SelfDecode™

Monocytes

Biohacker Report

REPORT CATEGORY

INFLAMMATION & AUTOIMMUNITY

Sample Client

Report date: 15 January 2026

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DISCLAIMER

This report does not diagnose this or any other health conditions. Please talk to a healthcare professional if this condition runs in your family, you think you might have this condition, or you have any concerns about your results.

Personal information

NAME

Sample Client

SEX AT BIRTH

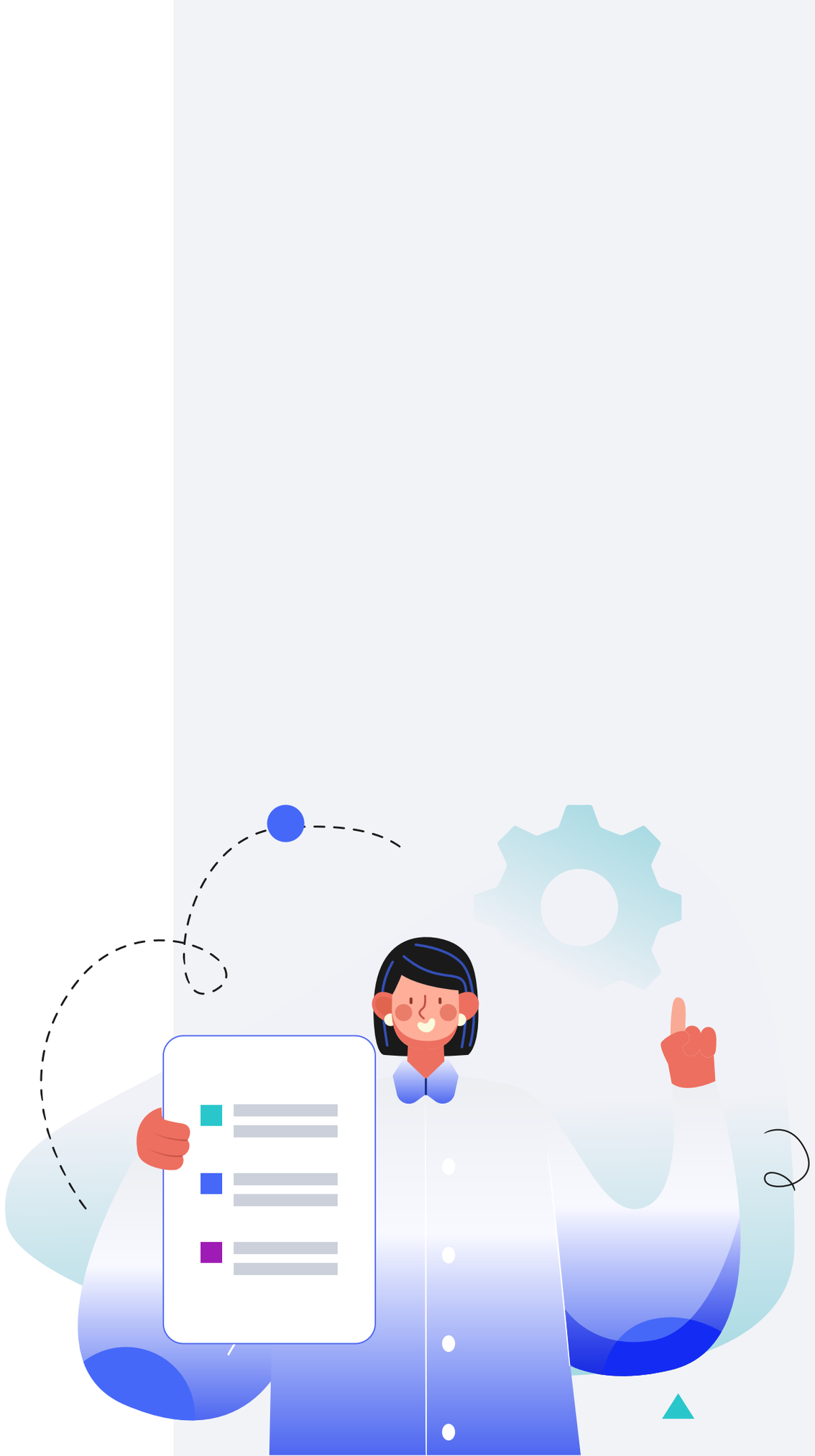
Male

HEIGHT

5ft 5" 165cm

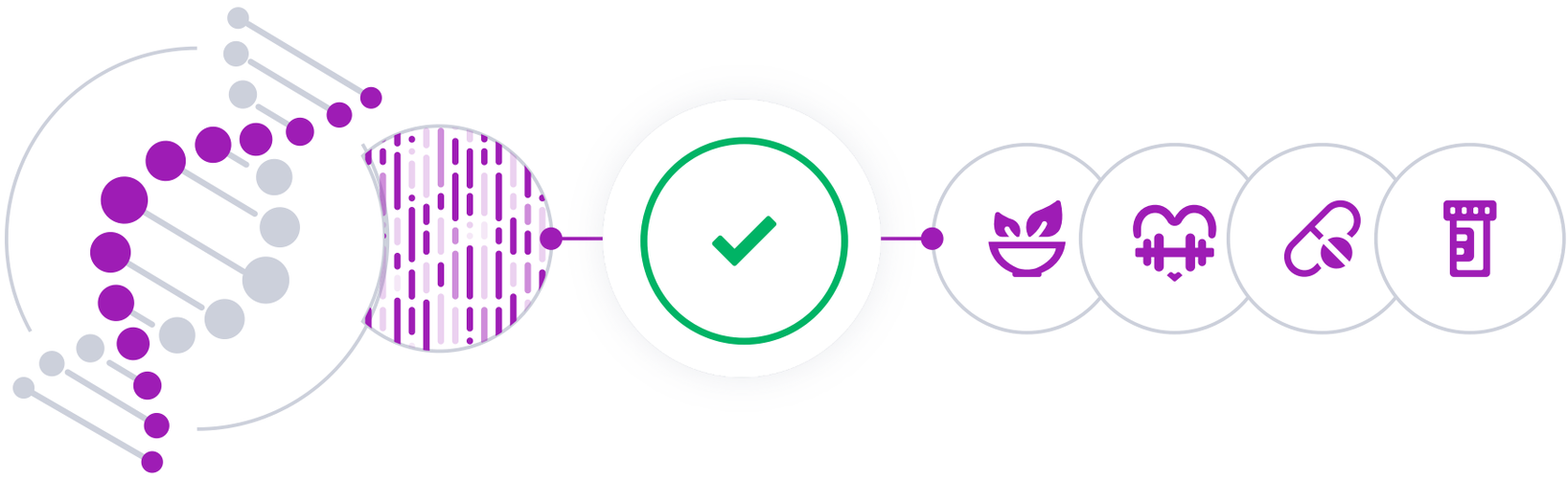
WEIGHT

137lb 62kg



How this works

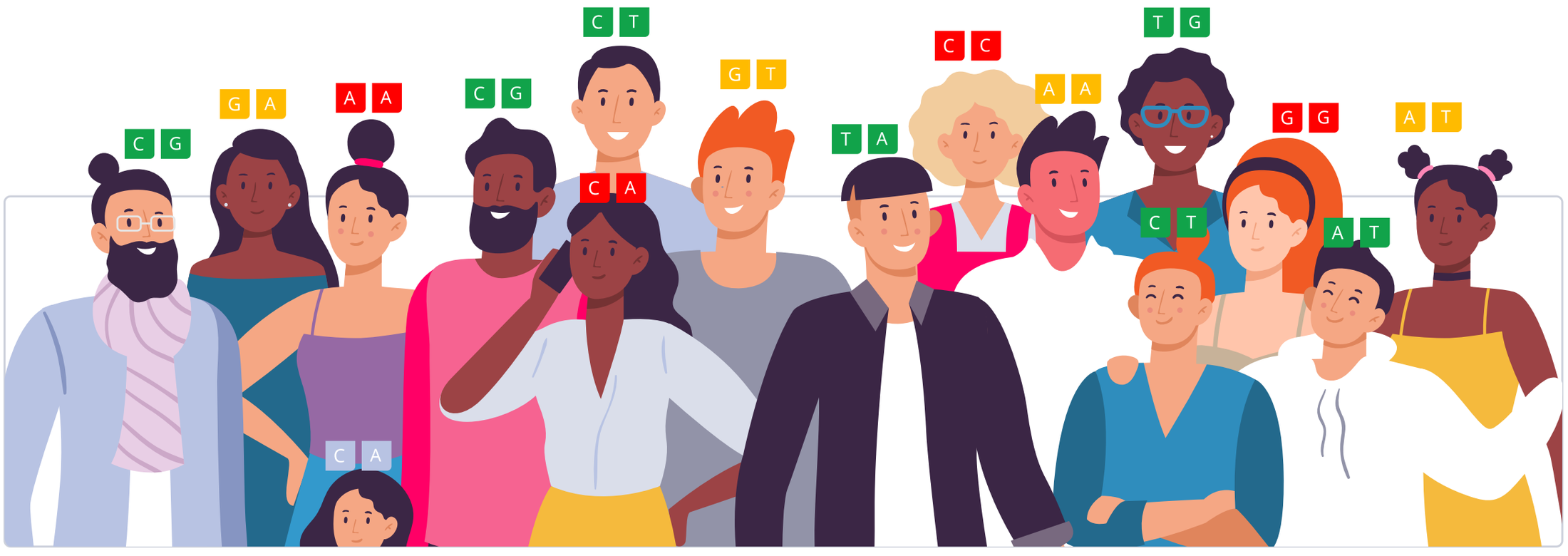
Our Wellness Reports analyze how your DNA influences your health.
We then use this analysis to give you personalized risk estimates and recommendations.



Similarly, our Trait Reports look at how your DNA influences your traits.

Your DNA is like an instruction manual — it contains a lot of information.
You can think of it as a blueprint for your body.

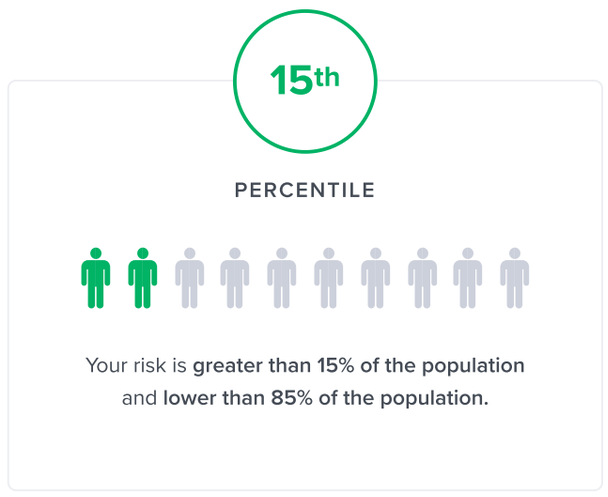
Genetic variants are parts of DNA that differ from person to person. Some can make you more vulnerable to certain health issues, while others may influence traits such as eye color.



We use artificial intelligence and machine learning to analyze all this information. We then summarize your results as a risk score or display it on a gauge.

When we give a risk score, the risk icon tells you if you are at a higher or lower risk compared to other people:

In total, we analyze up to 83 million genetic variants.



Genotype color info: AA You don't have any risk alleles | AA You have 1 risk allele | AA You have 2 risk alleles

Your risk is also displayed as a percentile. This will tell you how your risks compare to our sample population. The lower your percentile number, the lower your risk. The "50th percentile" would be an average risk.

Similarly, the gauge tells you your relative risk score compared to our sample population, or it indicates a specific trait or haplotype you are more likely to have based on your genetic variants.

When applicable, we also list top evidence-based recommendations that may help lower your risk. The focus is on recommendations that may be of benefit to you, based on your genetics.

Our recommendations come in four categories: lifestyle, diet, supplements and drugs.
The following icons tell you which category a recommendation falls into:

Our team of scientists also ranks each recommendation.
We rank based on impact and the strength of evidence in the medical literature.

Impact shows how strongly a recommendation will affect your health in a certain area.
Evidence is how much scientific support there is for the recommendation. Rankings are from 1 to 5 (low to high):

Impact

Impact scores range from 1-5. These scores reflect how much of an effect each recommendation can have. An impact score of 5 predicts the biggest effect.

When a recommendation affects something we can measure, we use those measurements to assign the impact score. For example, a recommendation that decreases cholesterol by 20% will have a higher impact score than one that decreases it by 5%.

Some recommendations affect things that we cannot directly measure, like stress or mood. For these, the impact score is based on how well they work relative to other recommendations and standard treatments. The best ones get the highest scores.

If there is a lot of research that shows a recommendation works especially well for your genotype, the impact score gets increased.

Recommendation Evidence

5 / 5

Recommendations that are considered effective and generally recommended by experts and medical bodies.

4 / 5

Recommendations that are considered likely effective and that have multiple independent meta-analyses and a great many studies supporting them.

3 / 5

Recommendations that are considered possibly effective and have many studies supporting them

2 / 5

Recommendations that have insufficient evidence, with two or several clinical trials supporting them, or many studies but with ambiguous results.

1 / 5

Recommendations that have insufficient evidence, with a single clinical trial, or with many studies most of which didn't find support for the recommendation.

0 / 5

No evidence in humans.

Genotype-specific Evidence

High-quality

Direct evidence that a recommendation helps more in people with your gene variant (many clinical trials, afew large clinical trials, or a meta-analysis).

Medium-quality

Direct evidence that a recommendation helps more in people with your gene variant (a few clinical trials or one large clinical trial).

Low-quality

Direct evidence that a recommendation helps more in people with your gene variant (a single clinical trial or more trials with inconsistent results).

Indirect

A recommendation may help more in people with your gene variant because it targets a specific gene or protein affected by your variant (e.g., MTHFR, dopamine).

In theory

A recommendation may help more in people with your gene variant because it targets a specific mechanism affected by your variant (e.g., inflammation, oxidative stress).

Some things to keep in mind:

- Genetics doesn’t play a considerable role in a condition or a trait.
- There is not enough research available to estimate a genetic predisposition.
- There are technical limitations to estimating or presenting a genetic predisposition.
- The topic is sensitive, and a genetic predisposition should only be estimated and presented by a healthcare professional.

Introduction

Monocytes are white blood cells that protect against bacterial, viral, and other infections.

Monocytes kill microbes, remove dead cells, and boost the immune response. However, they are also involved in the development of several inflammatory diseases and can contribute to tissue destruction during infection or inflammation [R].

Factors Influencing Monocyte Levels

Monocytes are white blood cells that protect against bacterial, viral, and other infections. Monocytes kill microbes, remove dead cells, and boost the immune response [R].

Higher monocyte levels most commonly occur due to [R, R]:

- **Infection**
- **Inflammation**
- Autoimmune conditions
- Heart disease

Genetics seems to play an important role, too. Up to **60%** of differences in people's monocyte levels may be due to genetics [R].

Genetically lower monocyte levels may be causally associated with:

- Alzheimer's [R]
- Deep vein thrombosis [R]

TYPICAL LEVELS

Predisposed to typical monocyte levels based on 842,556 genetic variants we looked at

Your top variants that most likely impact your genetic predisposition:

GENE	SNP	GENOTYPE
LYST	rs10927074	CC
LPAR1	rs115162333	TG
B3GNTL1	rs9902102	CC
CEBPG	rs12151289	GC
RPN1	rs4045811	CT
TET2	rs199741557	DEL(CT)A
CKM	rs73036517	GA
IL17RA	rs140221307	TT
FLT3	rs76428106	TT
GFI1	rs150649461	GG
TNFRSF13B	rs34557412	AA
PRLR	rs186272630	GG
ACKR2	rs2228467	TT
ACOXL	rs150449635	TT
EHD3	rs184409696	GG
S1PR4	rs3746072	GG
LYZ	rs1800973	CC
ITGA4	rs10562650	DEL(TT)DEL(TT)
ARHGAP9	rs61758883	GG
TNFSF13B	rs374039502	TT
ARHGAP15	rs140397066	AA
APLF	rs190855339	AA
BCL2	rs17758695	CC
GSDMC	rs35389394	CC
THEMIS2	rs41284294	TT
S1PR2	rs117064827	AA
PLAGL1	rs149110519	CC
SESN3	rs75963851	AA
NFIX	rs1003393	CC
ST20	rs76648483	AA
CDK6	rs445	CC
HGSNAT	rs145097765	AA

GENE	SNP	GENOTYPE
MCL1	rs4970966	GG
NLRP12	rs10424405	AA
SPIDR	rs45577137	AA
CEBPB	rs17196752	CC
TRADD	rs12935169	CC
RASSF3	rs34927483	GG
ETS2	rs58030288	CC

The number of "risk" variants in this table doesn't necessarily reflect your overall result.

Next Steps

Remember, your genes only tell one important part of your health story!

Now that you've seen your DNA-based results for this health topic, let's take a look at other contributing factors.

Your lab results

Your lab results are impacted by the combined effect of your genes, environment and lifestyle.

Lab tests will give you the best picture of your current health status, while your genes provide insight into your health predispositions and which recommendations are best for you.

Monocytes (%)	6.4 %	1 – 13	9 Nov 2025
Monocytes (Absolute)	0.44 x10^9/L	0.1 – 0.35 – 0.8	9 Nov 2025