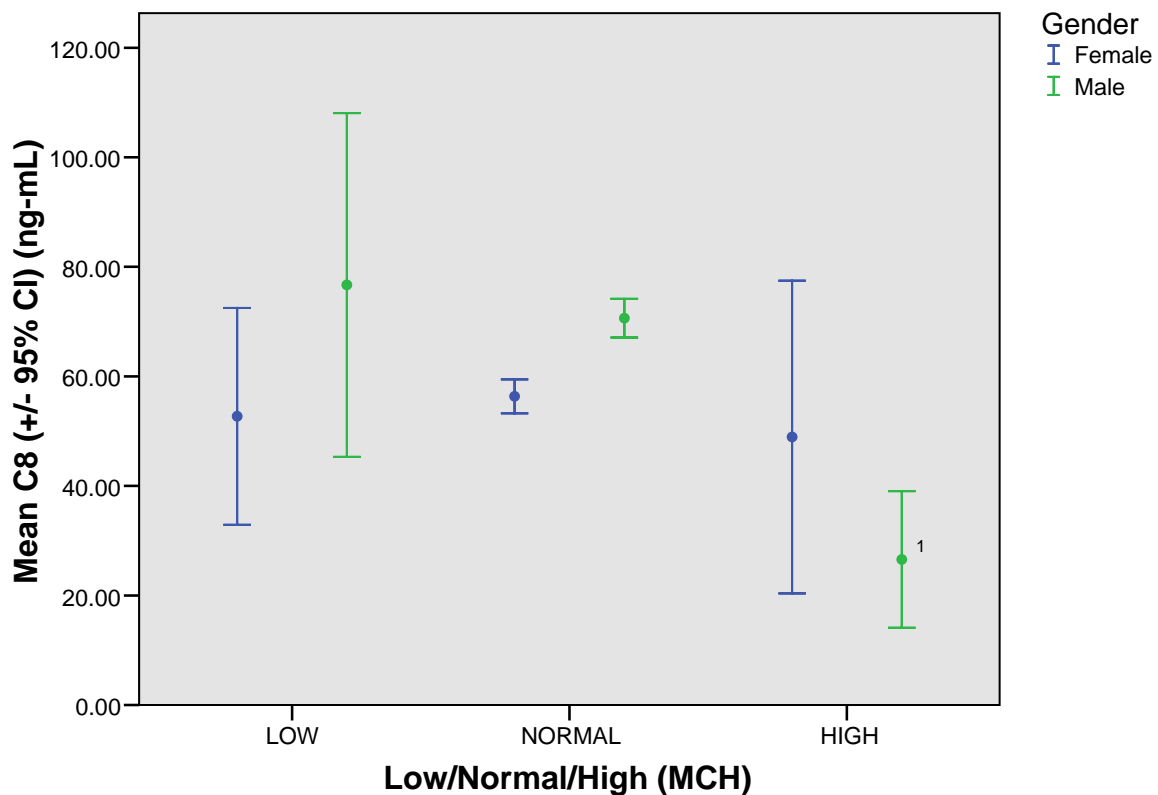


**Serum C8 By Mean Corpuscular Hemoglobin (MCH) Levels  
In Participants  $\geq 10$  And  $< 18$  Years Of Age**  
C8 (ng-mL)

MCH	Gender	N	Mean
LOW	Female	57	52.7105
	Male	47	76.6979
	Total	104	63.5510
NORMAL	Female	3328	56.3602
	Male	3670	70.6317
	Total	6998	63.8447
HIGH	Female	36	48.9361
	Male	16	26.5938
	Total	52	42.0615
Total	Female	3421	56.2213
	Male	3733	70.5193
	Total	7154	63.6821

**Serum C8 By Mean Corpuscular Hemoglobin (MCH) Levels  
In Participants  $\geq 10$  And  $< 18$  Years Of Age**



Low  $< 26$ , Normal 26-33, High  $> 33$  (Units: pg)  
 Source: <http://www.hosp.uky.edu/ClinLab/report.pdf>

<sup>1</sup> Note, very small sample size.

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.