HAIR ELEMENTS



PATIENT: Number 409

SEX: Female AGE: 5

LOCATION: Russia

POTENTIALLY TOXIC ELEMENTS							
TOXIC	RESULT	REFERENCE	PERCENTILE				
ELEMENTS	μg/g	RANGE		68	th	95 th	
Aluminum	19	< 8.0					
Antimony	0.095	< 0.066					
Arsenic	0.073	< 0.080					
Barium	0.46	< 0.75			_		
Beryllium	< 0.01	< 0.020					
Bismuth	0.018	< 2.0	•				
Cadmium	0.074	< 0.070					
Lead	2.5	< 1.0					
Mercury	< 0.03	< 0.40					
Platinum	< 0.003	< 0.005		. .			
Thallium	< 0.001	< 0.002		. .			
Thorium	0.002	< 0.002					
Uranium	0.065	< 0.060					
Nickel	0.17	< 0.30					
Silver	0.22	< 0.20					
Tin	0.30	< 0.30					
Titanium	0.74	< 0.90					
Total Toxic Represent	tation					_	
		ESSENTIAL	AND OTHER	ELEMENT	S		
	RESULT	REFERENCE			PERCENTI	LE	
ELEMENTS	μg/g	RANGE	2.5 th	16 th	50 th	84	4 th 97.5 th
Calcium	401	140- 500					
Magnesium	46	15- 45		••••			
Sodium	340	18- 180		••••			
Potassium	200	10- 150		••••			
Copper	8.2	11- 24		••••			
Zinc	150	100- 190				—	
Manganese	0.81	0.10- 0.50		••••			
Chromium	0.52	0.43- 0.70		••••	_		
Vanadium	0.061	0.030- 0.10		••••	_		
Molybdenum	0.091	0.050- 0.13		••••)	
Boron	2.0	0.40- 3.5					
Iodine	2.0	0.25- 1.3		••••			
Lithium	0.050	0.007- 0.020					
Phosphorus	219	150- 220					
Selenium	0.43	0.70- 1.1					
Strontium	1.7	0.19- 2.0					
Sulfur	46800	45500- 53000					
Cobalt	0.016	0.005- 0.030)	
Iron	31	7.0- 16					
Germanium	0.030	0.030- 0.040					
Rubidium	0.090	0.012- 0.16					
Zirconium	0.93	0.030- 1.0					
		PECIMEN DATA				RATIOS	
COMMENTS:							EXPECTED
Date Collected:		Sample Size:	0.201 g		ELEMENTS	RATIOS	RANGE
Date Received: 8/9/2010		Sample Type:	Head		Ca/Mg	8.72	4- 30
Date Completed: 8/11/2010		Hair Color:	11044		Ca/P	1.83	1- 12
Client Reference:		Treatment:			Na/K	1.7	0.5- 10
		Shampoo:			Zn/Cu	18.3	4- 20
iniculouology.	I III	Shampoo.		V010.08	Zn/Cd	> 999	> 800
					Zii/Cu	F 333	

Hair Test 409

1) What are your current symptoms and health history?

cannot chew, talk, feed themselves, fragile x, syndrome, fine and gross motor skills absent

2) Dental history (wisdom teeth removed? First root canal placed? Braces? most baby teeth have fallen out,

some adult teeth coming in, no dental work

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

n/a

- 4) What dentistry did your mother have at any time before or during pregnancy? mother had several crowns, fillings, lots of dental work, no info on when this was done, during pregnancy
- 5) What vaccinations have you had and when (including flu and especially travel shots)?

TB, DTAP, HEP B, MMR,

- 6) Supplements and medications (including dosages) taken at time of hair test, or for the 3-6 months before the sample was taken. , prescription for allergy
- 7) Other information you feel may be relevant?
- 8) What is your location city & country (so that we can learn where certain toxins are more prevalent).

Russia