

HAIR ELEMENTS



PATIENT: Number 475
SEX: Female
AGE: 23
LOCATION: Duluth, MN, US.

POTENTIALLY TOXIC ELEMENTS

TOXIC ELEMENTS	RESULT $\mu\text{g/g}$	REFERENCE RANGE	PERCENTILE	
			68 th	95 th
Aluminum	4.3	< 7.0		
Antimony	0.040	< 0.050		
Arsenic	0.029	< 0.060		
Barium	1.2	< 2.0		
Beryllium	< 0.01	< 0.020		
Bismuth	0.19	< 2.0		
Cadmium	0.035	< 0.050		
Lead	0.54	< 0.60		
Mercury	0.15	< 0.80		
Platinum	< 0.003	< 0.005		
Thallium	0.001	< 0.002		
Thorium	0.001	< 0.002		
Uranium	0.001	< 0.060		
Nickel	0.13	< 0.30		
Silver	0.50	< 0.15		
Tin	0.21	< 0.30		
Titanium	1.1	< 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	1240	300- 1200					
Magnesium	69	35- 120					
Sodium	87	20- 250					
Potassium	96	8- 75					
Copper	19	11- 37					
Zinc	240	140- 220					
Manganese	1.3	0.08- 0.60					
Chromium	0.46	0.40- 0.65					
Vanadium	0.025	0.018- 0.065					
Molybdenum	0.036	0.020- 0.050					
Boron	1.2	0.25- 1.5					
Iodine	1.8	0.25- 1.8					
Lithium	0.006	0.007- 0.020					
Phosphorus	179	150- 220					
Selenium	2.7	0.55- 1.1					
Strontium	1.2	0.50- 7.6					
Sulfur	41000	44000- 50000					
Cobalt	0.029	0.005- 0.040					
Iron	14	7.0- 16					
Germanium	0.031	0.030- 0.040					
Rubidium	0.12	0.007- 0.096					
Zirconium	0.31	0.020- 0.42					

SPECIMEN DATA

COMMENTS:

Date Collected: 4/13/2011 Sample Size: 0.198 g
 Date Received: 4/16/2011 Sample Type: Head
 Date Completed: 4/20/2011 Hair Color: Black
 Client Reference: 1273390 Treatment:
 Methodology: ICP-MS Shampoo:

V010.08

RATIOS

ELEMENTS	RATIOS	EXPECTED RANGE
Ca/Mg	18	4- 30
Ca/P	6.93	1- 12
Na/K	0.906	0.5- 10
Zn/Cu	12.6	4- 20
Zn/Cd	> 999	> 800

Health history for hair test 475

1) What are your current symptoms and health history?

Fatigue, brain fog, decreased intellect, stiffness and pain in hands, cold hands and feet, feeling cold and then hot, insomnia, excessive daydreaming, constipation followed by loose stools, dry skin and hair, acne, decreased appetite with food cravings, muscle tremors, chemical sensitivity. I was pretty normal until a few years ago, and since starting chelating, these symptoms have all worsened.

2) Dental history (wisdom teeth removed? First root canal placed? Braces? First amalgam etc...)

I've always had bad teeth and am sure I had amalgams as a child, but I can't remember the specifics. When I was 17 (7 years ago), I had 8 amalgams put in. At 21, I had one extremely large filling placed, and also had 2 root canals (one was due to a bike accident) done and 3 wisdom removed. This was when things started getting bad for me.

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

I have replaced all of my amalgams with composites and have been chelating for 8 months now.

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)?

Routine vaccinations as a child, tetanus shot 4 years ago.

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

Vitamin C, B50, E, milk thistle, magnesium, chromium picolinate, zinc, molybdenum, flax oil, calms forte for sleep

7) Other information you feel may be relevant? I never got an initial hair test prior to chelating and have been struggling with chelation for 8 months now. I'm trying to get as many hints as possible to make the process easier.

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