



PATIENT: Number 629
 SEX: Male
 AGE: 45

Toxic & Essential Elements; Hair

TOXIC METALS			
	RESULT µg/g	REFERENCE INTERVAL	PERCENTILE 68 th 95 th
Aluminum (Al)	1.6	< 7.0	
Antimony (Sb)	0.029	< 0.066	
Arsenic (As)	0.036	< 0.080	
Barium (Ba)	0.91	< 1.0	
Beryllium (Be)	< 0.01	< 0.020	
Bismuth (Bi)	0.012	< 2.0	
Cadmium (Cd)	0.19	< 0.065	
Lead (Pb)	0.24	< 0.80	
Mercury (Hg)	0.08	< 0.80	
Platinum (Pt)	< 0.003	< 0.005	
Thallium (Tl)	0.001	< 0.002	
Thorium (Th)	< 0.001	< 0.002	
Uranium (U)	0.004	< 0.060	
Nickel (Ni)	0.11	< 0.20	
Silver (Ag)	0.02	< 0.08	
Tin (Sn)	0.19	< 0.30	
Titanium (Ti)	0.45	< 0.60	
Total Toxic Representation			

ESSENTIAL AND OTHER ELEMENTS					
	RESULT µg/g	REFERENCE INTERVAL	PERCENTILE 2.5 th 16 th 50 th 84 th 97.5 th		
Calcium (Ca)	329	200- 750			
Magnesium (Mg)	25	25- 75			
Sodium (Na)	42	20- 180			
Potassium (K)	23	9- 80			
Copper (Cu)	11	11- 30			
Zinc (Zn)	400	130- 200			
Manganese (Mn)	0.36	0.08- 0.50			
Chromium (Cr)	0.47	0.40- 0.70			
Vanadium (V)	0.026	0.018- 0.065			
Molybdenum (Mo)	0.035	0.025- 0.060			
Boron (B)	0.84	0.40- 3.0			
Iodine (I)	1.1	0.25- 1.8			
Lithium (Li)	< 0.004	0.007- 0.020			
Phosphorus (P)	248	150- 220			
Selenium (Se)	12	0.70- 1.2			
Strontium (Sr)	0.59	0.30- 3.5			
Sulfur (S)	50400	44000- 50000			
Cobalt (Co)	0.006	0.004- 0.020			
Iron (Fe)	7.7	7.0- 16			
Germanium (Ge)	0.033	0.030- 0.040			
Rubidium (Rb)	0.029	0.011- 0.12			
Zirconium (Zr)	0.11	0.020- 0.44			

SPECIMEN DATA		RATIOS	
COMMENTS:		ELEMENTS	RATIOS
Date Collected: Sample Size: 0.198 g		Ca/Mg	13.2
Date Received: 3/5/2012 Sample Type: Head		Ca/P	1.33
Date Completed: 3/6/2012 Hair Color:		Na/K	1.83
Methodology: ICP/MS Treatment:		Zn/Cu	36.4
Shampoo:		Zn/Cd	> 999
		RANGE	
			4- 30
			0.8- 8
			0.5- 10
			4- 20
			> 800

Health history for hair test 629

1. What are your current symptoms and health history? Excessive sweating, trouble losing weight, carpal tunnel syndrome, poor vision, digestive problems, numbness in arms, headaches, night sweats, excessive salivation.
2. Dental history (Wisdom teeth removed and when? Any other extractions. First root canal placed? Braces? First amalgam etc...) No amalgams, 3 wisdom teeth which were impacted were removed.
3. What dental work do you currently have in place? What part of the dental clean-up have you completed? No work has been done on my teeth other than cleanings.
4. What dentistry did your mother have at any time before or during pregnancy? She always had amalgams - no sure about what was done during pregnancy.
5. What vaccinations have you had and when (including flu and especially travel shots)? All usual childhood shots - my parents followed all 'school rules'..
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? 45 y/o, 5'9", 220 lbs.
8. Other information you feel may be relevant? Headaches and numbness seem to be getting worse within last few months.
9. What is your location – city & country (so that we can learn where certain toxins are more prevalent). Location: Queens, NY, U.S.