# Serum C8 By Immunoglobin G (IgG) Levels In Females Stratified By Age-Group
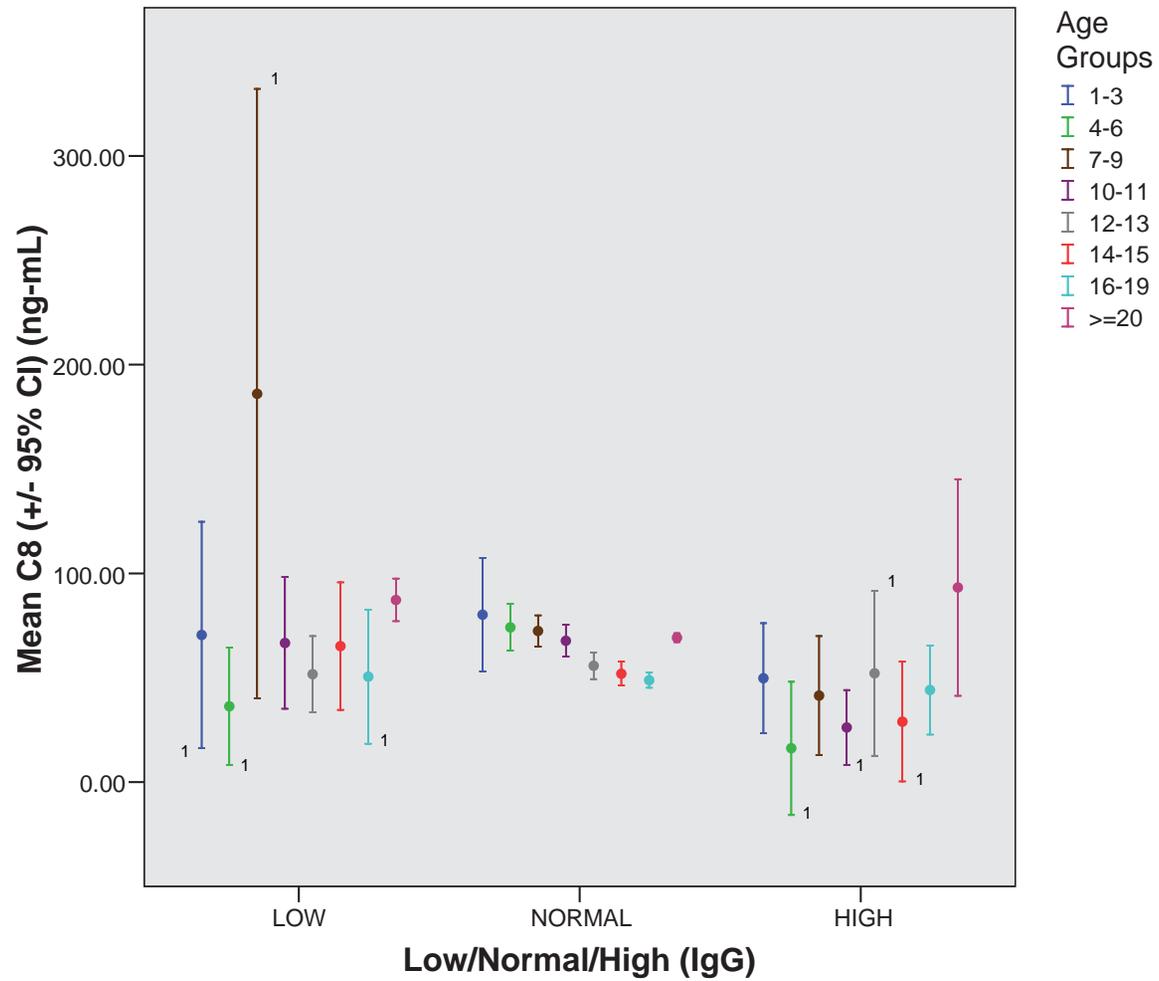## C8 (ng-mL)

| | Serum C8 (Mean) By IgG Levels (Low/Normal/High) In Females Stratified By Age-Group | | | | | | | |
| | LOW | | NORMAL | | HIGH | | Total | |
| Age-Groups | N | Mean | N | Mean | N | Mean | N | Mean |
|---|---|---|---|---|---|---|---|---|
| 1-3 | 9 | 70.5000 | 129 | 80.2403 | 33 | 49.7970 | 171 | 73.8526 |
| 4-6 | 8 | 36.3375 | 550 | 74.1515 | 3 | 16.1667 | 561 | 73.3021 |
| 7-9 | 11 | 186.0909 | 887 | 72.3821 | 21 | 41.4429 | 919 | 73.0361 |
| 10-11 | 36 | 66.6806 | 665 | 67.7418 | 10 | 26.1100 | 711 | 67.1025 |
| 12-13 | 46 | 51.6674 | 708 | 55.7243 | 19 | 52.0895 | 773 | 55.3935 |
| 14-15 | 30 | 65.1300 | 922 | 51.9414 | 6 | 28.9500 | 958 | 52.2104 |
| 16-19 | 12 | 50.4917 | 2003 | 48.7876 | 42 | 44.0905 | 2057 | 48.7017 |
| >=20 | 1610 | 87.2673 | 26043 | 69.2410 | 680 | 93.2615 | 28333 | 70.8419 |
| Total | 1762 | 85.5900 | 31907 | 67.3424 | 814 | 85.0814 | 34483 | 68.6936 |

Serum C8 By Immunoglobulin G (IgG) Levels In Females Stratified By Age-Group

[1] Note, very small sample size.

# Immunoglobulin G (IgG) Levels In Females By Age-Group

| Age-Group | N | IgG (mg/dL) | | |
| --- | --- | --- | --- | --- |
| | | Low | Normal | High |
| 1-3 | 256 | <453 | 453-916 | >916 |
| 4-6 | 978 | <504 | 504-1464 | >1464 |
| 7-9 | 1758 | <572 | 572-1474 | >1474 |
| 10-11 | 1478 | <698 | 698-1560 | >1560 |
| 12-13 | 1656 | <759 | 759-1549 | >1549 |
| 14-15 | 1877 | <716 | 716-1711 | >1711 |
| 16-19 | 4037 | <549 | 549-1584 | >1584 |
| >19 | 54234 | <700 | 700-1600 | >1600 |

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Source: http://www.labcorp.com/datasets/labcorp/html/chapter/mono/sc012800.htm

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.