

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: 3814160

UR NO.:

Collection Date: 09-May-2022 Received Date:09-May-2022



3814160

Clinical Notes: PRE CHELATION

ENVIRONMENTAL ANALYS

URINE, SPOT Result Range Units

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.

Essential Elements, Urine Spot

Creatinine, Spot Urine	5.3	5.0 - 13.0	mmol/L	•
Chromium, Urine Spot	0.94	0.55 - 4.83	ug/gCR	
Cobalt, Urine Spot	0.17	< 5.00	ug/gCR	•
Copper, Urine Spot	50.80	1.45 - 60.00	ug/gCR	•
Iron, Urine Spot	9.20	2.20 - 45.00	ug/gCR	
Manganese, Urine Spot	1.69	< 4.50	ug/gCR	•
Molybdenum, Urine Spot	21.60	9.70 - 100.00	ug/gCR	•
Selenium, Urine Spot	33.80	12.00 - 90.00	ug/gCR	
Vanadium, Urine Spot	0.64	< 1.40	ug/gCR	•
Calcium, Urine Spot	136	55 - 400	mg/gCR	
Magnesium, Urine Spot	48	12 - 150	mg/gCR	
Zinc, Urine Spot	0.43	0.06 - 0.78	mg/gCR	
Germanium, Urine Spot	0.56	0.00 - 1.50	ug/gCR	•
Lithium, Urine Spot	69.50	< 175.00	ug/gCR	•
Strontium, Urine Spot	48.80	< 200.00	ug/gCR	•
Toxic Metals, Urine Spot				

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ENVIRONMENTAL ANALYS								
URINE, SPOT		Result	Range	Units				
Aluminum, Urine Spot	(AI)	9.20	< 40.00	ug/gCR				
Antimony, Urine Spot	(Sb)	0.31	< 1.00	ug/gCR				
Arsenic, Urine Spot	(As)	<i>23.90</i> *H	< 15.00	ug/gCR				
Barium, Urine Spot	(Ba)	2.16	< 5.70	ug/gCR				
Beryllium, Urine Spot	(Be)	<dl (a)<="" th=""><th>< 0.31</th><th>ug/gCR</th><th></th></dl>	< 0.31	ug/gCR				
Bismuth, Urine Spot	(Bi)	0.04	< 0.15	ug/gCR				
Cadmium, Urine Spot	(Cd)	0.52	< 0.80	ug/gCR				
Lead, Urine Spot	(Pb)	1.43	< 5.00	ug/gCR				
Mercury, Urine Spot	(Hg)	<i>1.65</i> *H	< 1.00	ug/gCR				
Nickel, Urine spot	(Ni)	1.18	< 3.00	ug/gCR				
Platinum, Urine Spot	(Pt)	0.05	< 0.60	ug/gCR				
Silver, Urine Spot	(Ag)	0.19	< 0.40	ug/gCR				
Thallium, Urine Spot	(TI)	0.21	< 0.60	ug/gCR				
Tin, Urine Spot	(Sn)	1.38	< 2.00	ug/gCR				



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Toxic Metals Comments

ARSENTC

Associated with increased risk of: Vascular disease, Atherosclerosis, Cancers of skin, bladder and lung.

Sources:

Environmental sources of arsenic exposure include food, water, soil, and air, esp. around arsenic-containing mineral ores. In industry, arsenic is a by-product of the smelting process for many metal ores such as lead, gold, zinc, cobalt, and nickel. Arsenic is used for purifying industrial gases (removal of sulfur), burning fossil fuels, electronics manufacturing (microwave devices, lasers, light-emitting diodes, photoelectric cells, and semiconductor devices), hardening metal alloys, preserving animal hides, bronze plating, and clarifying glass and ceramics.

Other potential sources of arsenic exposure are:

- Wood preservatives, insecticides, herbicides (weed killers and defoliants), fungicides, cotton desiccants, cattle and sheep dips, paints and pigments, antifouling paints, leaded gasoline, and fire salts (multicolored flame).
- Wine (grapes sprayed with arsenic-containing pesticides), Seafood (especially certain cold water and bottom-feeding finfish) and Seaweed.
- Smokers may also inhale small amounts of arsenic as a result of pesticide residue on tobacco leaves.
- Medicinals: Fowler's solution (potassium arsenite), antiparasitic drugs (carbasone), Donovan's solution, folk remedies ("Asiatic pill," kushtay, yellow root), kelp-containing health foods, some naturopathic remedies.

Treatment:

Address underlying causes and consider EDTA chelation IV.

Laboratory Information:

The given reference range applies only if 48hrs prior to the urine collection no fish, or algae products were consumed. Mineral waters high in arsenic may also raise urinary excretion levels. Consumption of any of these sources raises urine levels considerably, at least 2-3 times above the given range. Smoking may also raise urinary excretion levels or arsenic.

MERCURY

Pervasive toxic tissue effects due to non-specific enzyme poisoning. Urine is the most reliable way to assess exposure to inorganic mercury. Levels >50 ug/24h indicate mercury overload.

However, quantity found in urine does not correlate severity of symptoms. Hair & Whole blood mercury levels correlate with severity of symptoms.

Treatment:

Avoid Mercury, consider DMSA or DMPS chelation. Check urine challenge test every 6 weeks and stop chelation when mercury level is below 10mg/24h in urine post chelation. Consider removing amalgalm dental fillings with a well-qualified dentist in amalgalm removal, particularly if sick (neuro symptoms) or high mercury levels are noted. Sauna treaments can help. Use antioxidants Vit C 3000 mg/day, Selenium 200-400mcg/day (protects against cellular toxic effectts of mercury), SAMe 200 mg twice a day, Manganese 15 mg/day, Molybdenum 75-250 mcg/day, Zinc 50 mg/day, Amino Acid chelates.

(*) Result outside normal reference range (H) Result is above upper limit of reference rang

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Increase elimination:

Methionine 3000 mg/day (ensure adequate Vit B12 and folate to prevent homocycteine elevation), Vit C 3000 mg/day, Lipoic Acid 100 mg three times a day.

Add competing nutrient elements: Selenium 200-400 mcg/day.

SPECIMEN RECEPTION

URINE, SPOT Result Range Units

SPECIMEN RECEP. COMMENTS

PLEASE NOTE: This is a Pre Challenge specimen.

PLEASE NOTE:

<DL : Less than the Detection Limit of the assay.</pre>

Tests ordered: IMPEI,SRCOM,usEssEl,UsMetox

(*) Result outside normal reference range (H) Result is above upper limit of reference range

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