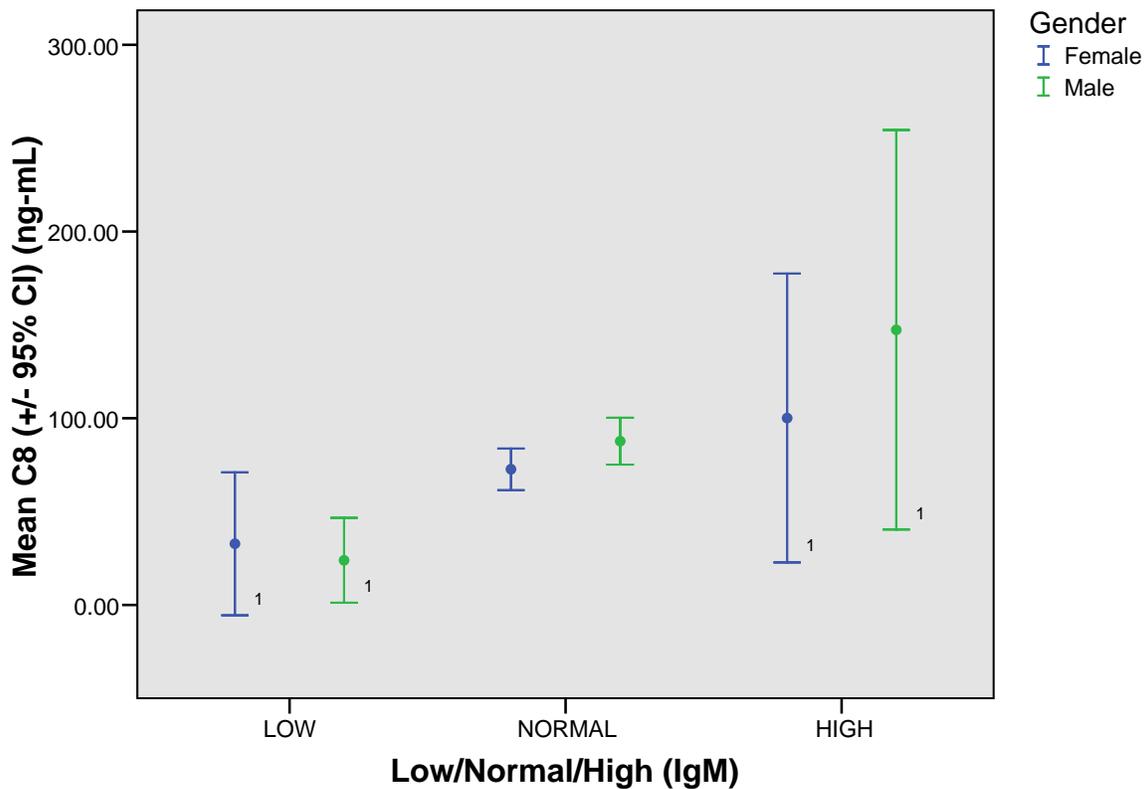


**Serum C8 By Immunoglobulin M (Serum) Levels  
In Participants  $\geq 4$  And  $< 7$  Years Of Age**  
C8 (ng-mL)

IgM (Serum)	Gender	N	Mean
LOW	Female	3	32.7333
	Male	6	23.9333
	Total	9	26.8667
NORMAL	Female	540	72.6346
	Male	522	87.7119
	Total	1062	80.0455
HIGH	Female	18	100.0889
	Male	13	147.3231
	Total	31	119.8968
Total	Female	561	73.3021
	Male	541	88.4370
	Total	1102	80.7322

**Serum C8 By Immunoglobulin M (Serum) Levels  
In Participants  $\geq 4$  And  $< 7$  Years Of Age**



Low  $< 24$ , Normal 24-210, High  $> 210$  (Units: mg/dL)

Source: <http://www.labcorp.com/datasets/labcorp/html/chapter/mono/sc013100.htm>

<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.