



PATIENT: Number 839
 SEX: Female
 AGE: 11

Toxic & Essential Elements; Hair

TOXIC METALS			
	RESULT µg/g	REFERENCE INTERVAL	PERCENTILE 68 th 95 th
Aluminum (Al)	5.2	< 8.0	
Antimony (Sb)	0.010	< 0.066	
Arsenic (As)	0.025	< 0.060	
Barium (Ba)	0.32	< 1.5	
Beryllium (Be)	< 0.01	< 0.020	
Bismuth (Bi)	0.16	< 2.0	
Cadmium (Cd)	0.014	< 0.070	
Lead (Pb)	0.26	< 0.80	
Mercury (Hg)	0.03	< 0.40	
Platinum (Pt)	< 0.003	< 0.005	
Thallium (Tl)	< 0.001	< 0.002	
Thorium (Th)	< 0.001	< 0.002	
Uranium (U)	0.039	< 0.060	
Nickel (Ni)	0.08	< 0.30	
Silver (Ag)	0.82	< 0.18	
Tin (Sn)	0.08	< 0.30	
Titanium (Ti)	0.21	< 0.70	
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)	409	250- 800	
Magnesium (Mg)	42	25- 90	
Sodium (Na)	11	18- 180	
Potassium (K)	6	10- 90	
Copper (Cu)	200	11- 37	
Zinc (Zn)	170	120- 220	
Manganese (Mn)	0.10	0.08- 0.60	
Chromium (Cr)	0.31	0.40- 0.65	
Vanadium (V)	0.015	0.025- 0.10	
Molybdenum (Mo)	0.028	0.030- 0.090	
Boron (B)	1.2	0.30- 1.7	
Iodine (I)	0.50	0.25- 1.3	
Lithium (Li)	< 0.004	0.007- 0.020	
Phosphorus (P)	125	150- 220	
Selenium (Se)	0.73	0.70- 1.1	
Strontium (Sr)	0.81	0.37- 3.6	
Sulfur (S)	45800	44000- 51000	
Cobalt (Co)	0.007	0.005- 0.035	
Iron (Fe)	6.1	7.0- 16	
Germanium (Ge)	0.032	0.030- 0.040	
Rubidium (Rb)	0.009	0.008- 0.080	
Zirconium (Zr)	0.099	0.030- 0.40	

SPECIMEN DATA		RATIOS	
COMMENTS:		ELEMENTS	RATIOS
Date Collected: 07/01/2013	Sample Size: 0.202 g	Ca/Mg	9.74
Date Received: 07/05/2013	Sample Type: Head	Ca/P	3.27
Date Completed: 07/07/2013	Hair Color: BLond	Na/K	1.83
Methodology: ICP/MS	Treatment:	Zn/Cu	0.85
	Shampoo: Surface	Zn/Cd	> 999
		RANGE	
			4- 30
			1- 12
			0.5- 10
			4- 20
			> 800

Health history for hair test 839

1) What are your current symptoms and health history?

some depression

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

no root canal, no braces. 4 composite fillings

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?

nothing. mom had mercury fillings

5) What vaccinations have you had and when (including flu and especially travel shots)?

no vaccinations

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

nothing taken

7) Other information you feel may be relevant?

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

Farmington Hills, MI, USA