

HAIR ELEMENTS



PATIENT: Number 453
SEX: Male
AGE: 6
LOCATION: Kuala Lumpur, Malaysia

POTENTIALLY TOXIC ELEMENTS				
TOXIC ELEMENTS	RESULT $\mu\text{g/g}$	REFERENCE RANGE	PERCENTILE	
			68 th	95 th
Aluminum	13	< 8.0		
Antimony	0.045	< 0.066		
Arsenic	0.047	< 0.080		
Barium	0.75	< 0.75		
Beryllium	< 0.01	< 0.020		
Bismuth	0.030	< 2.0		
Cadmium	0.032	< 0.070		
Lead	0.79	< 1.0		
Mercury	< 0.03	< 0.40		
Platinum	< 0.003	< 0.005		
Thallium	0.001	< 0.002		
Thorium	< 0.001	< 0.002		
Uranium	0.009	< 0.060		
Nickel	0.37	< 0.20		
Silver	0.03	< 0.14		
Tin	0.17	< 0.30		
Titanium	0.62	< 0.70		
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	298	160- 500					
Magnesium	12	12- 50					
Sodium	51	20- 200					
Potassium	56	12- 140					
Copper	12	11- 32					
Zinc	120	110- 190					
Manganese	1.3	0.08- 0.50					
Chromium	0.36	0.40- 0.70					
Vanadium	0.038	0.025- 0.10					
Molybdenum	0.066	0.040- 0.090					
Boron	0.74	0.50- 3.5					
Iodine	1.0	0.25- 1.3					
Lithium	< 0.004	0.007- 0.020					
Phosphorus	187	150- 220					
Selenium	0.69	0.70- 1.1					
Strontium	0.31	0.21- 2.1					
Sulfur	48100	44000- 51000					
Cobalt	0.011	0.004- 0.020					
Iron	8.8	7.0- 16					
Germanium	0.028	0.030- 0.040					
Rubidium	0.050	0.008- 0.080					
Zirconium	0.11	0.060- 0.70					

SPECIMEN DATA				RATIOS		
COMMENTS:				ELEMENTS	RATIOS	EXPECTED RANGE
Date Collected: 9/17/2010	Sample Size: 0.203 g			Ca/Mg	24.8	4- 30
Date Received: 9/24/2010	Sample Type: Head			Ca/P	1.59	0.8- 8
Date Completed: 9/25/2010	Hair Color: Black			Na/K	0.911	0.5- 10
Client Reference:	Treatment:			Zn/Cu	10	4- 20
Methodology: ICP-MS	Shampoo:			Zn/Cd	> 999	> 800

V010.08

Health history for hair test 453

1. What are your current symptoms and health history?

Test Result belong to my son. Age 7, 35 pounds

Diagnosis : Autism

Symptoms : High Stimming, Anxiety, Rigid

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

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?

None

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

Fully vacinnated since birth. Hep B, MMR, Chicken Pox, Polio

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

None

7. What is your age, height and weight?

Son Age 7, Weight 35 pounds

8. Other information you feel may be relevant? None

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

Kuala Lumpur, Malaysia