

HAIR ELEMENTS



PATIENT: Number 323
SEX: Male
AGE: 1
LOCATION: Grantsburg, IL 62943 USA

POTENTIALLY TOXIC ELEMENTS

TOXIC ELEMENTS	RESULT $\mu\text{g/g}$	REFERENCE RANGE	PERCENTILE	
			68 th	95 th
Aluminum	17	< 8.0		
Antimony	0.051	< 0.066		
Arsenic	0.10	< 0.080		
Barium	0.37	< 0.50		
Beryllium	< 0.01	< 0.020		
Bismuth	1.7	< 2.0		
Cadmium	0.050	< 0.070		
Lead	0.18	< 1.0		
Mercury	0.08	< 0.40		
Platinum	0.003	< 0.005		
Thallium	< 0.001	< 0.002		
Thorium	< 0.001	< 0.002		
Uranium	0.004	< 0.060		
Nickel	0.08	< 0.20		
Silver	0.16	< 0.20		
Tin	0.92	< 0.30		
Titanium	2.1	< 1.0		
Total Toxic Representation				

ESSENTIAL AND OTHER ELEMENTS

ELEMENTS	RESULT $\mu\text{g/g}$	REFERENCE RANGE	PERCENTILE				
			2.5 th	16 th	50 th	84 th	97.5 th
Calcium	248	125- 370					
Magnesium	24	12- 30					
Sodium	11	20- 200					
Potassium	14	12- 200					
Copper	9.9	11- 18					
Zinc	290	100- 190					
Manganese	0.16	0.10- 0.50					
Chromium	0.38	0.43- 0.80					
Vanadium	0.057	0.030- 0.10					
Molybdenum	0.093	0.050- 0.13					
Boron	0.84	0.70- 5.0					
Iodine	6.0	0.25- 1.3					
Lithium	0.012	0.007- 0.020					
Phosphorus	184	150- 220					
Selenium	1.1	0.70- 1.1					
Strontium	0.28	0.16- 1.0					
Sulfur	44600	45500- 53000					
Cobalt	0.009	0.004- 0.020					
Iron	10	7.0- 16					
Germanium	0.035	0.030- 0.040					
Rubidium	0.011	0.016- 0.18					
Zirconium	4.3	0.040- 1.0					

SPECIMEN DATA

COMMENTS:
 Date Collected: 10/10/2009 Sample Size: 0.192 g
 Date Received: 10/19/2009 Sample Type: Head
 Date Completed: 10/26/2009 Hair Color: Brown
 Client Reference: Treatment:
 Methodology: ICP-MS Shampoo:

V010.08

RATIOS

ELEMENTS	RATIOS	EXPECTED RANGE
Ca/Mg	10.3	4- 30
Ca/P	1.35	0.8- 8
Na/K	0.786	0.5- 10
Zn/Cu	29.3	4- 20
Zn/Cd	> 999	> 800

Health history for hair test 323

1. *What are your current symptoms and health history?* Eczema, constipation, anaphalatic, Rx two peanuts, many other ige.
2. *Dental history?* none
3. *What dental work do you currently have in place? What part of the dental clean-up have you completed?* none
4. *What dentistry did your mother have at any time before or during pregnancy?* no dental during pregnancy
5. *What vaccinations have you had and when?* All vaccines for 12 months except flu and mmr.
6. *Supplements and medications?* Steriod cream OTC, Zyrtec child dosage prn.
7. *What is your age, height and weight?* 1 year old, 29", 21lbs
8. *Other information you feel may be relevant?* Parent hx of allergies, breast fed 4 months, hypoallergenic formula, Father asthma and smoker,
9. *What is your location – city & country (so that we can learn where certain toxins are more prevalent).* Grantsburg, IL 62943 USA