

Australian Biologics Testing Services

in Cooperation with Micro Trace Minerals Laboratory Phone: (02) 9283 0807

Facsimile: (02) 9283 0910

Fayworth House Suite 605; 6th Floor 379-383 Pitt Street

Sydney, NSW 2000

E-mail:

info@australianbiologics.com.au



MINERAL ANALYSIS		Hair	
		Lab Number	
Doctor/Clinic		Test Date	19/06/2018
Patient Name		Sex	m
		D.O.B.	1959
Clinical Information	Ag confirmed	Page	1/6
	Acceptable Range	Test Value	
Elements (ppm = mg/kg = mcg/g)			
Chromium (Cr)	0.020 --- 0.210	< 0.020 ↓	
Cobalt (Co)	0.010 --- 0.300	< 0.005 ↓	
Copper (Cu)	10.000 --- 41.000	13.246	
Iodine (I)	0.050 --- 5.000	0.898	
Iron (Fe)	4.600 --- 17.700	4.519 ↓	
Manganese (Mn)	0.050 --- 0.920	0.124	
Molybdenum (Mo)	0.030 --- 1.100	0.017 ↓	
Selenium (Se)	0.400 --- 1.700	0.648	
Vanadium (V)	0.010 --- 0.200	< 0.001 ↓	
Zinc (Zn)	150.000 --- 272.000	198.167	
elements (ppm = mg/kg = mcg/g)			
Calcium (Ca)	220.000 --- 1,600.000	299.471	
Magnesium (Mg)	20.000 --- 130.000	66.695	
Trace Elements (ppm = mg/kg = mcg/g)			
Boron (B)	< 0.840	0.352	
Germanium (Ge)	< 1.650	0.006	
Lithium (Li)	< 0.300	0.001	
Strontium (Sr)	0.650 --- 6.900	0.651	
Tungsten (W)	< 0.010	< 0.001	
Trace Elements (ppm = mg/kg = mcg/g)			
Aluminum (Al)	< 8.000	0.469	

n.n. = not detected, < x = below Detection Limit

Quality control: Dipl. Ing. Friedle, Accreditation: DIN EN ISO 17025; Validation: Dr. E. Blaurock-Busch PhD

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Antimony (Sb)	< 0.300	0.005	
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MINERAL ANALYSIS			Hair			
Patient Name			Lab Number	5H206908	Page	2/6
	Acceptable Range	Test Value				
Potentially Toxic Elements (ppm = mg/kg = mcg/g)						
Arsenic-total (As)	< 0.200	0.030				
Barium (Ba)	< 4.640	0.066				
Beryllium (Be)	< 0.100	< 0.010				
Bismuth (Bi)	< 0.200	< 0.010				
Cadmium (Cd)	< 0.200	0.018				
Lead (Pb)	< 3.000	0.242				
Mercury (Hg)	< 0.600	0.347				
Nickel (Ni)	< 1.000	0.122				
Palladium (Pd)	< 0.100	< 0.050				
Platinum (Pt)	< 0.010	n.n.				
Silver (Ag)	< 1.000	34.195				
Thallium (Tl)	< 0.010	< 0.001				
Tin (Sn)	< 0.700	0.031				
Titanium (Ti)	< 1.500	0.048				
Uranium (U)	< 0.100	0.007				
Zirconium (Zr)	< 0.500	< 0.050				

MINERAL ANALYSIS			Hair			
Patient Name		Deki	Lab Number	5H206908	Page	3/6
Ratios						
	Acceptable Range	Ratios				
Ca/Cu	5.50 --- 292.00	22.61				

n.n. = not detected, < x = below Detection Limit

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Ca/Fe	16.10 --- 293.00	66.27		
Ca/Mg	1.69 --- 80.00	4.49		
Ca/Sr	40.70 --- 5,517.00	459.90		
Ca/Zn	0.89 --- 11.30	1.51		
Fe/Cu	0.14 --- 2.50	0.34		
Fe/Mn	5.46 --- 195.00	36.54		
Zn/Cr	383.00 --- 2,254.00	11,707.07		
Zn/Cu	3.55 --- 45.30	14.96		
Zn/Fe	10.40 --- 45.40	43.86		
Zn/Mg	1.09 --- 12.40	2.97		
Zn/Mn	142.00 --- 3,542.00	1,602.44		

MINERAL ANALYSIS

Hair

Patient Name



Lab Number

5H206908

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Your Analysis Determined The Following Mineral Deficiencies And Excesses. Since it is difficult to distinguish treated samples from untreated ones, it is assumed that the spectroanalytical analysis was performed on chemically untreated hair as requested in our laboratory brochure. Chemically treated hair does not provide reliable results and TMI does not assume responsibility for data obtained from treated hair. The information contained in this elemental analysis report is designed as an interpretive adjunct to normally conducted diagnostic procedures. The findings are best viewed in the context of a medical examination and history.

SILVER (Ag):

Silver is nonessential and considered non-toxic; however, Intraprasit et al found markedly elevated silver concentration of the liver in patients with chronic and acute renal failure. Silver is poorly absorbed and mainly excreted via bile and feces, but tissue concentration might be affected by disease or silver exposure. Silver interacts metabolically with copper and selenium. Hill et al showed that silver accentuates copper deficiency by interfering with the copper metabolism. High silver intake or exposure markedly depresses copper levels in tissues. Silver alleviates selenium toxicity, and has been shown to accentuate or induce vitamin E- and selenium deficiency signs by complexing with selenium to prevent the formation or function of the biologically active selenoenzyme, glutathione peroxidase. Silver occurs naturally in low concentrations in soil, plant, and animal tissue. SOURCE OF EXPOSURE: Environmental contaminants, mining, water treatments and water filter, possibly amalgams and frequent use of silver-coated flatware.

SYMPTOMS: Industrial workers exposed to silver compounds or dust have become argyric, a condition in which silver is deposited in the skin and organ tissue. Argyria symptoms are breathing difficulties, lung and throat irritation, or stomach pain. Some foods in India are coated with a thin silver/aluminum covering called Waraq, an Indian source of silver. Ayurvedic medicines are another source.

THERAPEUTIC CONSIDERATION: Check blood levels to confirm or rule out immediate and acute exposure. DMSA and EDTA show promise in binding and detoxifying excessive silver. Urine metal analysis (pre and post chelation levels) reflect on body's ability to detoxify silver.

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MINERAL ANALYSIS		Hair				
		Lab Number		5H166092		
Doctor	Australian Biologics			Test Date	13/11/2015	
Patient Name	[REDACTED]		Sex	m	Age	56
Clinical Information				Page	1/5	
	Acceptable Range	Test Value				
Elements (ppm = mg/kg = mcg/g)						
Chromium	0.020 --- 0.210	< 0.020				
Cobalt	0.010 --- 0.300	< 0.005				
Copper	10.000 --- 41.000	12.881				
Iodine	0.050 --- 5.000	0.760				
Iron	4.600 --- 17.700	3.771	↓			
Manganese	0.050 --- 0.920	< 0.050				
Molybdenum	0.030 --- 1.100	0.017	↓			
Selenium	0.400 --- 1.700	0.917				
Vanadium	0.010 --- 0.200	0.002	↓			
Zinc	150.000 --- 272.000	165.811				
elements (ppm = mg/kg = mcg/g)						
Calcium	220.000 --- 1,600.000	260.908				
Magnesium	20.000 --- 130.000	65.321				
Trace Elements (ppm = mg/kg = mcg/g)						
Boron	< 0.840	0.316				
Germanium	< 1.650	< 0.003				
Lithium	< 0.300	< 0.001				
Strontium	0.650 --- 6.900	0.937				
Tungsten	< 0.010	< 0.001				
Trace Elements (ppm = mg/kg = mcg/g)						
Aluminum	< 8.000	0.318				

n.n. = not detected

Accreditation: DIN EN ISO 17025; Quality control: Dipl. Ing. Friedle, Ing. J. Merz, Dr. Rauland; Validation: Dr. E.Blaurock-Busch PhD, Laboratory physician: Dr. med. A. Schönberger

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Antimony	< 0.300	0.006	
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MINERAL ANALYSIS		Hair			
Patient Name		████	Lab Number	5H166092	Page 2/5
	Acceptable Range	Test Value			
Potentially Toxic Elements (ppm = mg/kg = mcg/g)					
Arsenic-total	< 0.200	0.022			
Barium	< 4.640	0.107			
Beryllium	< 0.100	n.n.			
Bismuth	< 0.200	< 0.010			
Cadmium	< 0.200	0.006			
Lead	< 3.000	0.199			
Mercury	< 0.600	0.438			
Nickel	< 1.000	0.075			
Palladium	< 0.100	< 0.050			
Platinum	< 0.010	< 0.005			
Silver	< 1.000	0.013			
Thallium	< 0.010	< 0.001			
Tin	< 0.700	0.023			
Titanium	< 1.500	0.063			
Uranium	< 0.100	0.007			
Zirconium	< 0.500	< 0.050			

MINERAL ANALYSIS		Hair			
Patient Name		deki	Lab Number	5H166092	Page 3/5
Ratios					
	Acceptable Range	Ratios			
Ca/Cu	5.50 --- 292.00	20.25			

n.n. = not detected

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Ca/Fe	16.10 --- 293.00	69.19		
Ca/Mg	1.69 --- 80.00	3.99		
Ca/Sr	40.70 --- 5,517.00	278.55		
Ca/Zn	0.89 --- 11.30	1.57		
Fe/Cu	0.14 --- 2.50	0.29		
Fe/Mn	5.46 --- 195.00	127.54		
Zn/Cr	383.00 --- 2,254.00	8,434.77		
Zn/Cu	3.55 --- 45.30	12.87		
Zn/Fe	10.40 --- 45.40	43.97		
Zn/Mg	1.09 --- 12.40	2.54		
Zn/Mn	142.00 --- 3,542.00	5,608.39		

MINERAL ANALYSIS

Hair

Patient Name



Lab Number

5H166092

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COBALT (Co) is part of the Vitamin B12 molecule and is necessary for Vitamin B12 activity and function. Cobalt, which is mainly stored in the liver, activates numerous enzymes, and is excreted in bile. A low dietary intake inhibits fetal development and may reflect a low intake of Vitamin B12.

SOURCES: all animal products, including all meats, fish, cheese, brewer's yeast and yeast extracts. Strict vegetarians (vegans) and those who lack intrinsic factor risk vitamin B12 and cobalt deficiency.

SYMPTOMS include pernicious anemia.

THERAPEUTIC CONSIDERATION: increase vitamin B12 intake and/or consumption of cobalt-rich foods.

CHROMIUM (Cr):

Chromium is an essential trace element that is required for the sugar and fat metabolism, and is part of the glucose tolerance factor. Low chromium levels are often found in the elderly, and pregnant women whose diet is rich in sugars and refined food. Alcoholics and "sugarholics" are often chromium deficient. Deficiency conditions are atherosclerotic plaque, elevated LDL cholesterol levels, increased insulin need, impaired glucose tolerance and a reduced stress response. Deficiency causes are diets rich in highly processed foods, alcoholism, malabsorption, and insufficient intake of B-vitamins.

SOURCES: whole grains, brewer's yeast, wheat germ, meat and cheeses.

THERAPEUTIC CONSIDERATION: increase chromium and B-vitamin intake.

IRON (Fe) is essential for the oxygen transport and utilization. Iron is regulated in the body primarily by absorption rather than by excretion. Gastrointestinal function is important in controlling total body iron. Transferrin is the transport protein for iron in blood. The most common sign of deficiency is anemia. Symptoms include pallor and extreme fatigue, dizziness, decreased immune function, shortness of breath and poor appetite. Predisposing factors to iron deficiency may be excessive intake of copper, manganese, zinc, carbonates, oxalates, phosphates, phytates, antibiotics, coffee, or heavy metal exposure. Excessive blood loss or pregnancy can cause iron deficiency. Daily requirements vary depending on sex, age, and physiological status.

The RDA is 10-18mg/day. **SOURCES:** liver, other meats and green leafy vegetables. **THERAPEUTIC CONSIDERATION:** check lead, copper and manganese levels. Check transferrin levels. Prior to iron supplementation, increase intake of vitamin C, B-complex and amino acid to aid absorption.

n.n. = not detected

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1. What are your current symptoms and health history?

Cramps in feet and cold feet and cold hands (all manageable expected by my age). High bilirubin (49 as of April 2021) I interpret as liver not functioning optimal 100% whether its metal toxicity or something else I don't know.

When I was in the compulsory army service back in 1986-1987 I had bilirubin jumped at 90+ and looked like I had Jaundice

They send me to investigate but found I had gilbert syndrome and released me after a couple of days.

Bilirubin I noticed since my early twenties. I had dark spots or skin tags as I grow older, also I think due to my liver I checked its not cancerous.

2. Dental history (Wisdom teeth removed and when? Any other extractions. First root canal placed? Braces? First amalgam etc...)

Good healthy teeth (lucky from my genes I assume). No root canals , no amalgams, only two fillings composite or ceramic I am unsure. No problem with wisdom teeth.

3. What dental work do you currently have in place? What part of the dental clean-up have you completed?

Nothing see item 2.

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

As I can recall she had good teeth at her pregnancy and no filling when I was born

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

No flu shots. When I was a kid standard tuberculosis, etc.... that was long time.

Last one I had tetanus shot in 1993-1994 in Sydney North Shore hospital after car accident. Tetanus shot has thimerosal I know for sure. Interesting thing I want to point what I saw that in 2015 my Silver was 0.013 ppm and mercury 0.438 ppm

and in 2018 Silver was 34.195 ppm and mercury 0.347 ppm

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

I don't remember, but I know in 2015 and 2018 I had no antibiotics and no medications even long before that time I stopped taking antibiotics as I don't believe in them.

7. What is your age, height and weight?

61, 170 cm and 67 kg

8. Other information you feel may be relevant?

Good shape for my age. Like swimming and wild swimming and bushwalking and nature which Sydney is abundant to discover.

Retired now enjoying the time with my wife in camping and kayaking and camping.

Stopped taking tap water 5-6 years ago since I discovered australia is heavily fluoridated country.

More into homeopathic remedies and natural healing , sun and clean air. Never believed in big pharma lies but unfortunately when I was young 20 is and 30 is I dint know. Later and up till now I am trying to correct what was imposed by system, and unwash my brain washing.

Oh I forgot I found LDN naltrexone and I started 1 month ago.

Now I am on 4.5 mg..... 3 weeks already.

Feeling change...on positive side.

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

Sydney Australia. I migrated from serbia back in 1992

Attached see my hair test from <https://australianbiologics.com.au/>

I think they send samples in Europe Germany Micro Lab company or something.

Let me know if anything else I need to do to help out figure out why Silver is high and mercury and maybe I need to do another hair test.