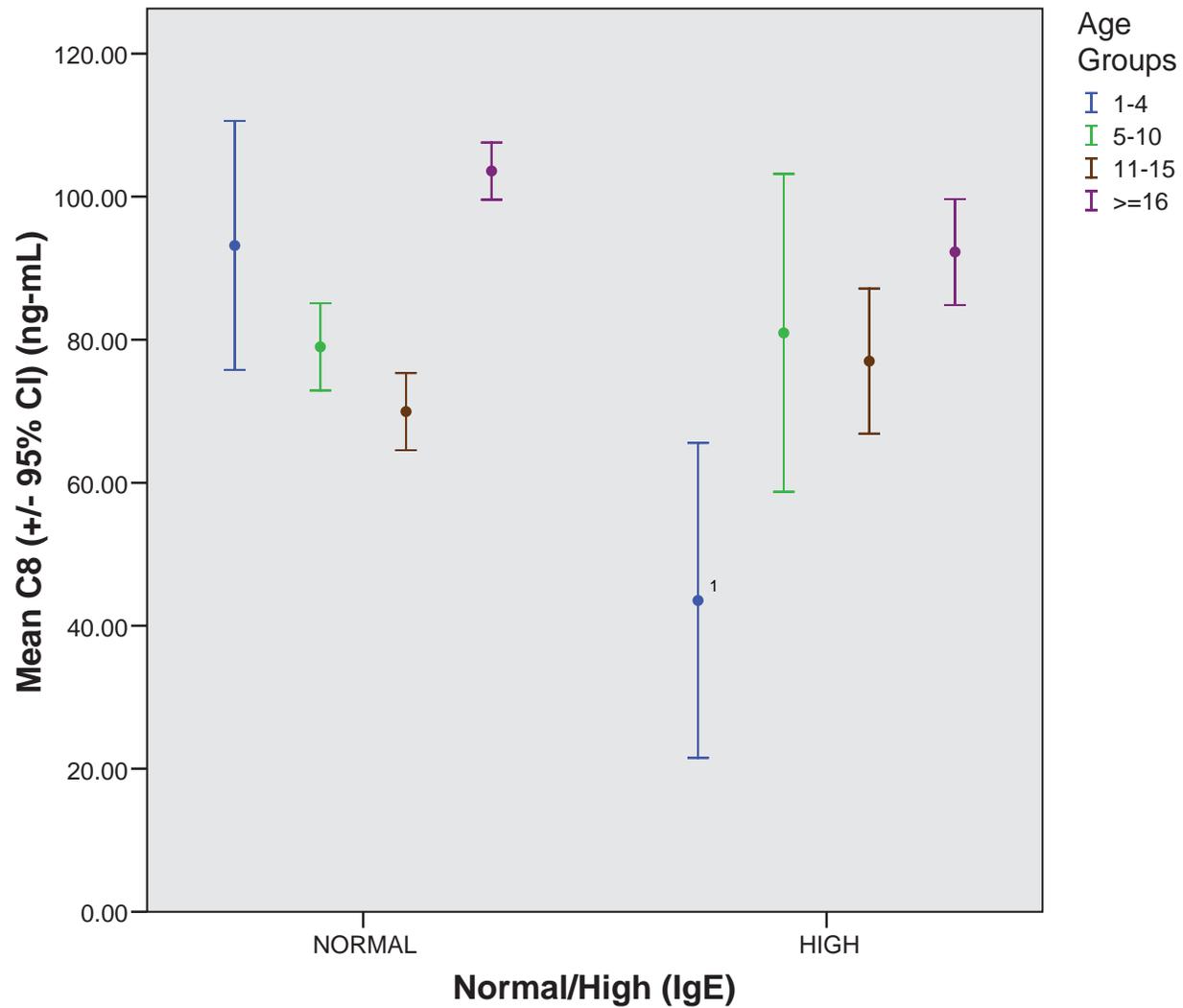


Serum C8 By Immunoglobulin E (IgE) Levels In Males Stratified By Age-Group  
C8 (ng-mL)

Age-Groups	Serum C8 By IgE Levels In Males Stratified By Age-Group					
	NORMAL		HIGH		Total	
	N	Mean	N	Mean	N	Mean
1-4	292	93.1753	8	43.5375	300	91.8517
5-10	1640	78.9962	121	80.9529	1761	79.1307
11-15	1646	69.9440	445	76.9991	2091	71.4454
>=16	23335	103.5811	4329	92.2546	27664	101.8087
Total	26913	99.9128	4903	90.5116	31816	98.4640

## Serum C8 By Immunoglobulin E (IgE) Levels In Males Stratified By Age-Group



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

Note, low category excluded due to presence in only one age-group.

## Immunoglobulin E (IgE) Levels In Participants By Age-Group

Age-Group	N	Normal	High
1-4	495	0-352	>352
5-10	3206	0-393	>393
11-15	4258	2-170	>170
>=16	58234	0-158	>158

66193

<http://www.labcorp.com/datasets/labcorp/html/chapter/mono/al003200.htm>

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.