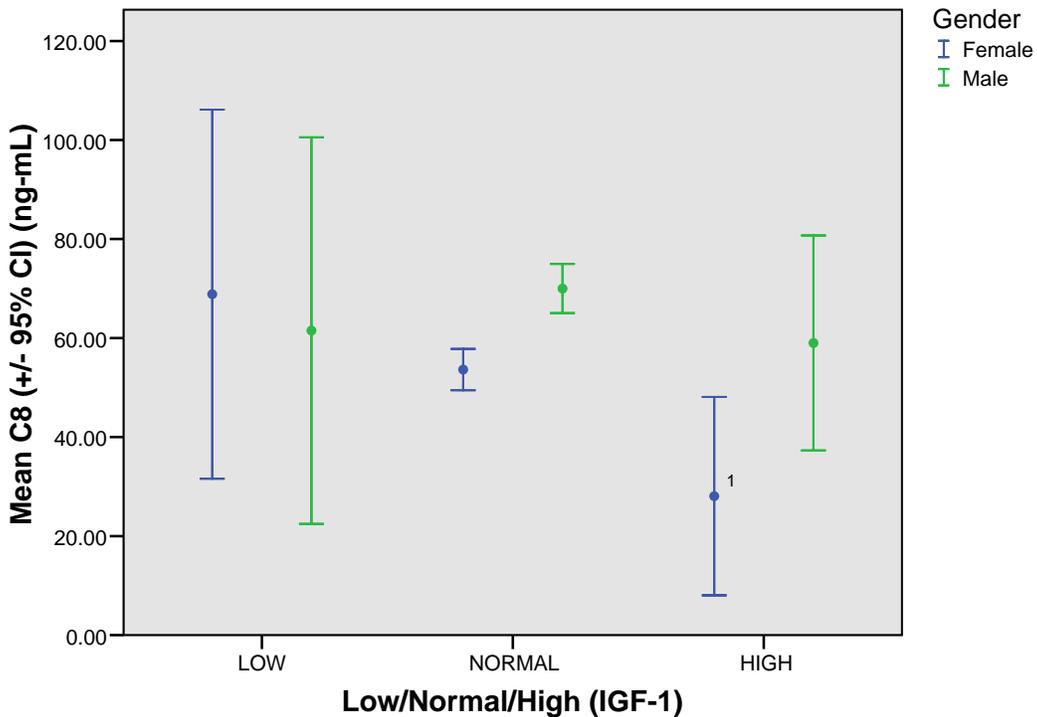


**Serum C8 By Insulin-Like Growth Factor 1 (IGF-1) Levels  
In Participants  $\geq 12$  And  $< 16$  Years Of Age**  
C8 (ng-mL)

IGF-1	Gender	N	Mean
LOW	Female	34	68.8529
	Male	21	61.5095
	Total	55	66.0491
NORMAL	Female	1677	53.6315
	Male	1831	70.0051
	Total	3508	62.1777
HIGH	Female	17	28.0706
	Male	99	59.0091
	Total	116	54.4750
Total	Female	1728	53.6795
	Male	1951	69.3557
	Total	3679	61.9927

**Serum C8 By Insulin-Like Growth Factor 1 (IGF-1) Levels  
In Participants  $\geq 12$  And  $< 16$  Years Of Age**



Females: Low  $< 187$ , Normal 187-676, High  $> 676$  (Units: ng/mL)  
Males: Low  $< 108$ , Normal 108-558, High  $> 558$  (Units: ng/mL)

Source: <http://www.aruplab.com/guides/ug/tests/0070125.jsp>

<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.