

## POTENTIALLY TOXIC ELEMENTS

TOXIC ELEMENTS	RESULT µg/g	REFERENCE RANGE	PERCENTILE	
			68 <sup>th</sup>	95 <sup>th</sup>
Arsenic	0.045	< 0.20		
Lead	0.34	< 5.0		
Mercury	0.39	< 3.0		
Cadmium	0.062	< 0.30		
Chromium	0.37	< 0.95		
Beryllium	< 0.01	< 0.050		
Cobalt	0.017	< 0.080		
Nickel	0.13	< 0.60		
Zinc	180	< 270		
Copper	11	< 60		
Thorium	< 0.001	< 0.005		
Thallium	< 0.001	< 0.005		
Barium	0.81	< 3.0		
Cesium	< 0.002	< 0.010		
Manganese	0.11	< 1.3		
Selenium	1.1	< 2.1		
Bismuth	0.030	< 5.0		
Vanadium	0.012	< 0.20		
Silver	0.05	< 0.50		
Antimony	0.025	< 0.15		
Palladium	< 0.004	< 0.010		
Aluminum	0.3	< 19		
Platinum	< 0.003	< 0.010		
Tungsten	0.001	< 0.015		
Tin	0.06	< 0.80		
Uranium	0.039	< 0.20		
Gold	0.004	< 0.30		
Tellurium	< 0.05	< 0.050		
Germanium	0.034	< 0.045		
Titanium	0.35	< 1.0		
Gadolinium	< 0.001	< 0.008		

## SPECIMEN DATA

## Comments:

Date Collected: 6/1/2011

Date Received: 6/6/2011

Date Completed: 6/9/2011

Methodology: ICP-MS

µg/g = ppm

Sample Size: 0.198 g

Sample Type: Head

Hair Color: Brown

Treatment:

Shampoo: Castille Soap

Metals are listed in descending priority order based upon data from the Agency for Toxic Substances and Disease Registry, which considers not only the relative toxicity per gram metal, but also the frequency for occurrence of exposure.

1) What are your current symptoms and health history?

\* Insomnia for 3-4 hrs most nights, loss of short term memory frequently, accident prone, hypothyroid (isn't taking meds for it), fatigue, ADD (diagnosed), extreme fatigue after exercise, aversion to drinking water, sound sensitive (can't be in kitchen at same time as wife), no hair on legs, frequently almost asleep during day causing him to make bad judgments.

2) Dental history (wisdom teeth removed? First root canal placed? Braces? First amalgam etc...)

\* Root canal

3) What dental work do you currently have in place? What part of the dental cleanup have you completed?

\* amalgams still in place at the time of the test

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4) What dentistry did your mother have at any time before or during pregnancy?

\* unknown.

5) What vaccinations have you had and when (including flu and especially travel shots)?

\* usual vaccinations, maybe only 1 flu shot in 30 yrs though.

6) Supplements and medications (including dosages) taken at time of hair test, or for the 3-6 months before the sample was taken.

\* not sure

7) Other information you feel may be relevant?

\* Dental lab technician working under a dentist for 20+ yrs. Had a lot of mercury fillings put in by unscrupulous dentist when young. Played with mercury as a kid.

8) What is your location - city & country (so that we can learn where certain toxins are more prevalent).