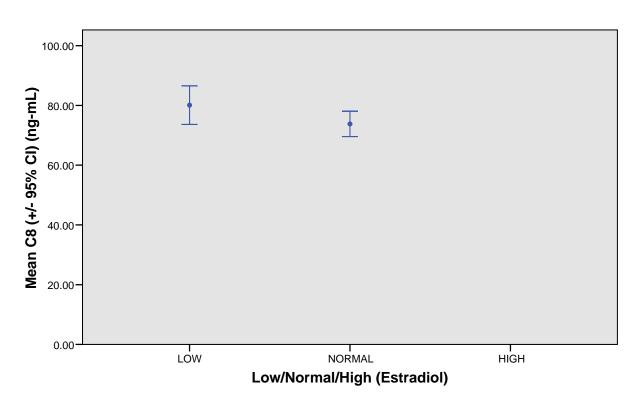
Serum C8 By Estradiol Levels In Males <16 Years Of Age C8 (ng-mL)

Estradiol	N	Mean
LOW	1431	80.0987
NORMAL	2943	73.8058
Total	4374	75.8646

## Serum C8 By Estradiol Levels In Males <16 Years Of Age

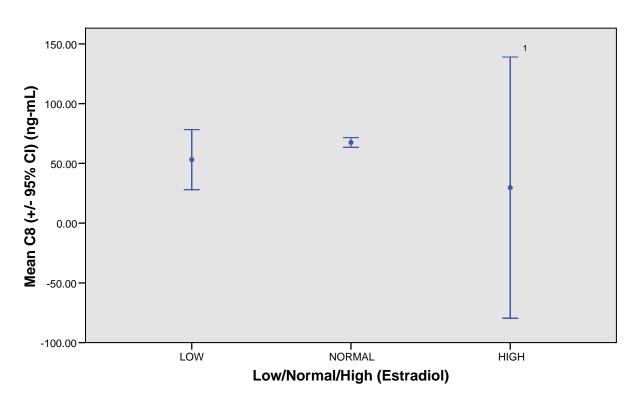


Low <10, Normal 10-60, High >60 (Units: pg/mL) Source: http://www.nlm.nih.gov/medlineplus/ency/article/003711.htm

Serum C8 By Estradiol Levels In Males 16-20 Years Of Age C8 (ng-mL)

Estradiol	N	Mean
LOW	73	53.1342
NORMAL	2444	67.5204
HIGH	2	29.7000
Total	2519	67.0735

Serum C8 By Estradiol Levels In Males 16-20 Years Of Age

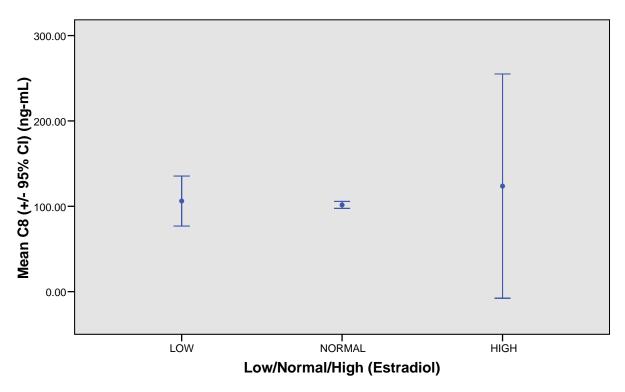


<sup>&</sup>lt;sup>1</sup> Note, very small sample size.

Serum C8 By Estradiol Levels In Males 21-60 Years Of Age C8 (ng-mL)

Estradiol	N	Mean
LOW	445	106.1036
NORMAL	19488	101.5617
HIGH	67	123.6284
Total	20000	101.7367

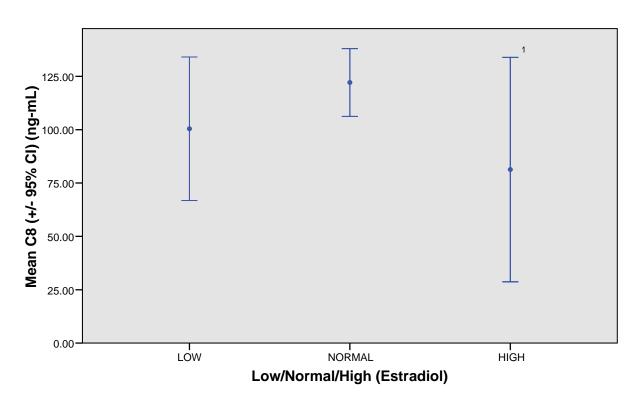
Serum C8 By Estradiol Levels In Males 21-60 Years Of Age



Serum C8 By Estradiol Levels In Males 61-70 Years Of Age C8 (ng-mL)

Estradiol	N	Mean
LOW	86	100.4413
NORMAL	3235	122.1090
HIGH	15	81.3067
Total	3336	121.3670

Serum C8 By Estradiol Levels In Males 61-70 Years Of Age

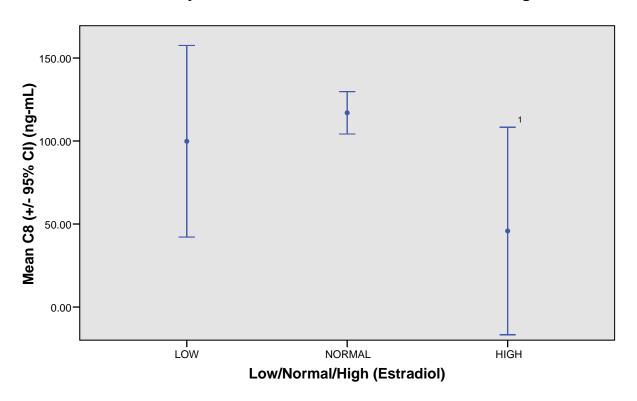


<sup>1</sup> Note, very small sample size.

Serum C8 By Estradiol Levels In Males 71-80 Years Of Age C8 (ng-mL)

Estradiol	N	Mean
LOW	36	99.8444
NORMAL	1462	116.9863
HIGH	6	45.8000
Total	1504	116.2920

Serum C8 By Estradiol Levels In Males 71-80 Years Of Age

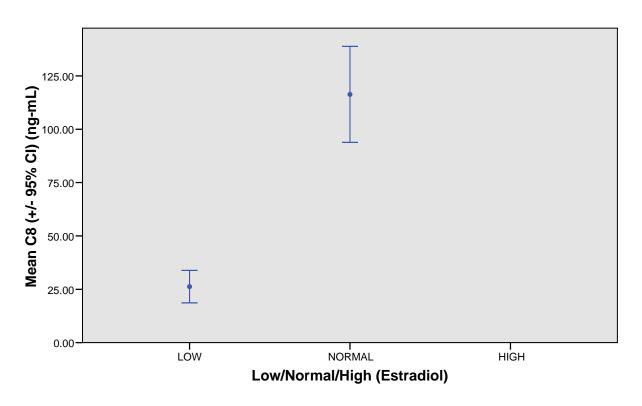


<sup>1</sup> Note, very small sample size.

Serum C8 By Estradiol Levels In Males >=81 Years Of Age C8 (ng-mL)

Estradiol	N	Mean
LOW	22	26.2545
NORMAL	275	116.3185
Total	297	109.6471

Serum C8 By Estradiol Levels In Males >= Years Of Age



<sup>1</sup> Note, very small sample size.

Th se cli of ar re	he WVU website is a communication vehicle to depict associations or their absence for public use. hese tables and graphs show many comparisons between lab tests and corresponding population erum PFOA (C8) levels. When it appears that there is a clear relationship between serum C8 and a inical laboratory value, the meaning of that relationship still requires thought and discussion. Some 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) elationship or its absence without more work. When it comes to causes, scientists interpret these reliminary data with deference to additional work that needs to be done.
	hese data concerning associations are for public use. They will receive additional collaborative work in eer review format. We hope they prompt public curiosity and suggestions of interested scientists.