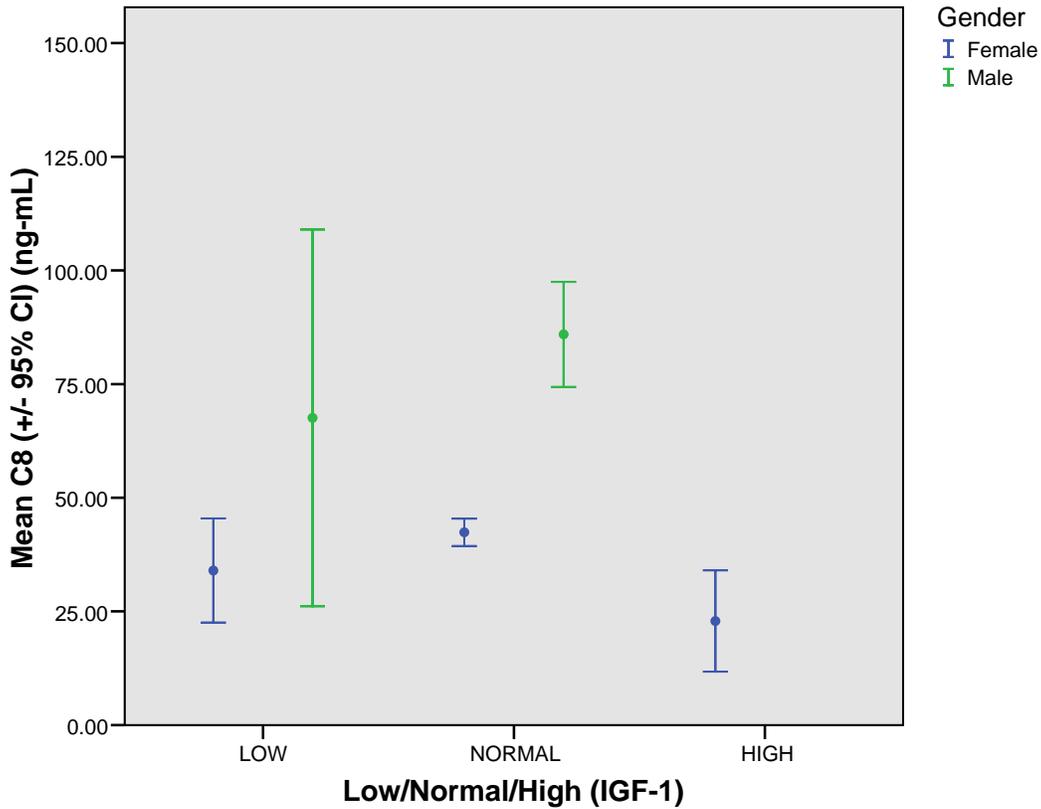


**Serum C8 By Insulin-Like Growth Factor 1 (IGF-1) Levels  
In Participants  $\geq 30$  And  $< 35$  Years Of Age**  
C8 (ng-mL)

IGF-1	Gender	N	Mean
LOW	Female	30	34.0100
	Male	92	67.5761
	Total	122	59.3221
NORMAL	Female	2657	42.3957
	Male	2148	85.9316
	Total	4805	61.8578
HIGH	Female	39	22.8923
	Male	1	1103.5000
	Total	40	49.9075
Total	Female	2726	42.0244
	Male	2241	85.6321
	Total	4967	61.6992

**Serum C8 By Insulin-Like Growth Factor 1 (IGF-1) Levels  
In Participants  $\geq 30$  And  $< 35$  Years Of Age**



Females: Low  $< 71$ , Normal 71-352, High  $> 352$  (Units: ng/mL)  
Males: Low  $< 89$ , Normal 89-350, High  $> 350$  (Units: ng/mL)

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

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.