

<b>Toxic Elements</b>	Results (µg/g)	Ref Range	Within Range	Above Range	
Aluminum	5.5	< 8.0			Al
Antimony	0.048	< 0.066			Sb
Arsenic	0.10	< 0.080			As
Barium	0.99	< 0.50			Ba
Beryllium	< 0.01	< 0.020			Be
Bismuth	0.006	< 2.0			Bi
Cadmium	0.020	< 0.070			Cd
Lead	0.81	< 1.0			Pb
Mercury	0.05	< 0.40			Hg
Platinum	< 0.003	< 0.005			Pt
Thallium	0.001	< 0.002			Tl
Thorium	< 0.001	< 0.002			Th

<b>Nutritional Elements</b>	Results (µg/g)	Ref Range	Below Range	50 <sup>th</sup> Percentile	Above Range	
Boron	1.9	0.70- 5.0				B
Calcium	856	125- 370				Ca
Chromium	0.40	0.43- 0.80				Cr
Copper	28	11- 18				Cu
Iron	10	7.0- 16				Fe
Magnesium	65	12- 30				Mg
Manganese	0.14	0.10- 0.50				Mn
Molybdenum	0.049	0.050- 0.13				Mo
Phosphorus	199	150- 220				P
Potassium	10	12- 200				K
Rubidium	0.018	0.016- 0.18				Rb
Sulfur	47900	45500- 53000				S
Selenium	1.1	0.70- 1.1				Se
Sodium	9	20- 200				Na
Strontium	1.9	0.16- 1.0				Sr
Zinc	200	100- 190				Zn

\* <dl = Less than Detection Limit      Comments: v10.08

<b>Potentially Toxic Elements</b>	Results (µg/g)	Ref Range	
Nickel	0.15	< 0.20	Ni
Silver	0.06	< 0.20	Ag
Tin	0.09	< 0.30	Sn
Titanium	0.78	< 1.0	Ti
Uranium	0.041	< 0.060	U

<b>Other Elements</b>	Results (µg/g)	Ref Range	
Cobalt	0.039	0.004- 0.020	Co
Germanium	0.027	0.030- 0.040	Ge
Iodine	0.39	0.25- 1.3	I
Lithium	< 0.004	0.007- 0.020	Li
Vanadium	0.017	0.030- 0.10	V
Zirconium	0.066	0.040- 1.0	Zr

<b>Significant Ratios</b>	Results	Ref Range
Ca:Mg	13.2	4- 30
Fe:Cu	0.357	0.2-1.9
Na:K	0.9	0.5- 10
Zn:Cu	7.14	4- 20
Zn:Cd	> 999	> 800

## Health history for hair test 740

1. What are your current symptoms and health history? Attention deficit (inattention and hyperactive sub-type), aggressive behaviors on and off, obsessiveness with math, mouth breathing, yeast, bacteria, very hyper.
2. Dental history (Wisdom teeth removed and when? Any other extractions. First root canal placed? Braces? First amalgam etc...).  
NONE
1. What dental work do you currently have in place? What part of the dental clean-up have you completed? NONE
2. What dentistry did your mother have at any time before or during pregnancy? WHITE SYNTHETIC FILLINGS (NOT SILVER OR GREY)
3. What vaccinations have you had and when (including flu and especially travel shots)? (3 from age 3 months to 3 years)
4. Supplements and medications (including dosages) taken at time of hair test, or for the 3-6 months before the sample was taken? NONE at the time of testing
5. What is your age, height and weight? At time of test 3 years, 3 months, 40 lbs, tall)
6. Other information you feel may be relevant? (severe to moderate autism at time of testing. started GFCF right after. super nu-thera, DMG, Nystatin, BIOFILM protocol a few months later. HBOT at age 5, huge improvements since, recently started chelating (ALA+DMSA 1/8) at round 4 with not much happening yet)
7. What is your location – city & country (so that we can learn where certain toxins are more prevalent). CALGARY, CANADA