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16 HARKER STREET  
BURWOOD VIC 3125

PATIENT COPY  
PATIENT ADDRESS

LAB ID : 3814191  
UR NO. :  
Collection Date : 09-May-2022  
Received Date:09-May-2022



3814191

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### ENVIRONMENTAL ANALYS

BLOOD - Red Cell	Result	Range	Units	
Chromium	<b>0.93 *L</b>	1.00 - 2.00	ug/L	
COBALT	<b>0.10 *L</b>	0.13 - 1.70	ug/L	
Iodine	<b>9.70 *L</b>	15.00 - 160.00	ug/L	
MANGANESE	18.6	9.0 - 33.0	ug/L	
Molybdenum	<b>0.07 *L</b>	0.60 - 2.00	ug/L	
Selenium.	<b>693.5 *H</b>	190.0 - 500.0	ug/L	
Vanadium	<b>0.06 *L</b>	0.10 - 0.50	ug/L	
Copper.	<b>0.51 *L</b>	0.52 - 0.80	mg/L	
Magnesium.	45.5	39.0 - 58.0	mg/L	
Zinc.	10.09	8.60 - 14.50	mg/L	
ALUMINIUM	15.44	0.00 - 30.00	ug/L	
Antimony	<b>7.40 *H</b>	0.00 - 3.36	ug/L	
ARSENIC	2.60	0.00 - 10.00	ug/L	
BERYLLIUM	0.00	0.00 - 1.23	ug/L	
Bismuth	0.03	0.00 - 0.75	ug/L	
CADMIUM	0.18	0.00 - 2.00	ug/L	
LEAD	13.68	0.00 - 50.00	ug/L	
MERCURY	1.23	0.00 - 10.00	ug/L	
NICKEL	0.22	0.00 - 3.00	ug/L	
Platinum	0.02	0.00 - 0.45	ug/L	
Silver	0.04	0.00 - 1.00	ug/L	
Thallium	0.04	0.00 - 0.50	ug/L	
Tin	0.49	0.00 - 0.53	ug/L	
Uranium	<0.08	0.00 - 0.20	ug/L	
Zirconium	<1.88	0.00 - 4.00	ug/L	

(\*) Result outside normal reference range

(H) Result is above upper limit of reference rang (L) Result is below lower limit of reference range

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#### Toxic Metals Comments

##### "MERCURY (Hg) :

Elemental mercury is easily converted to organic mercury by living systems. Symptoms of poisoning include inactivation of enzyme function, birth defects, brain damage and other central nervous system disorders. Early symptoms of mercury overexposure include insomnia, dizziness, fatigue, drowsiness, weakness, depression, tremors loss of appetite, loss of memory, nervousness, headache, dermatitis, numbness, and tingling of lips and feet, emotional instability and kidney damage.

Symptoms of acute toxicity: loss of teeth, extreme tremor, mental and emotional disorders, kidney failure. Neurological ailments may be linked to chronic mercury exposure.

SPECIFICS: Mercury remains in the blood stream for 24 to a maximum of 72 hours and high levels confirm immediate and acute exposure.

SOURCES: Overexposure may stem from paints, explosives, electrical apparatus, batteries, mercurial diuretics, fungicides, fluorescent lamps, cosmetics, hair dyes, amalgams in dentistry, contaminated seafood, petroleum products, and vaccines containing thimerosal. Improper disposal of broken mercury thermometers and other apparatuses that use mercury including button cells and tube lights may also result in mercury exposure.

NUTRITIONAL RECOMMENDATION: Increase intake of cysteine and antioxidant intake, especially selenium and vitamin E and cysteine.

CHELATION INFORMATION: Chelating agents such as DMPS and DMSA are known to bind mercury, resulting in increased urinary excretion. DTPA and EDTA do not bind mercury in any significant way - A comparison of pre and post urine Hg levels, allows observation of the patient's response to provocation treatment. Hair mercury levels reflect on long-term exposure."

##### ELEVATED ANTIMONY LEVEL:

Antimony (Sb) has no known function in living organisms and is not highly toxic. It is found in hair tissue and other organs, with the highest concentration in lymph nodes, lungs, skin and adrenals.

Environmental exposure and illness affect the antimony concentration of some tissue. Hair and lung tissue of smelter workers contained high amounts of this trace element and uremic patients have also shown high Sb-levels.

Food stored in enamel vessels and cans may contain appreciable antimony concentration. New research indicates that PET (Polyethylenterephthalate) bottles contain appreciable amounts of Sb, and the antimony concentration of mineral water stored in such bottles has been found to increase over time i.e. mineral water takes up Sb from PET. Trivalent antimony is more toxic than the pentavalent form; however there is no evidence that this element is carcinogenic.

THERAPEUTIC CONSIDERATION: increase vitamin C and B-complex intake.

Tests ordered: RCTox,RCMin

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(H) Result is above upper limit of reference rang (L) Result is below lower limit of reference range