

HAIR ELEMENTS



PATIENT: Number 414
SEX: Female
AGE: 5
LOCATION: Russia

POTENTIALLY TOXIC ELEMENTS

TOXIC ELEMENTS	RESULT $\mu\text{g/g}$	REFERENCE RANGE	PERCENTILE	
			68 th	95 th
Aluminum	13	< 8.0		
Antimony	0.057	< 0.066		
Arsenic	0.084	< 0.080		
Barium	0.18	< 0.75		
Beryllium	< 0.01	< 0.020		
Bismuth	1.2	< 2.0		
Cadmium	0.053	< 0.070		
Lead	1.2	< 1.0		
Mercury	0.23	< 0.40		
Platinum	< 0.003	< 0.005		
Thallium	< 0.001	< 0.002		
Thorium	< 0.001	< 0.002		
Uranium	0.33	< 0.060		
Nickel	0.07	< 0.30		
Silver	0.23	< 0.20		
Tin	0.76	< 0.30		
Titanium	0.89	< 0.90		
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	280	140- 500					
Magnesium	22	15- 45					
Sodium	220	18- 180					
Potassium	360	10- 150					
Copper	10	11- 24					
Zinc	36	100- 190					
Manganese	0.07	0.10- 0.50					
Chromium	0.47	0.43- 0.70					
Vanadium	0.039	0.030- 0.10					
Molybdenum	0.066	0.050- 0.13					
Boron	7.0	0.40- 3.5					
Iodine	0.84	0.25- 1.3					
Lithium	0.023	0.007- 0.020					
Phosphorus	291	150- 220					
Selenium	0.66	0.70- 1.1					
Strontium	0.62	0.19- 2.0					
Sulfur	58300	45500- 53000					
Cobalt	0.008	0.005- 0.030					
Iron	19	7.0- 16					
Germanium	0.031	0.030- 0.040					
Rubidium	0.25	0.012- 0.16					
Zirconium	0.49	0.030- 1.0					

SPECIMEN DATA

COMMENTS:

Date Collected: Sample Size: **0.199 g**
 Date Received: **8/9/2010** Sample Type: **Head**
 Date Completed: **8/11/2010** Hair Color:
 Client Reference: Treatment:
 Methodology: **ICP-MS** Shampoo:

V010.08

RATIOS

ELEMENTS	RATIOS	EXPECTED RANGE
Ca/Mg	12.7	4- 30
Ca/P	0.962	1- 12
Na/K	0.611	0.5- 10
Zn/Cu	3.6	4- 20
Zn/Cd	679	> 800

Health history for hair test 414

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? None

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

Russia