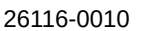


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Dr Test Doctor (Test Doctor) Test Clinic. 123 Test Street, Test Suburb Victoria 3125

Lab ID
Patient ID P000060
Ext ID 26116-0010

Test Patient

Sex: Female • 56yrs • 01-Jan-70
123 Home Street, Test Suburb VIC 3125

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PFEIFFER PROFILE COMMENT

ELEVATED FREE COPPER:

Consider chelation therapy, Vit C, Zinc, Molybdenum, Glutamine, Histidine and threonine. Optimal free Copper of 5-25% is recommended by Dr B Walsh. Retesting Zinc and Copper levels after 3 months of treatment is recommended. Signs of Cu overload include hyperactivity, skin sensitivity to metals. Skin tags, estrogen dominance, emotional meltdowns, tinnitus, abnormal periods.

ELEVATED Cu/Zn RATIO:

The ratio of copper to zinc is clinically more important than the individual levels of each analyte. Elevated copper/Zinc ratios can be particularly serious for persons with low blood histamine (over methylation). This combination of imbalances has been associated with anxiety, panic disorders, paranoia and hallucinations.

LOW WB HISTAMINE LEVELS:

(If following Pfeiffer protocols Normal Whole Blood Histamine is considered 33 - 65 ng/ml).

Low Whole Blood Histamine is otherwise known as Histapenia. In assessing Histamine levels, Diamine Oxidase (DAO) should also be tested concurrently. Serum/plasma copper levels in histapenic patients are often abnormally high. As copper is a brain stimulant (and also destroys histamine), the elevated serum/plasma (and presumably brain) copper level probably accounts for many visible symptoms, including the low blood histamine level. Behavioral symptoms in high-copper histapenia include paranoia and hallucinations in younger patients. In older patients, depression may predominate. Some studies of schizophrenics have revealed high blood copper, as seen in histadelia, with low urinary copper (showing that copper is being retained) as well as low blood zinc.

TREATMENT SUGGESTIONS: Treatment protocol consists of the administration of Amino Acid Histidine, (converts to histamine), a diet high in protein, supplement with B6, Folic Acid & B12 injections as they increase histamine levels while lowering the degree of symptoms. Zinc and manganese with vitamin C remove copper from the tissues. Copper destroys histamine and therefore as copper levels decrease, histamine levels should return towards normal. With this treatment the high blood copper is slowly reduced and symptoms are slowly relieved in several months' time. Treating histadelia is not a quick process. Early noticeable results/improvements may not be seen until close to 6-10 weeks. Treatment can take more than 12 months to complete. To find out more about this see [Mental Illness: The Nutrition Connection](#), a book by Carl Pfeiffer. The prognosis is seen to be good if the histadelic patient cooperates with treatment and works to give up detrimental addictions.

VITAMIN D COMMENT:

Vitamin D adequacy: ≥ 50 nmol/L at the end of winter (level may need to be 10–20 nmol/L higher at the end of summer, to allow for seasonal decrease).

Mild vitamin D deficiency: 30–49 nmol/L

Moderate vitamin deficiency: 12.5–29 nmol/L

Severe vitamin D deficiency: <12.5 nmol/L

Consider measuring vitamin D by LCMS if the result does not correlate clinically or does not change with vitamin D supplementation.

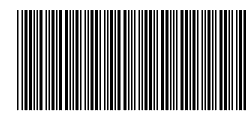
ELEVATED HOMOCYSTEINE:

Elevated homocysteine levels may result from low levels of folic acid, vitamin B6, or vitamin B12, some drugs and renal impairment, as well as several inherited defects. However, an elevated plasma homocysteine may also be due to high protein/Paleo diet.

The following genetic SNPs in CBS, MTHFR, MTR, MTRR may also impact levels of plasma homocysteine.

NOTE: Fasting overnight is required for this test. A falsely elevated result can occur if the blood has not been preserved appropriately and there is a delay in separation of the plasma from cells.

METHYLATION COMMENT



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Test Patient

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Methodology

Automated Chemistry/Immunochemistry, Inductively Coupled Plasma Mass Spectrometry (ICP-MS), Enzyme-Linked Immunosorbent Assay (ELISA), Liquid Chromatography-Mass Spectrometry (LC-MS/MS/MS)