Dietary Reference Intakes: Vitamins

Nutrient	Function	Life Stage Group	RDA/AI*	UL[a]	Selected Food Sources	Adverse effects of excessive consumption	Special Considerations
Biotin	Coenzyme in synthesis of fat, glycogen, and amino acids	Infants	(µg/d)		Liver and smaller amounts in fruits and meats	No adverse effects of biotin in humans or animals were found. This does not mean that there is no potential for adverse effects resulting from high intakes. Because data on the adverse effects of biotin are limited, caution may be warranted.	None
		0–6 mo	5*	ND[b]			
		7–12 mo	6*	ND			
		Children					
		1–3 y	8*	ND			
		4–8 y	12*	ND			
		Males					
		9–13 y	20*	ND			
		14–18 y	25*	ND			
		19–30 y	30*	ND			
		31-50 y	30*	ND			
		50-70 y	30*	ND			
		> 70 y	30*	ND			
		Females					
		9–13 y	20*	ND			
		14–18 y	25*	ND			
		19–30 y	30*	ND			
		31-50 y	30*	ND			
		50-70 y	30*	ND			
		> 70 y	30*	ND			
		Pregnancy					
		≤ 18 y	30*	ND			
		19-30y	30*	ND			
		31-50 y	30*	ND			
		Lactation					
		≤ 18 y	35*	ND			
		19-30y	35*	ND			
		31–50 y	35*	ND			
Choline	Precursor for acetylcholine, phospholipids and betaine	Infants	(mg/d)	(mg/d)	Milk, liver, eggs, peanuts	Fishy body odor, sweating, salivation, hypotension, hepatotoxicity	Individuals with trimethylaminuria, renal disease, liver disease, depression and Parkinson's disease, may be at risk of adverse effects with choline intakes at the UL. Although AIs have been set for choline, there are few data to assess whether a dietary supply of choline is needed at all stages of the life cycle, and it may be that the choline requirement can be met by endogenous synthesis at some of these stages.
		0–6 mo	125*	ND			
		7–12 mo	150*	ND			
		Children					
		1–3 y	200*	1000			
		4–8 y	250*	1000			
		Males					
		9–13 y	375*	2000			
		14–18 y	550*	3000			
		19–30 y	550*	3500			
		31-50 y	550*	3500			
		50-70 y	550*	3500			
		> 70 y	550*	3500			
		Females					
		9–13 y	375*	2000			
		14–18 y	400*	3000			
		19–30 y	425*	3500			
		31-50 y	425*	3500			
		50-70 y	425*	3500			
		> 70 y	425*	3500			
		Pregnancy					
		≤ 18 y	450*	3000			
		19-30y	450*	3500			
		31-50 y	450*	3500			
		Lactation					
		≤ 18 y	550*	3000			
		19-30y	550*	3500			
		31–50 y	550*	3500			

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[a]UL = The maximum level of daily nutrient intake that is likely to pose no risk of adverse effects. Unless otherwise specified, the UL represents total intake from food, water, and supplements. Due to lack of suitable data, ULs could not be established for vitamin K, thiamin, riboflavin, vitamin B_{12}, pantothenic acid, biotin, or carotenoids. In the absence of ULs, extra caution may be warranted in consuming levels above recommended intakes.

[b]ND = Not determinable due to lack of data of adverse effects in this age group and concern with regard to lack of ability to handle excess amounts. Source of intake should be from food only to prevent high levels of intake.

SOURCES: *Dietary Reference Intakes for Calcium, Phosphorous, Magnesium, Vitamin D, and Fluoride* (1997); *Dietary Reference Intakes for Thiamin, Riboflavin, Niacin, Vitamin B_6, Folate, Vitamin B_{12}, Pantothenic Acid, Biotin, and Choline* (1998); *Dietary Reference Intakes for Vitamin C, Vitamin E, Selenium, and Carotenoids* (2000); and *Dietary Reference Intakes for Vitamin A, Vitamin K, Arsenic, Boron, Chromium, Copper, Iodine, Iron, Manganese, Molybdenum, Nickel, Silicon, Vanadium, and Zinc* (2001). These reports may be accessed via www.nap.edu.

Dietary Reference Intakes: Vitamins

Nutrient	Function	Life Stage Group	RDA/AI*	UL[a]	Selected Food Sources	Adverse effects of excessive consumption	Special Considerations
Folate Also known as: Folic acid Folacin Pteroylpolyglutamates Note: Given as dietary folate equivalents (DFE). 1 DFE = 1 µg food folate = 0.6 µg of folate from fortified food or as a supplement consumed with food = 0.5 µg of a supplement taken on an empty stomach.	Coenzyme in the metabolism of nucleic and amino acids; prevents megaloblastic anemia	Infants 0–6 mo 7–12 mo Children 1–3 y 4–8 y Males 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Females 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Pregnancy ≤ 18 y 19-30y 31-50 y Lactation ≤ 18 y 19-30y 31–50 y	(µg/d) 65* 80* **150** **200** **300** **400** **400** **400** **400** **400** **300** **400** **400** **400** **400** **400** **600** **600** **600** **500** **500** **500**	(µg/d) ND[b] ND 300 400 600 800 1,000 1,000 1,000 1,000 600 800 1,000 1,000 1,000 1,000 800 1,000 1,000 800 1,000 1,000	Enriched cereal grains, dark leafy vegetables, enriched and whole-grain breads and bread products, fortified ready-to-eat cereals	Masks neurological complication in people with vitamin B_{12} deficiency. No adverse effects associated with folate from food or supplements have been reported. This does not mean that there is no potential for adverse effects resulting from high intakes. Because data on the adverse effects of folate are limited, caution may be warranted. The UL for folate applies to synthetic forms obtained from supplements and/or fortified foods.	In view of evidence linking folate intake with neural tube defects in the fetus, it is recommended that all women capable of becoming pregnant consume 400 µg from supplements or fortified foods in addition to intake of food folate from a varied diet. It is assumed that women will continue consuming 400 µg from supplements or fortified food until their pregnancy is confirmed and they enter prenatal care, which ordinarily occurs after the end of the periconceptional period—the critical time for formation of the neural tube.
Niacin Includes nicotinic acid amide, nicotinic acid (pyridine-3-carboxylic acid), and derivatives that exhibit the biological activity of nicotinamide. Note: Given as niacin equivalents (NE). 1 mg of niacin = 60 mg of tryptophan; 0–6 months = preformed niacin (not NE).	Coenzyme or cosubstrate in many biological reduction and oxidation reactions—thus required for energy metabolism	Infants 0–6 mo 7–12 mo Children 1–3 y 4–8 y Males 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Females 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Pregnancy ≤ 18 y 19-30y 31-50 y Lactation ≤ 18 y 19-30y 31–50 y	(mg/d) 2* 4* **6** **8** **12** **16** **16** **16** **16** **16** **12** **14** **14** **14** **14** **14** **18** **18** **18** **17** **17** **17**	(mg/d) ND ND 10 15 20 30 35 35 35 35 20 30 35 35 35 35 30 35 35 30 35 35	Meat, fish, poultry, enriched and whole-grain breads and bread products, fortified ready-to-eat cereals	There is no evidence of adverse effects from the consumption of naturally occurring niacin in foods. Adverse effects from niacin containing supplements may include flushing and gastrointestinal distress. The UL for niacin applies to synthetic forms obtained from supplements, fortified foods, or a combination of the two.	Extra niacin may be required by persons treated with hemodialysis or peritoneal dialysis, or those with malabsorption syndrome.

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[a]UL = The maximum level of daily nutrient intake that is likely to pose no risk of adverse effects. Unless otherwise specified, the UL represents total intake from food, water, and supplements. Due to lack of suitable data, ULs could not be established for vitamin K, thiamin, riboflavin, vitamin B_{12}, pantothenic acid, biotin, or carotenoids. In the absence of ULs, extra caution may be warranted in consuming levels above recommended intakes.

[b]ND = Not determinable due to lack of data of adverse effects in this age group and concern with regard to lack of ability to handle excess amounts. Source of intake should be from food only to prevent high levels of intake.

SOURCES: *Dietary Reference Intakes for Calcium, Phosphorous, Magnesium, Vitamin D, and Fluoride* (1997); *Dietary Reference Intakes for Thiamin, Riboflavin, Niacin, Vitamin B_6, Folate, Vitamin B_{12}, Pantothenic Acid, Biotin, and Choline* (1998); *Dietary Reference Intakes for Vitamin C, Vitamin E, Selenium, and Carotenoids* (2000); and *Dietary Reference Intakes for Vitamin A, Vitamin K, Arsenic, Boron, Chromium, Copper, Iodine, Iron, Manganese, Molybdenum, Nickel, Silicon, Vanadium, and Zinc* (2001). These reports may be accessed via www.nap.edu.

Dietary Reference Intakes: Vitamins

Nutrient	Function	Life Stage Group	RDA/AI*	UL[a]	Selected Food Sources	Adverse effects of excessive consumption	Special Considerations
Pantothenic Acid	Coenzyme in fatty acid metabolism	Infants	(mg/d)	(mg/d)	Chicken, beef, potatoes, oats, cereals, tomato products, liver, kidney, yeast, egg yolk, broccoli, whole grains	No adverse effects associated with pantothenic acid from food or supplements have been reported. This does not mean that there is no potential for adverse effects resulting from high intakes. Because data on the adverse effects of pantothenic acid are limited, caution may be warranted.	None
		0–6 mo	1.7*	ND[b]			
		7–12 mo	1.8*	ND			
		Children					
		1–3 y	2*	ND			
		4–8 y	3*	ND			
		Males					
		9–13 y	4*	ND			
		14–18 y	5*	ND			
		19–30 y	5*	ND			
		31-50 y	5*	ND			
		50-70 y	5*	ND			
		> 70 y	5*	ND			
		Females					
		9–13 y	4*	ND			
		14–18 y	5*	ND			
		19–30 y	5*	ND			
		31-50 y	5*	ND			
		50-70 y	5*	ND			
		> 70 y	5*	ND			
		Pregnancy					
		≤ 18 y	6*	ND			
		19-30y	6*	ND			
		31-50 y	6*	ND			
		Lactation					
		≤ 18 y	7*	ND			
		19-30y	7*	ND			
		31–50 y	7*	ND			
Riboflavin Also known as: Vitamin B_2	Coenzyme in numerous redox reactions	Infants	(mg/d)	(mg/d)	Organ meats, milk, bread products and fortified cereals	No adverse effects associated with riboflavin consumption from food or supplements have been reported. This does not mean that there is no potential for adverse effects resulting from high intakes. Because data on the adverse effects of riboflavin are limited, caution may be warranted.	None
		0–6 mo	0.3*	ND			
		7–12 mo	0.4*	ND			
		Children					
		1–3 y	**0.5**	ND			
		4–8 y	**0.6**	ND			
		Males					
		9–13 y	**0.9**	ND			
		14–18 y	**1.3**	ND			
		19–30 y	**1.3**	ND			
		31-50 y	**1.3**	ND			
		50-70 y	**1.3**	ND			
		> 70 y	**1.3**	ND			
		Females					
		9–13 y	**0.9**	ND			
		14–18 y	**1.0**	ND			
		19–30 y	**1.1**	ND			
		31-50 y	**1.1**	ND			
		50-70 y	**1.1**	ND			
		> 70 y	**1.1**	ND			
		Pregnancy					
		≤ 18 y	**1.4**	ND			
		19-30y	**1.4**	ND			
		31-50 y	**1.4**	ND			
		Lactation					
		≤ 18 y	**1.6**	ND			
		19-30y	**1.6**	ND			
		31–50 y	**1.6**	ND			

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[a]UL = The maximum level of daily nutrient intake that is likely to pose no risk of adverse effects. Unless otherwise specified, the UL represents total intake from food, water, and supplements. Due to lack of suitable data, ULs could not be established for vitamin K, thiamin, riboflavin, vitamin B_{12}, pantothenic acid, biotin, or carotenoids. In the absence of ULs, extra caution may be warranted in consuming levels above recommended intakes.

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Dietary Reference Intakes: Vitamins

Nutrient	Function	Life Stage Group	RDA/AI*	UL[a]	Selected Food Sources	Adverse effects of excessive consumption	Special Considerations
Thiamin Also known as: Vitamin B_1 Aneurin	Coenzyme in the metabolism of carbohydrates and branched-chain amino acids	Infants	(mg/d)		Enriched, fortified, or whole-grain products; bread and bread products, mixed foods whose main ingredient is grain, and ready-to-eat cereals	No adverse effects associated with thiamin from food or supplements have been reported. This does not mean that there is no potential for adverse effects resulting from high intakes. Because data on the adverse effects of thiamin are limited, caution may be warranted.	Persons who may have increased needs for thiamin include those being treated with hemodialysis or peritoneal dialysis, or individuals with malabsorption syndrome.
		0–6 mo	0.2*	ND[b]			
		7–12 mo	0.3*	ND			
		Children					
		1–3 y	**0.5**	ND			
		4–8 y	**0.6**	ND			
		Males					
		9–13 y	**0.9**	ND			
		14–18 y	**1.2**	ND			
		19–30 y	**1.2**	ND			
		31-50 y	**1.2**	ND			
		50-70 y	**1.2**	ND			
		> 70 y	**1.2**	ND			
		Females					
		9–13 y	**0.9**	ND			
		14–18 y	**1.0**	ND			
		19–30 y	**1.1**	ND			
		31-50 y	**1.1**	ND			
		50-70 y	**1.1**	ND			
		> 70 y	**1.1**	ND			
		Pregnancy					
		≤ 18 y	**1.4**	ND			
		19-30y	**1.4**	ND			
		31-50 y	**1.4**	ND			
		Lactation					
		≤ 18 y	**1.4**	ND			
		19-30y	**1.4**	ND			
		31–50 y	**1.4**	ND			
Vitamin A Includes provitamin A carotenoids that are dietary precursors of retinol. Note: Given as retinol activity equivalents (RAEs). 1 RAE = 1 μg retinol, 12 μg β-carotene, 24 μg α-carotene, or 24 μg β-cryptoxanthin. To calculate RAEs from REs of provitamin A carotenoids in foods, divide the REs by 2. For preformed vitamin A in foods or supplements and for provitamin A carotenoids in supplements, 1 RE = 1 RAE.	Required for normal vision, gene expression, reproduction, embryonic development and immune function	Infants	(μg/d)	(μg/d)	Liver, dairy products, fish	Teratological effects, liver toxicity Note: From preformed Vitamin A only.	Individuals with high alcohol intake, pre-existing liver disease, hyperlipidemia or severe protein malnutrition may be distinctly susceptible to the adverse effects of excess preformed vitamin A intake. β-carotene supplements are advised only to serve as a provitamin A source for individuals at risk of vitamin A deficiency.
		0–6 mo	400*	600			
		7–12 mo	500*	600			
		Children					
		1–3 y	**300**	600			
		4–8 y	**400**	900			
		Males					
		9–13 y	**600**	1,700			
		14–18 y	**900**	2,800			
		19–30 y	**900**	3,000			
		31-50 y	**900**	3,000			
		50-70 y	**900**	3,000			
		> 70 y	**900**	3,000			
		Females					
		9–13 y	**600**	1,700			
		14–18 y	**700**	2,800			
		19–30 y	**700**	3,000			
		31-50 y	**700**	3,000			
		50-70 y	**700**	3,000			
		> 70 y	**700**	3,000			
		Pregnancy					
		≤ 18 y	**750**	2,800			
		19-30y	**770**	3,000			
		31-50 y	**770**	3,000			
		Lactation					
		≤ 18 y	**1,200**	2,800			
		19-30y	**1,300**	3,000			
		31–50 y	**1,300**	3,000			

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Dietary Reference Intakes: Vitamins

Nutrient	Function	Life Stage Group	RDA/AI*	UL[a]	Selected Food Sources	Adverse effects of excessive consumption	Special Considerations
Vitamin B_6 Vitamin B_6 comprises a group of six related compounds: pyridoxal, pyridoxine, pyridoxamine, and 5'-phosphates (PLP, PNP, PMP)	Coenzyme in the metabolism of amino acids, glycogen and sphingoid bases	Infants 0–6 mo 7–12 mo Children 1–3 y 4–8 y Males 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Females 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Pregnancy ≤ 18 y 19-30y 31-50 y Lactation ≤ 18 y 19-30y 31–50 y	(mg/d) 0.1* 0.3* **0.5** **0.6** **1.0** **1.3** **1.3** **1.3** **1.7** **1.7** **1.0** **1.2** **1.3** **1.3** **1.5** **1.5** **1.9** **1.9** **1.9** **2.0** **2.0** **2.0**	(mg/d) ND[b] ND 30 40 60 80 100 100 100 100 60 80 100 100 100 100 80 100 100 80 100 100	Fortified cereals, organ meats, fortified soy-based meat substitutes	No adverse effects associated with Vitamin B_6 from food have been reported. This does not mean that there is no potential for adverse effects resulting from high intakes. Because data on the adverse effects of Vitamin B_6 are limited, caution may be warranted. Sensory neuropathy has occurred from high intakes of supplemental forms.	None
Vitamin B_{12} Also known as: Cobalamin	Coenzyme in nucleic acid metabolism; prevents megaloblastic anemia	Infants 0–6 mo 7–12 mo Children 1–3 y 4–8 y Males 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Females 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Pregnancy ≤ 18 y 19-30y 31-50 y Lactation ≤ 18 y 19-30y 31–50 y	(µg/d) 0.4* 0.5* **0.9** **1.2** **1.8** **2.4** **2.4** **2.4** **2.4** **2.4** **1.8** **2.4** **2.4** **2.4** **2.4** **2.4** **2.6** **2.6** **2.6** **2.8** **2.8** **2.8**	 ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND	Fortified cereals, meat, fish, poultry	No adverse effects have been associated with the consumption of the amounts of vitamin B_{12} normally found in foods or supplements. This does not mean that there is no potential for adverse effects resulting from high intakes. Because data on the adverse effects of vitamin B_{12} are limited, caution may be warranted.	Because 10 to 30 percent of older people may malabsorb food-bound vitamin B_{12}, it is advisable for those older than 50 years to meet their RDA mainly by consuming foods fortified with vitamin B_{12} or a supplement containing vitamin B_{12}.

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[a]UL = The maximum level of daily nutrient intake that is likely to pose no risk of adverse effects. Unless otherwise specified, the UL represents total intake from food, water, and supplements. Due to lack of suitable data, ULs could not be established for vitamin K, thiamin, riboflavin, vitamin B_{12}, pantothenic acid, biotin, or carotenoids. In the absence of ULs, extra caution may be warranted in consuming levels above recommended intakes.

[b]ND = Not determinable due to lack of data of adverse effects in this age group and concern with regard to lack of ability to handle excess amounts. Source of intake should be from food only to prevent high levels of intake.

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Dietary Reference Intakes: Vitamins

Nutrient	Function	Life Stage Group	RDA/AI*	UL[a]	Selected Food Sources	Adverse effects of excessive consumption	Special Considerations
Vitamin C Also known as: Ascorbic acid Dehydroascorbic acid (DHA)	Cofactor for reactions requiring reduced copper or iron metalloenzyme and as a protective antioxidant	Infants 0–6 mo 7–12 mo Children 1–3 y 4–8 y Males 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Females 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Pregnancy ≤ 18 y 19-30y 31-50 y Lactation ≤ 18 y 19-30y 31–50 y	(mg/d) 40* 50* **15** **25** **45** **75** **90** **90** **90** **90** **45** **65** **75** **75** **75** **75** **80** **85** **85** **115** **120** **120**	(mg/d) ND[b] ND 400 650 1,200 1,800 2,000 2,000 2,000 2,000 1,200 1,800 2,000 2,000 2,000 2,000 1,800 2,000 2,000 1,800 2,000 2,000	Citrus fruits, tomatoes, tomato juice, potatoes, brussel sprouts, cauliflower, broccoli, strawberries, cabbage and spinach	Gastrointestinal disturbances, kidney stones, excess iron absorption	Individuals who smoke require an additional 35 mg/d of vitamin C over that needed by nonsmokers. Nonsmokers regularly exposed to tobacco smoke are encouraged to ensure they meet the RDA for vitamin C.
Vitamin D Also known as: Calciferol Note: 1 µg calciferol = 40 IU vitamin D The DRI values are based on the absence of adequate exposure to sunlight.	Maintain serum calcium and phosphorus concentrations.	Infants 0–6 mo 7–12 mo Children 1–3 y 4–8 y Males 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Females 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Pregnancy ≤ 18 y 19-30y 31-50 y Lactation ≤ 18 y 19-30y 31–50 y	(ug/d) 5* 5* 5* 5* 5* 5* 5* 5* 10* 15* 5* 5* 5* 5* 10* 15* 5* 5* 5* 5* 5* 5*	(ug/d) 25 25 50 50 50 50 50 50 50 50 50 50 50 50 50 50 50 50 50 50 50 50	Fish liver oils, flesh of fatty fish, liver and fat from seals and polar bears, eggs from hens that have been fed vitamin D, fortified milk products and fortified cereals	Elevated plasma 25 (OH) D concentration causing hypercalcemia	Patients on glucocorticoid therapy may require additional vitamin D.

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[a]UL = The maximum level of daily nutrient intake that is likely to pose no risk of adverse effects. Unless otherwise specified, the UL represents total intake from food, water, and supplements. Due to lack of suitable data, ULs could not be established for vitamin K, thiamin, riboflavin, vitamin B_{12}, pantothenic acid, biotin, or carotenoids. In the absence of ULs, extra caution may be warranted in consuming levels above recommended intakes.

[b]ND = Not determinable due to lack of data of adverse effects in this age group and concern with regard to lack of ability to handle excess amounts. Source of intake should be from food only to prevent high levels of intake.

SOURCES: *Dietary Reference Intakes for Calcium, Phosphorous, Magnesium, Vitamin D, and Fluoride* (1997); *Dietary Reference Intakes for Thiamin, Riboflavin, Niacin, Vitamin B_6, Folate, Vitamin B_{12}, Pantothenic Acid, Biotin, and Choline* (1998); *Dietary Reference Intakes for Vitamin C, Vitamin E, Selenium, and Carotenoids* (2000); and *Dietary Reference Intakes for Vitamin A, Vitamin K, Arsenic, Boron, Chromium, Copper, Iodine, Iron, Manganese, Molybdenum, Nickel, Silicon, Vanadium, and Zinc* (2001). These reports may be accessed via www.nap.edu.

Dietary Reference Intakes: Vitamins

Nutrient	Function	Life Stage Group	RDA/AI*	UL[a]	Selected Food Sources	Adverse effects of excessive consumption	Special Considerations
Vitamin E Also known as: α-tocopherol Note: As α-tocopherol. α-Tocopherol includes *RRR*-α-tocopherol, the only form of α-tocopherol that occurs naturally in foods, and the *2R*-stereoisomeric forms of α-tocopherol (*RRR*-, *RSR*-, *RRS*-, and *RSS*-α-tocopherol) that occur in fortified foods and supplements. It does not include the *2S*-stereoisomeric forms of α-tocopherol (*SRR*-, *SSR*-, *SRS*-, and *SSS*-α-tocopherol), also found in fortified foods and supplements.	A metabolic function has not yet been identified. Vitamin E's major function appears to be as a non-specific chain-breaking antioxidant.	Infants 0–6 mo 7–12 mo Children 1–3 y 4–8 y Males 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Females 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Pregnancy ≤ 18 y 19-30y 31-50 y Lactation ≤ 18 y 19-30y 31–50 y	(mg/d) 4* 5* **6** **7** **11** **15** **15** **15** **15** **15** **11** **15** **15** **15** **15** **15** **15** **15** **15** **19** **19** **19**	(mg/d) ND[b] ND 200 300 600 800 1,000 1,000 1,000 1,000 600 800 1,000 1,000 1,000 1,000 800 1,000 1,000 800 1,000 1,000	Vegetable oils, unprocessed cereal grains, nuts, fruits, vegetables, meats	There is no evidence of adverse effects from the consumption of vitamin E naturally occurring in foods. Adverse effects from vitamin E containing supplements may include hemorrhagic toxicity. The UL for vitamin E applies to any form of α-tocopherol obtained from supplements, fortified foods, or a combination of the two.	Patients on anticoagulant therapy should be monitored when taking vitamin E supplements.
Vitamin K	Coenzyme during the synthesis of many proteins involved in blood clotting and bone metabolism	Infants 0–6 mo 7–12 mo Children 1–3 y 4–8 y Males 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Females 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Pregnancy ≤ 18 y 19-30y 31-50 y Lactation ≤ 18 y 19-30y 31–50 y	(µg/d) 2.0* 2.5* 30* 55* 60* 75* 120* 120* 120* 120* 60* 75* 90* 90* 90* 90* 75* 90* 90* 75* 90* 90*	 ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND	Green vegetables (collards, spinach, salad greens, broccoli), brussel sprouts, cabbage, plant oils and margarine	No adverse effects associated with vitamin K consumption from food or supplements have been reported in humans or animals. This does not mean that there is no potential for adverse effects resulting from high intakes. Because data on the adverse effects of vitamin K are limited, caution may be warranted.	Patients on anticoagulant therapy should monitor vitamin K intake.

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Dietary Reference Intakes: Elements

Nutrient	Function	Life Stage Group	RDA/AI*	UL[a]	Selected Food Sources	Adverse effects of excessive consumption	Special Considerations
Arsenic	No biological function in humans although animal data indicate a requirement	Infants 0–6 mo 7–12 mo Children 1–3 y 4–8 y Males 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Females 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Pregnancy ≤ 18 y 19-30y 31-50 y Lactation ≤ 18 y 19-30y 31–50 y	 ND[b] ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND	 ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND	Dairy products, meat, poultry, fish, grains and cereal	No data on the possible adverse effects of organic arsenic compounds in food were found. Inorganic arsenic is a known toxic substance. Although the UL was not determined for arsenic, there is no justification for adding arsenic to food or supplements.	None
Boron	No clear biological function in humans although animal data indicate a functional role	Infants 0–6 mo 7–12 mo Children 1–3 y 4–8 y Males 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Females 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Pregnancy ≤ 18 y 19-30y 31-50 y Lactation ≤ 18 y 19-30y 31–50 y	 ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND	(mg/d) ND ND 3 6 11 17 20 20 20 20 11 17 20 20 20 20 17 20 20 17 20 20	Fruit-based beverages and products, potatoes, legumes, milk, avocado, peanut butter, peanuts	Reproductive and developmental effects as observed in animal studies.	None

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Dietary Reference Intakes: Elements

Nutrient	Function	Life Stage Group	RDA/AI*	UL[a]	Selected Food Sources	Adverse effects of excessive consumption	Special Considerations
Calcium	Essential role in blood clotting, muscle contraction, nerve transmission, and bone and tooth formation	Infants	(mg/d)	(mg/d)	Milk, cheese, yogurt, corn tortillas, calcium-set tofu, Chinese cabbage, kale, broccoli	Kidney stones, hypercalcemia, milk alkali syndrome, and renal insufficiency	Amenorrheic women (exercise- or anorexia nervosa-induced) have reduced net calcium absorption. There is no consistent data to support that a high protein intake increases calcium requirement.
		0–6 mo	210*	ND[b]			
		7–12 mo	270*	ND			
		Children					
		1–3 y	500*	2,500			
		4–8 y	800*	2,500			
		Males					
		9–13 y	1,300*	2,500			
		14–18 y	1,300*	2,500			
		19–30 y	1,000*	2,500			
		31-50 y	1,000*	2,500			
		50-70 y	1,200*	2,500			
		> 70 y	1,200*	2,500			
		Females					
		9–13 y	1,300*	2,500			
		14–18 y	1,300*	2,500			
		19–30 y	1,000*	2,500			
		31-50 y	1,000*	2,500			
		50-70 y	1,200*	2,500			
		> 70 y	1,200*	2,500			
		Pregnancy					
		≤ 18 y	1,300*	2,500			
		19-30y	1,000*	2,500			
		31-50 y	1,000*	2,500			
		Lactation					
		≤ 18 y	1,300*	2,500			
		19-30y	1,000*	2,500			
		31–50 y	1,000*	2,500			
Chromium	Helps to maintain normal blood glucose levels	Infants	(µg/d)		Some cereals, meats, poultry, fish, beer	Chronic renal failure	Individuals with Wilson's disease, Indian childhood cirrhosis and idiopathic copper toxicosis may be at increased risk of adverse effects from excess copper intake.
		0–6 mo	0.2*	ND			
		7–12 mo	5.5*	ND			
		Children					
		1–3 y	11*	ND			
		4–8 y	15*	ND			
		Males					
		9–13 y	25*	ND			
		14–18 y	35*	ND			
		19–30 y	35*	ND			
		31-50 y	35*	ND			
		50-70 y	30*	ND			
		> 70 y	30*	ND			
		Females					
		9–13 y	21*	ND			
		14–18 y	24*	ND			
		19–30 y	25*	ND			
		31-50 y	25*	ND			
		50-70 y	20*	ND			
		> 70 y	20*	ND			
		Pregnancy					
		≤ 18 y	29*	ND			
		19-30y	30*	ND			
		31-50 y	30*	ND			
		Lactation					
		≤ 18 y	44*	ND			
		19-30y	45*	ND			
		31–50 y	45*	ND			

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Dietary Reference Intakes: Elements

Nutrient	Function	Life Stage Group	RDA/AI*	UL[a]	Selected Food Sources	Adverse effects of excessive consumption	Special Considerations
Copper	Component of enzymes in iron metabolism	Infants	(µg/d)	(µg/d)	Organ meats, seafood, nuts, seeds, wheat bran cereals, whole grain products, cocoa products	Gastrointestinal distress, liver damage	None
		0–6 mo	200*	ND[b]			
		7–12 mo	220*	ND			
		Children					
		1–3 y	**340**	1,000			
		4–8 y	**440**	3,000			
		Males					
		9–13 y	**700**	5,000			
		14–18 y	**890**	8,000			
		19–30 y	**900**	10,000			
		31-50 y	**900**	10,000			
		50-70 y	**900**	10,000			
		> 70 y	**900**	10,000			
		Females					
		9–13 y	**700**	5,000			
		14–18 y	**890**	8,000			
		19–30 y	**900**	10,000			
		31-50 y	**900**	10,000			
		50-70 y	**900**	10,000			
		> 70 y	**900**	10,000			
		Pregnancy					
		≤ 18 y	**1000**	8,000			
		19-30y	**1000**	10,000			
		31-50 y	**1000**	10,000			
		Lactation					
		≤ 18 y	**1300**	8,000			
		19-30y	**1300**	10,000			
		31–50 y	**1300**	10,000			
Fluoride	Inhibits the initiation and progression of dental caries and stimulates new bone formation	Infants	(mg/d)	(mg/d)	Fluoridated water, teas, marine fish, fluoridated dental products	Enamel and skeletal fluorosis	None
		0–6 mo	0.01*	0.7			
		7–12 mo	0.5*	0.9			
		Children					
		1–3 y	0.7*	1.3			
		4–8 y	1*	2.2			
		Males					
		9–13 y	2*	10			
		14–18 y	3*	10			
		19–30 y	4*	10			
		31-50 y	4*	10			
		50-70 y	4*	10			
		> 70 y	4*	10			
		Females					
		9–13 y	2*	10			
		14–18 y	3*	10			
		19–30 y	3*	10			
		31-50 y	3*	10			
		50-70 y	3*	10			
		> 70 y	3*	10			
		Pregnancy					
		≤ 18 y	3*	10			
		19-30y	3*	10			
		31-50 y	3*	10			
		Lactation					
		≤ 18 y	3*	10			
		19-30y	3*	10			
		31–50 y	3*	10			

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Dietary Reference Intakes: Elements

Nutrient	Function	Life Stage Group	RDA/AI*	UL[a]	Selected Food Sources	Adverse effects of excessive consumption	Special Considerations
Iodine	Component of the thyroid hormones; and prevents goiter and cretinism	Infants 0–6 mo 7–12 mo Children 1–3 y 4–8 y Males 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Females 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Pregnancy ≤ 18 y 19-30y 31-50 y Lactation ≤ 18 y 19-30y 31–50 y	(µg/d) 110* 130* **90** **90** **120** **150** **150** **150** **150** **150** **120** **150** **150** **150** **150** **150** **220** **220** **220** **290** **290** **290**	(µg/d) ND[b] ND 200 300 600 900 1,100 1,100 1,100 1,100 600 900 1,100 1,100 1,100 1,100 900 1,100 1,100 900 1,100 1,100	Marine origin, processed foods, iodized salt	Elevated thyroid stimulating hormone (TSH) concentration	Individuals with autoimmune thyroid disease, previous iodine deficiency, or nodular goiter are distinctly susceptible to the adverse effect of excess iodine intake. Therefore, individuals with these conditions may not be protected by the UL for iodine intake for the general population.
Iron (mg/d)	Component of hemoglobin and numerous enzymes; prevents microcytic hypochromic anemia	Infants 0–6 mo 7–12 mo Children 1–3 y 4–8 y Males 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Females 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Pregnancy ≤ 18 y 19-30y 31-50 y Lactation ≤ 18 y 19-30y 31–50 y	(mg/d) 0.27* **11** **7** **10** **8** **11** **8** **8** **8** **8** **8** **15** **18** **18** **8** **8** **27** **27** **27** **10** **9** **9**	(mg/d) 40 40 40 40 40 45 45 45 45 45 40 45 45 45 45 45 45 45 45 45 45 45	Fruits, vegetables and fortified bread and grain products such as cereal (non-heme iron sources), meat and poultry (heme iron sources)	Gastrointestinal distress	Non-heme iron absorption is lower for those consuming vegetarian diets than for those eating nonvegetarian diets. Therefore, it has been suggested that the iron requirement for those consuming a vegetarian diet is approximately 2-fold greater than for those consuming a nonvegetarian diet. Recommended intake assumes 75% of iron is from heme iron sources.

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Dietary Reference Intakes: Elements

Nutrient	Function	Life Stage Group	RDA/AI*	UL[a]	Selected Food Sources	Adverse effects of excessive consumption	Special Considerations
Magnesium	Cofactor for enzyme systems	Infants 0–6 mo 7–12 mo Children 1–3 y 4–8 y Males 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Females 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Pregnancy ≤ 18 y 19-30y 31-50 y Lactation ≤ 18 y 19-30y 31–50 y	(mg/d) 30* 75* **80** **130** **240** **410** **400** **420** **420** **420** **240** **360** **310** **320** **320** **320** **400** **350** **360** **360** **310** **320**	(mg/d) ND[b] ND 65 110 350 350 350 350 350 350 350 350 350 350 350 350 350 350 350 350 350 350	Green leafy vegetables, unpolished grains, nuts, meat, starches, milk	There is no evidence of adverse effects from the consumption of naturally occurring magnesium in foods. Adverse effects from magnesium containing supplements may include osmotic diarrhea. The UL for magnesium represents intake from a pharmacological agent only and does not include intake from food and water.	None
Manganese	Involved in the formation of bone, as well as in enzymes involved in amino acid, cholesterol, and carbohydrate metabolism	Infants 0–6 mo 7–12 mo Children 1–3 y 4–8 y Males 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Females 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Pregnancy ≤ 18 y 19-30y 31-50 y Lactation ≤ 18 y 19-30y 31–50 y	(mg/d) 0.003* 0.6* 1.2* 1.5* 1.9* 2.2* 2.3* 2.3* 2.3* 2.3* 1.6* 1.6* 1.8* 1.8* 1.8* 1.8* 2.0* 2.0* 2.0* 2.6* 2.6* 2.6*	(mg/d) ND ND 2 3 6 9 11 11 11 11 6 9 11 11 11 11 9 11 11 9 11 11	Nuts, legumes, tea, and whole grains	Elevated blood concentration and neurotoxicity	Because manganese in drinking water and supplements may be more bioavailable than manganese from food, caution should be taken when using manganese supplements especially among those persons already consuming large amounts of manganese from diets high in plant products. In addition, individuals with liver disease may be distinctly susceptible to the adverse effects of excess manganese intake.

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[b]ND = Not determinable due to lack of data of adverse effects in this age group and concern with regard to lack of ability to handle excess amounts. Source of intake should be from food only to prevent high levels of intake.

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Dietary Reference Intakes: Elements

Nutrient	Function	Life Stage Group	RDA/AI*	UL[a]	Selected Food Sources	Adverse effects of excessive consumption	Special Considerations
Molybdenum	Cofactor for enzymes involved in catabolism of sulfur amino acids, purines and pyridines.	Infants	(µg/d)	(µg/d)	Legumes, grain products and nuts	Reproductive effects as observed in animal studies.	Individuals who are deficient in dietary copper intake or have some dysfunction in copper metabolism that makes them copper-deficient could be at increased risk of molybdenum toxicity.
		0–6 mo	2*	ND[b]			
		7–12 mo	3*	ND			
		Children					
		1–3 y	**17**	300			
		4–8 y	**22**	600			
		Males					
		9–13 y	**34**	1,100			
		14–18 y	**43**	1,700			
		19–30 y	**45**	2,000			
		31-50 y	**45**	2,000			
		50-70 y	**45**	2,000			
		> 70 y	**45**	2,000			
		Females					
		9–13 y	**34**	1,100			
		14–18 y	**43**	1,700			
		19–30 y	**45**	2,000			
		31-50 y	**45**	2,000			
		50-70 y	**45**	2,000			
		> 70 y	**45**	2,000			
		Pregnancy					
		≤ 18 y	**50**	1,700			
		19-30y	**50**	2,000			
		31-50 y	**50**	2,000			
		Lactation					
		≤ 18 y	**50**	1,700			
		19-30y	**50**	2,000			
		31–50 y	**50**	2,000			
Nickel	No clear biological function in humans has been identified. May serve as a cofactor of metalloenzymes and facilitate iron absorption or metabolism in microorganisms.	Infants		(mg/d)	Nuts, legumes, cereals, sweeteners, chocolate milk powder, chocolate candy	Decreased body weight gain Note: As observed in animal studies	Individuals with preexisting nickel hypersensitivity (from previous dermal exposure) and kidney dysfunction are distinctly susceptible to the adverse effects of excess nickel intake
		0–6 mo	ND	ND			
		7–12 mo	ND	ND			
		Children					
		1–3 y	ND	0.2			
		4–8 y	ND	0.3			
		Males					
		9–13 y	ND	0.6			
		14–18 y	ND	1.0			
		19–30 y	ND	1.0			
		31-50 y	ND	1.0			
		50-70 y	ND	1.0			
		> 70 y	ND	1.0			
		Females					
		9–13 y	ND	0.6			
		14–18 y	ND	1.0			
		19–30 y	ND	1.0			
		31-50 y	ND	1.0			
		50-70 y	ND	1.0			
		> 70 y	ND	1.0			
		Pregnancy					
		≤ 18 y	ND	1.0			
		19-30y	ND	1.0			
		31-50 y	ND	1.0			
		Lactation					
		≤ 18 y	ND	1.0			
		19-30y	ND	1.0			
		31–50 y	ND	1.0			

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Dietary Reference Intakes: Elements

Nutrient	Function	Life Stage Group	RDA/AI*	UL[a]	Selected Food Sources	Adverse effects of excessive consumption	Special Considerations
Phosphorus	Maintenance of pH, storage and transfer of energy and nucleotide synthesis	Infants	(mg/d)	(mg/d)	Milk, yogurt, ice cream, cheese, peas, meat, eggs, some cereals and breads	Metastatic calcification, skeletal porosity, interference with calcium absorption	Athletes and others with high energy expenditure frequently consume amounts from food greater than the UL without apparent effect.
		0–6 mo	100*	ND[b]			
		7–12 mo	275*	ND			
		Children					
		1–3 y	**460**	3,000			
		4–8 y	**500**	3,000			
		Males					
		9–13 y	**1,250**	4,000			
		14–18 y	**1,250**	4,000			
		19–30 y	**700**	4,000			
		31-50 y	**700**	4,000			
		50-70 y	**700**	4,000			
		> 70 y	**700**	3,000			
		Females					
		9–13 y	**1,250**	4,000			
		14–18 y	**1,250**	4,000			
		19–30 y	**700**	4,000			
		31-50 y	**700**	4,000			
		50-70 y	**700**	4,000			
		> 70 y	**700**	3,000			
		Pregnancy					
		≤ 18 y	**1,250**	3,500			
		19-30y	**700**	3,500			
		31-50 y	**700**	3,500			
		Lactation					
		≤ 18 y	**1,250**	4,000			
		19-30y	**700**	4,000			
		31–50 y	**700**	4,000			
Selenium	Defense against oxidative stress and regulation of thyroid hormone action, and the reduction and oxidation status of vitamin C and other molecules	Infants	(µg/d)	(µg/d)	Organ meats, seafood, plants (depending on soil selenium content)	Hair and nail brittleness and loss	None
		0–6 mo	15*	45			
		7–12 mo	20*	60			
		Children					
		1–3 y	**20**	90			
		4–8 y	**30**	150			
		Males					
		9–13 y	**40**	280			
		14–18 y	**55**	400			
		19–30 y	**55**	400			
		31-50 y	**55**	400			
		50-70 y	**55**	400			
		> 70 y	**55**	400			
		Females					
		9–13 y	**40**	280			
		14–18 y	**55**	400			
		19–30 y	**55**	400			
		31-50 y	**55**	400			
		50-70 y	**55**	400			
		> 70 y	**55**	400			
		Pregnancy					
		≤ 18 y	**60**	400			
		19-30y	**60**	400			
		31-50 y	**60**	400			
		Lactation					
		≤ 18 y	**70**	400			
		19-30y	**70**	400			
		31–50 y	**70**	400			

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Dietary Reference Intakes: Elements

Nutrient	Function	Life Stage Group	RDA/AI*	UL[a]	Selected Food Sources	Adverse effects of excessive consumption	Special Considerations
Silicon	No biological function in humans has been identified. Involved in bone function in animal studies.	Infants 0–6 mo 7–12 mo Children 1–3 y 4–8 y Males 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Females 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Pregnancy ≤ 18 y 19-30y 31-50 y Lactation ≤ 18 y 19-30y 31–50 y	 ND[b] ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND	 ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND	Plant-based foods	There is no evidence that silicon that occurs naturally in food and water produces adverse health effects.	None
Vanadium	No biological function in humans has been identified.	Infants 0–6 mo 7–12 mo Children 1–3 y 4–8 y Males 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Females 9–13 y 14–18 y 19–30 y 31-50 y 50-70 y > 70 y Pregnancy ≤ 18 y 19-30y 31-50 y Lactation ≤ 18 y 19-30y 31–50 y	 ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND ND	(mg/d) ND ND ND ND ND ND 1.8 1.8 1.8 1.8 ND ND 1.8 1.8 1.8 1.8 ND ND ND ND ND ND	Mushrooms, shellfish, black pepper, parsley, and dill seed.	Renal lesions as observed in animal studies.	None

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Dietary Reference Intakes: Elements

Nutrient	Function	Life Stage Group	RDA/AI*	UL[a]	Selected Food Sources	Adverse effects of excessive consumption	Special Considerations
Zinc	Component of multiple enzymes and proteins; involved in the regulation of gene expression.	Infants	(mg/d)	(mg/d)	Fortified cereals, red meats, certain seafood	Reduced copper status	Zinc absorption is lower for those consuming vegetarian diets than for those eating nonvegetarian diets. Therefore, it has been suggested that the zinc requirement for those consuming a vegetarian diet is approximately 2-fold greater than for those consuming a nonvegetarian diet.
		0–6 mo	2*	4			
		7–12 mo	**3**	5			
		Children					
		1–3 y	**3**	7			
		4–8 y	**5**	12			
		Males					
		9–13 y	**8**	23			
		14–18 y	**11**	34			
		19–30 y	**11**	40			
		31-50 y	**11**	40			
		50-70 y	**11**	40			
		> 70 y	**11**	40			
		Females					
		9–13 y	**8**	23			
		14–18 y	**9**	34			
		19–30 y	**8**	40			
		31-50 y	**8**	40			
		50-70 y	**8**	40			
		> 70 y	**8**	40			
		Pregnancy					
		≤ 18 y	**12**	34			
		19-30y	**11**	40			
		31-50 y	**11**	40			
		Lactation					
		≤ 18 y	**13**	34			
		19-30y	**12**	40			
		31–50 y	**12**	40			

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