



PATIENT: Number 571
 SEX: Male
 AGE:

Toxic & Essential Elements; Hair

TOXIC METALS			
	RESULT µg/g	REFERENCE INTERVAL	PERCENTILE 68 th 95 th
Aluminum (Al)	1.9	< 7.0	
Antimony (Sb)	0.017	< 0.066	
Arsenic (As)	0.044	< 0.080	
Barium (Ba)	0.13	< 1.0	
Beryllium (Be)	< 0.01	< 0.020	
Bismuth (Bi)	0.010	< 2.0	
Cadmium (Cd)	< 0.009	< 0.065	
Lead (Pb)	1.3	< 0.80	
Mercury (Hg)	0.76	< 0.80	
Platinum (Pt)	< 0.003	< 0.005	
Thallium (Tl)	< 0.001	< 0.002	
Thorium (Th)	< 0.001	< 0.002	
Uranium (U)	0.013	< 0.060	
Nickel (Ni)	0.02	< 0.20	
Silver (Ag)	0.04	< 0.08	
Tin (Sn)	0.04	< 0.30	
Titanium (Ti)	0.40	< 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)	198	200- 750			
Magnesium (Mg)	26	25- 75			
Sodium (Na)	19	20- 180			
Potassium (K)	21	9- 80			
Copper (Cu)	140	11- 30			
Zinc (Zn)	190	130- 200			
Manganese (Mn)	0.06	0.08- 0.50			
Chromium (Cr)	0.42	0.40- 0.70			
Vanadium (V)	0.014	0.018- 0.065			
Molybdenum (Mo)	0.022	0.025- 0.060			
Boron (B)	0.66	0.40- 3.0			
Iodine (I)	0.16	0.25- 1.8			
Lithium (Li)	0.005	0.007- 0.020			
Phosphorus (P)	202	150- 220			
Selenium (Se)	0.76	0.70- 1.2			
Strontium (Sr)	0.17	0.30- 3.5			
Sulfur (S)	48000	44000- 50000			
Cobalt (Co)	0.003	0.004- 0.020			
Iron (Fe)	6.5	7.0- 16			
Germanium (Ge)	0.032	0.030- 0.040			
Rubidium (Rb)	0.015	0.011- 0.12			
Zirconium (Zr)	0.035	0.020- 0.44			

SPECIMEN DATA		RATIOS	
COMMENTS:		ELEMENTS	RATIOS
Date Collected: 11/9/2011		Ca/Mg	7.62
Date Received: 11/16/2011		Ca/P	0.98
Date Completed: 11/18/2011		Na/K	0.905
Methodology: ICP/MS		Zn/Cu	1.36
Sample Size: 0.197 g	Sample Type: Head	Zn/Cd	> 999
Hair Color:	Treatment:		
Shampoo: Bed Head			
		RANGE	
		4- 30	
		0.8- 8	
		0.5- 10	
		4- 20	
		> 800	

1. What are your current symptoms and health history? Fatigue, insomnia, joint pain/soreness, sore eyes, discomfort lying down, fibromyalgia for 10 years, mood swings, depression, poor concentration, poor motivation, lack of stamina, aggressive thoughts, obsessive thinking. Stabbing eye pain.
2. Dental history (Wisdom teeth removed and when? Any other extractions. First root canal placed? Braces? First amalgam etc...) Had 12 amalgam filling removed in past 3 months. December 2012 These were in at age 12.
3. What dental work do you currently have in place? What part of the dental clean-up have you completed? Complete amalgam removal with dentist using safety methods.
4. What dentistry did your mother have at any time before or during pregnancy? My mother had lots of fillings done, how many I don't know.
5. What vaccinations have you had and when (including flu and especially travel shots)? No flu or travel shots tb vaccinations as a child and some flu vaccinations in school as a kid
6. Supplements and medications (including dosages) taken at time of hair test, or for the 3-6 months before the sample was taken? Cherry active juice, cider vinegar, 5ml omega 3 oil, charcoal occasionally. Past 3 months, chromium, vitamin b complex vitamin c.
7. What is your age, height and weight? Age 46. Height 6 ft and weight is 13 stone
8. Other information you feel may be relevant? Experience lot of odd symptoms, numbness in hands at night. Vision disturbances. Restless legs at night.
9. What is your location – city & country (so that we can learn where certain toxins are more prevalent). Co Mayo in West of Ireland