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Dr.SAMPLE REPORT TEST HEALTH CENTRE 123 TEST STREET BURWOOD VIC 3125

SAMPLE REPORT 09-May-1990 Female

16 HARKER STREET BURWOOD VIC 3125

LAB ID : 3814152 UR NO. : Collection Date : 09-May-2022 Received Date: 09-May-2022



ENVIRONMENTAL ANALYS

URINE, 24 HOUR	Result	Range	Units	
Timed Urine Volume	752.0	693.0 - 3741.0	mL	•
Essential Elements, 24hr Urine				
Chromium, 24hr Urine	<i>0.28</i> *L	0.55 - 4.83	ug/gCR	•
Cobalt, 24hr Urine	1.83	< 5.00	ug/gCR	
Copper, 24hr Urine	<i>69.20</i> *H	1.45 - 60.00	ug/gCR	
Iron, 24hr Urine	15.40	2.20 - 45.00	ug/gCR	•
Manganese, 24hr Urine	1.69	< 4.50	ug/gCR	
Molybdenum, 24hr Urine	16.60	9.70 - 100.00	ug/gCR	•
Selenium, 24hr Urine	42.10	12.00 - 90.00	ug/gCR	•
Vanadium, 24hr Urine	0.66	< 1.40	ug/gCR	
Calcium, 24hr Urine	97.10	55.00 - 245.00	mg/gCR	•
Magnesium, 24hr Urine	38.20	12.00 - 150.00	mg/gCR	
Zinc, 24hr Urine	0.33	0.06 - 0.78	ug/gCR	•
Germanium, 24hr Urine	0.27	0.00 - 1.50	ug/gCR	
Lithium, 24hr Urine	43.20	< 175.00	ug/gCR	
Strontium, 24hr Urine	31.90	< 200.00	ug/gCR	

Urine Metals Information

URINE ANALYSIS AND CHELATION INFORMATION:

Urine analysis is an indispensable tool for assessing the renal ability to excrete and to assess renal disease. The information contained in this report is designed as an interpretive adjunct to normally conducted diagnostic procedure. The findings are best viewed in the context of a medical examination and history.

The results are reported in ug/g creatinine for the trace elements and heavy metals. Normalization per ug creatinine reduces the potentially great margin of error which otherwise can result from sample collection and variation in sample volume given.

Chelation treatment or provocation with complexing agents increase metal binding and urinary excretion. The maximum urinary excretion varies, depending on the chelating or complexing agent used and the binding capacity of the various chelating agents varies considerably. 24hrs prior to chelation, intake of mineral-containing supplements and algae products, medication or food such as fish which may be containing high levels of toxic metals such as Arsenic (As) or Mercury (Hg) should be avoided

To maximize the detoxification process, it is important to understand the binding capacity of these agents. Since the maximum metal excretion depends on the chelating agent's half-life, the appropriate urine collection protocol must be followed.

Urine analysis allows close monitoring of a patient's response to chelation therapy. In addition, urine mineral analysis reflects the body's immediate nutritional status, and factors influencing excretion. However, blood mineral analysis and other mineral assays are better indicators of a patient's nutritional status.

(*) Result outside normal reference range	(H) Result is above upper limit of reference rang (L) Res	ult is below lower limit of reference range
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Ess. Elements Comment

LOW CHROMIUM LEVEL:

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CHROMIUM (Cr) is an essential trace element that is required for the sugar and fat metabolism and is part of the glucose tolerance factor. Low chromium levels are often found in the elderly, pregnant women whose diet is rich in refined food, and alcoholics. Deficiency conditions are atherosclerotic plaque, elevated LDL cholesterol levels, increased insulin need, impaired glucose tolerance and a reduced stress response. Deficiency causes are diets rich in highly processed foods, alcoholism, malabsorption, and insufficient intake of B-vitamins.

SOURCES: whole grains, brewer's yeast, wheat germ, meat and cheeses.

THERAPEUTIC CONSIDERATION: increase chromium and B-vitamin intake.

Toxic Metals Comments

COPPER HIGH A cofactor in: lipid metabolism, liver detoxification, neurological control, erythrocyte superoxide dismutase. Used in thyroid function, melanin production, used for lumbar disc health. Causes for high level: Supplementation, copper water supply pipes, copper element in kettles, infection, inflammation, anemia, cancer, hemochromatosis, poisoning, pregnancy, primary biliary cirrhosis, renal disease, rheumatoid arthritis, SLE, thyroid disease. Medication causes: Carbamazepine, Oral contraceptives, Phenobarbital, phenytoin, Valproic acid. Symptoms and conditions: Elevated systolic blood pressure, learning and other mental disorders, vomiting, hepatic necrosis. Treatment: Stop supplementation, address underlying causes, methionine (chelation action).