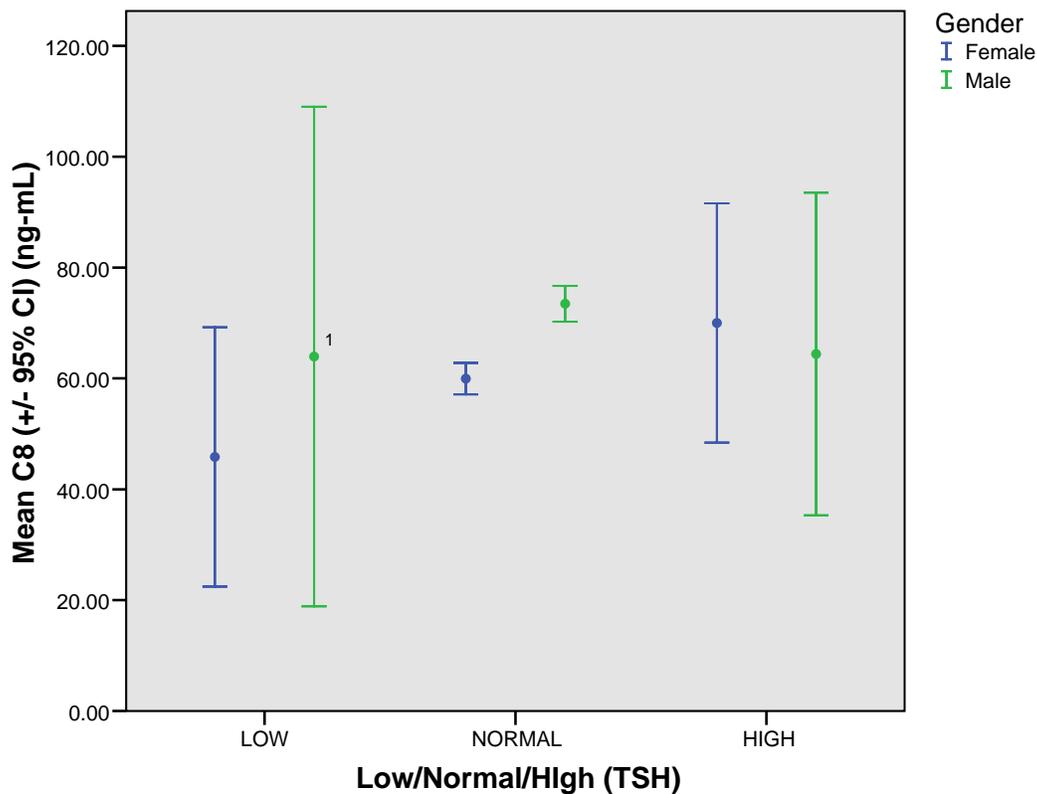


**Serum C8 By Thyroid Stimulating Hormone (TSH) Levels  
In Participants  $\geq 6$  And  $< 18$  Years Of Age**  
C8 (ng-mL)

TSH	Gender	N	Mean
LOW	Female	40	45.8350
	Male	11	63.9364
	Total	51	49.7392
NORMAL	Female	4481	59.9585
	Male	4863	73.4719
	Total	9344	66.9914
HIGH	Female	66	70.0030
	Male	56	64.4125
	Total	122	67.4369
Total	Female	4587	59.9799
	Male	4930	73.3477
	Total	9517	66.9047

**Serum C8 By Thyroid Stimulating Hormone (TSH) Levels  
In Participants  $\geq 6$  And  $< 18$  Years Of Age**



Females: Low  $< 0.36$ , Normal  $0.36-5.8$ , High  $> 5.8$  (Units: mIU/mL)  
Males: Low  $< 0.37$ , Normal  $0.37-6.0$ , High  $> 6.0$  (Units: mIU/mL)

Source: <http://www.labcorp.com/datasets/labcorp/html/chapter/mono/ri010700.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.