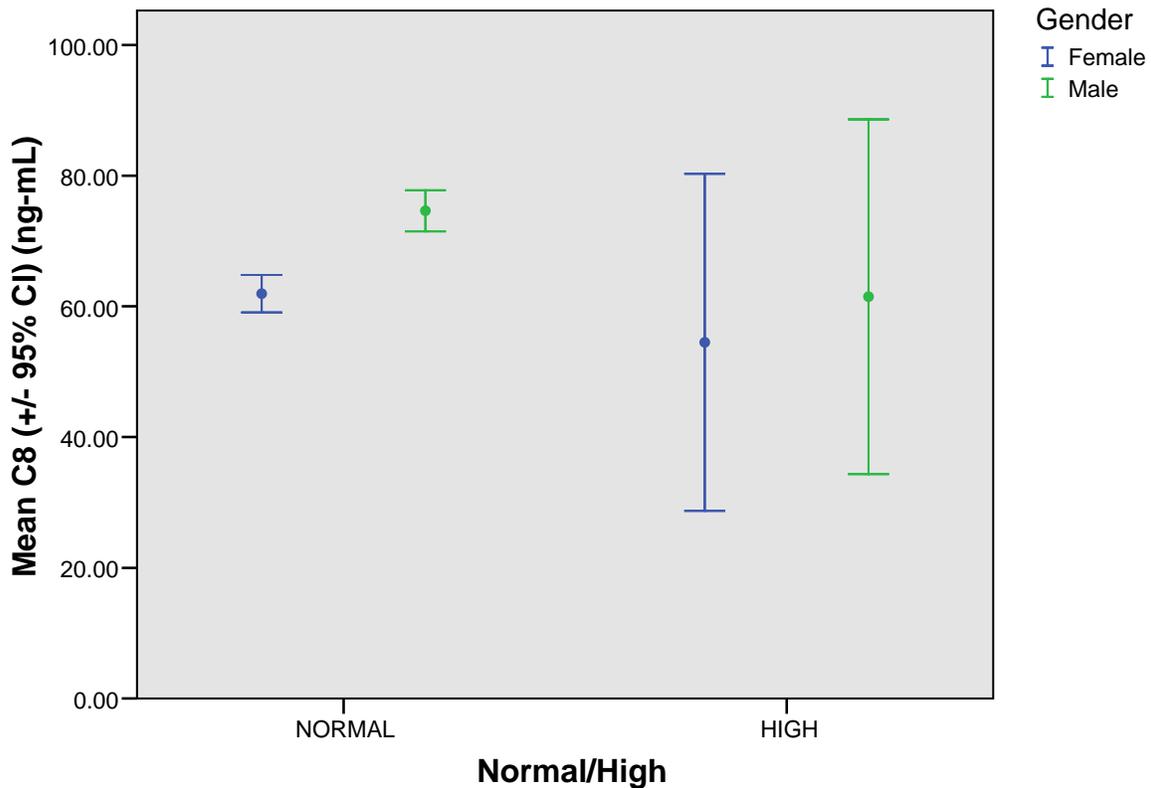


**Serum C8 By Antinuclear Antibody (Direct) Levels  
In Participants <18 Years Of Age**  
C8 (ng-mL)

Antinuclear Antibodies	Gender	N	Mean
NORMAL	Female	5020	61.9412
	Male	5348	74.6190
	Total	10368	68.4806
HIGH	Female	47	54.4957
	Male	44	61.4841
	Total	91	57.8747
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**



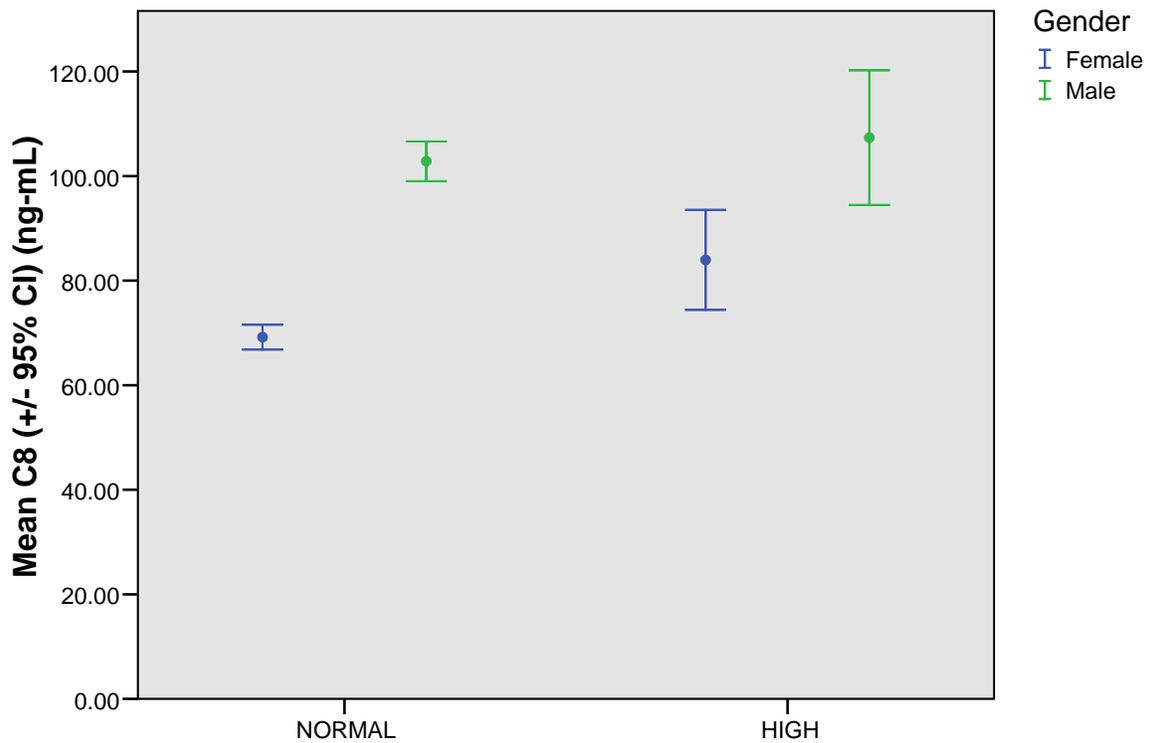
Normal <100, High >=100 (U/mL)

Source: LabCorp

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

Antinuclear Antibodies	Gender	N	Mean
NORMAL	Female	27984	69.1852
	Male	25551	102.8150
	Total	53535	85.2359
HIGH	Female	1334	83.9604
	Male	1079	107.3481
	Total	2413	94.4185
Total	Female	29318	69.8575
	Male	26630	102.9987
	Total	55948	85.6319

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



**Normal/High**  
Normal <100, High  $\geq 100$  (U/mL)

Source: LabCorp

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.