



5151 CORPORATE WAY
JUPITER, FL 33458-3101
(866)720-8386

Route#: 0

Page#: 1

Client: VITALITY DETOX DROPS 17434 SPIRIT LN SE YELM, WA 98597	21208	Patient: [REDACTED]	DOB: [REDACTED]	Age: 42	Sex: M
Phys: [REDACTED]	[REDACTED]	Phone: [REDACTED]	Chart#: [REDACTED]	Room#: [REDACTED]	

Access#: 001507696	Coll. Date: 09/24/18 Coll. Time: 00:00 AM	Recv. Date: 09/25/18 Recv. Time: 10:36:19	First Report on: 09/25/18 Final Report on: 09/27/18 Print Date: 10/10/18 Print Time: 11:55
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Report Status: FINAL

SPECIMEN INFO: TIMED URINE

Creatinine, Urine **47 mg/dL**

TOXIC METALS, POST-PROVOC

Test Name	Results	Range	Units	Graph
Aluminum, Urine	< dL	< 30	ug/g	
Antimony, Urine	< dL	0 - 0.9	ug/g	
Arsenic, Urine	15.1	0 - 100	ug/g	
Barium, Urine	< dL	0 - 6	ug/g	
Bismuth, Urine	< dL	0 - 10	ug/g	
Cadmium, Urine	< dL	0 - 2	ug/g	
Cesium, Urine	2.5	0 - 12	ug/g	
Gadolinium, Urine	0.5	0 - 0.9	ug/g	
Germanium, Urine	0.3	0 - 2	ug/g	
Lead, Urine	0.3	0 - 10	ug/g	
Mercury, Urine	13.8 H	0 - 10	ug/g	
Nickel, Urine	< dL	0 - 7	ug/g	
Niobium, Urine	< dL	0 - 1.0	ug/g	
Platinum, Urine	0.3	0 - 1	ug/g	
Rubidium, Urine	837.0	0 - 4000	ug/g	
Thallium, Urine	0.2	0 - 0.7	ug/g	
Thorium, Urine	< dL	0 - 0.1	ug/g	
Tin, Urine	< dL	0 - 10	ug/g	
Titanium, Urine	1.0	0 - 6	ug/g	
Tungsten, Urine	< dL	0 - 1.0	ug/g	
Uranium, Urine	< dL	0 - 0.05	ug/g	

<dL = less than detectable limit

Results	Units	Reference Range	Results are creatinine corrected to account for urine dilution variations. Reference intervals and corresponding graphs are representative of a healthy population under non-provoked conditions. Chelation (provocation) agents can increase urinary excretion of metals/elements.
Creatinine, Urine	47	mg/dL	20-370

Comments:



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		DOB: [REDACTED]	Age:42
		ID#: [REDACTED]	Sex:M
Phys: [REDACTED]	(860) 603-3869	Phone: [REDACTED]	
		Chart#:	Room#:
Access#: 001507696	Coll. Date: 09/24/18 Coll. Time: 00:00 AM	Recv. Date: 09/25/18 Recv. Time:10:36:19	First Report on: 09/25/18 Final Report on: 09/27/18 Print Date: 10/10/18 Print Time: 11:55

Abnormal Result Summary:

1. Mercury: The avenues in which mercury (Hg) is excreted from the body, and the means by which its presence can be measured, is dependent on how it has been assimilated; whether ingested orally, inhaled, or absorbed dermally. Feces, however, tend to excrete a significant percentage of mercury regardless of the form of contact, allowing a stool sample analysis to act as a general determinant for unnatural levels of mercury exposure.

Contact with mercury can occur through a variety of distinct sources, one of the most notable being the consumption of seafood. Methylmercury, the most abundant form of organic mercury found in nature, accumulates in the aquatic lifeforms of both freshwater and oceanic ecosystems; with large predatory fish at the top of the food chain often acquiring higher concentrations of the element. Medical mercury exposure can also occur through the use of mercury composed dental fillings and mercury based medications, such as some vaccines and nasal sprays. Accidental dermal absorption of mercury's liquid state is also possible when working with older model laboratory equipment, such as mercury containing thermometers and barometers.

Beginning symptoms of excessive exposure to mercury may include increased salivation and a metallic taste in the mouth, a reduced sense of hearing, vision, touch, taste, and general fatigue. Prolonged exposure can lead to headaches, hypertension, anorexia, paresthesia, and a weakened immune system. If exposure persists and remains untreated, later stages of mercury poisoning often leads to autoimmune disorders, tremors, anemia, renal dysfunction, manic behavior, and eventual psychosis.

It should be noted that mercury assimilation can be affected by multiple factors, such as the concertation of protective nutrients in the body, like zinc, which can reduce the rate of intake. If further testing for toxic mercury levels is required, a blood cell analysis can be conducted to detect the severity of very recent and ongoing mercury exposure.