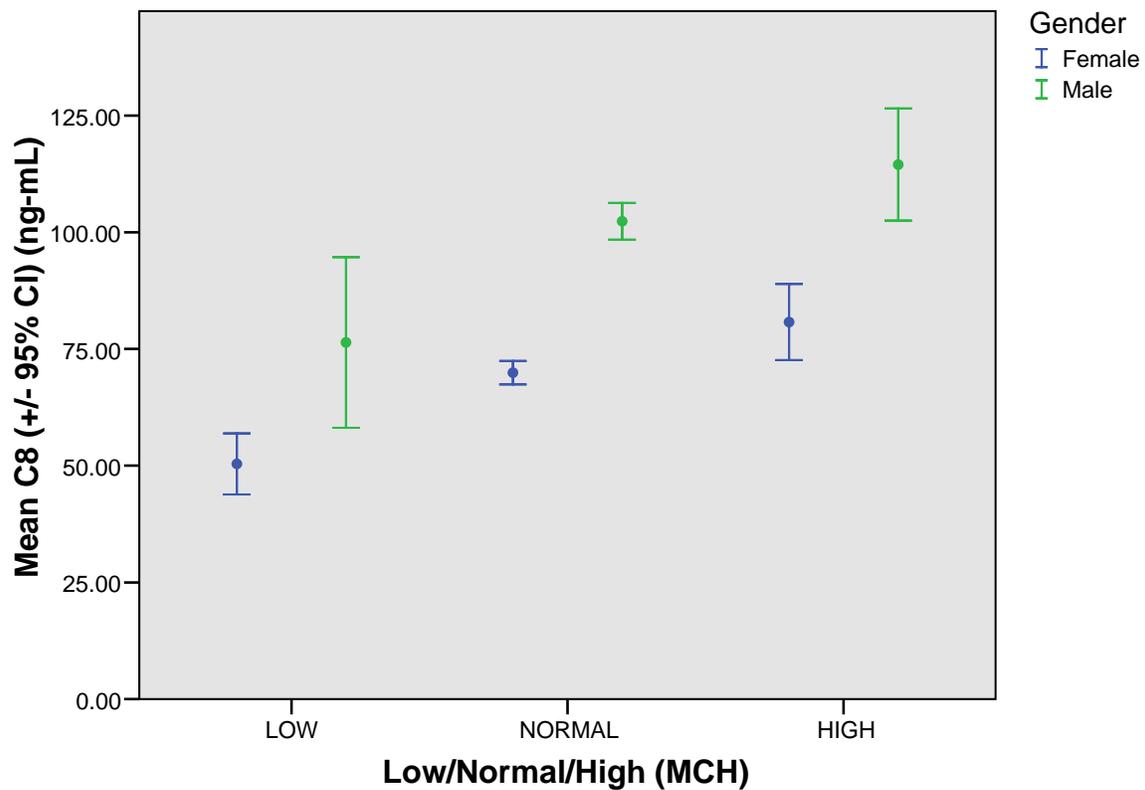


**Serum C8 By Mean Corpuscular Hemoglobin (MCH) Levels  
In Participants  $\geq 18$  Years Of Age**  
C8 (ng-mL)

MCH	Gender	N	Mean
LOW	Female	1113	50.3770
	Male	268	76.4035
	Total	1381	55.4278
NORMAL	Female	26221	69.9251
	Male	24156	102.3540
	Total	50377	85.4749
HIGH	Female	1887	80.7775
	Male	2121	114.5036
	Total	4008	98.6250
Total	Female	29221	69.8814
	Male	26545	103.0628
	Total	55766	85.6759

**Serum C8 By Mean Corpuscular Hemoglobin (MCH) Levels  
In Participants  $\geq 18$  Years Of Age**



Low <27, Normal 27-33, High >33 (Units: pg)

Source: <http://www.hosp.uky.edu/ClinLab/report.pdf>

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.