

Patient Name: STERRY, SAMANTHA
Patient Address: 28 ALFRED ST, PARKSIDE 5063
D.O.B: 18/08/1971
Medicare No.: 23888334381
Lab. Reference: 19-9715284-CAE-0
Addressee: DR JACKIE YEOH

Gender: F
IHI No.:
Provider: AUSTRALIAN CLINICAL LABS
Referred by: DR JACKIE YEOH

Date Requested: 7/11/2019
Date Collected: 21/11/2019
Specimen:
Subject(Test Name): CAERULOPLASMIN, SERUM
Clinical Information:

Date Performed: 21/11/2019
Complete: Final

CLINICAL NOTES:

SPECIAL CHEMISTRY

PROTEIN STUDIES

SPECIMEN: SERUM

Caeruloplasmin 0.33 g/L (0.20 - 0.60)

Please note from the 9th August 2018 the reference range for Caeruloplasmin has been revised in line with a change in methodology.

This analysis is performed on the Optilite analyser.

CU-W RZN-W RMG-W IS-R FBE-R CAE-C

This request has other tests in progress at the time of reporting

Patient Name: STERRY, SAMANTHA
Patient Address: 28 ALFRED ST, PARKSIDE 5063
D.O.B: 18/08/1971
Medicare No.: 23888334381
Lab. Reference: 19-9715284-ISM-0
Addressee: DR JACKIE YEOH

Gender: F
IHI No.:
Provider: AUSTRALIAN CLINICAL LABS
Referred by: DR JACKIE YEOH

Date Requested: 7/11/2019
Date Collected: 21/11/2019

Date Performed: 21/11/2019
Complete: Final

Specimen:
Subject(Test Name): IRON STUDIES
Clinical Information:

CLINICAL NOTES:

BIOCHEMISTRY

IRON STUDIES

SPECIMEN: SERUM

* Iron	8	umol/L	(10.0 - 30.0)
Transferrin	2.52	g/L	(2.10 - 3.80)
* Saturation	12	%	(15 - 45)
* Ferritin	13	ug/L	(30 - 200)

Iron studies are consistent with iron deficiency. Sources of blood loss should be considered.

CU-W RZN-W RMG-W IS-C FBE-R CAE-W

This request has other tests in progress at the time of reporting

Patient Name: STERRY, SAMANTHA
Patient Address: 28 ALFRED ST, PARKSIDE 5063
D.O.B: 18/08/1971
Medicare No.: 23888334381
Lab. Reference: 19-9715284-TMS-0
Addressee: DR JACKIE YEOH

Gender: F
IHI No.:
Provider: AUSTRALIAN CLINICAL LABS
Referred by: DR JACKIE YEOH

Date Requested: 7/11/2019
Date Collected: 21/11/2019
Specimen:
Subject(Test Name): TRACE METALS SERUM/PLASMA
Clinical Information:

Date Performed: 21/11/2019
Complete: Final

CLINICAL NOTES: naturopath has req last 4 blood tests, ? iron def

TOXICOLOGY
TRACE METALS

SPECIMEN: SERUM/PLASMA

Date: 21/11/19
Coll. Time: 09:10
Lab Number: 9715284

Copper 18.9 (10.0 - 30.0)umol/L

CU-C RZN-W RMG-W IS-R FBE-R CAE-R

This request has other tests in progress at the time of reporting

Patient Name: STERRY, SAMANTHA
Patient Address: 28 ALFRED ST, PARKSIDE 5063
D.O.B: 18/08/1971
Medicare No.: 23888334381
Lab. Reference: 19-9715284-TMC-0
Addressee: DR JACKIE YEOH

Gender: F
IHI No.:
Provider: AUSTRALIAN CLINICAL LABS
Referred by: DR JACKIE YEOH

Date Requested: 7/11/2019
Date Collected: 21/11/2019
Specimen:
Subject(Test Name): TRACE METALS RED CELLS
Clinical Information:

Date Performed: 21/11/2019
Complete: Final

CLINICAL NOTES: naturopath has req last 4 blood tests, ? iron def

TOXICOLOGY

TRACE METALS

SPECIMEN: RED CELLS

Date: 21/11/19
Coll. Time: 09:10
Lab Number: 9715284

Magnesium 1.79 (1.70 - 2.90) mmol/L
Zinc 192 (160 - 250) umol/L

CU-R RZN-C RMG-C IS-R FBE-R CAE-R

All tests on this request have now been completed

Patient Name: STERRY, SAMANTHA
Patient Address: 28 ALFRED ST, PARKSIDE 5063
D.O.B: 18/08/1971
Medicare No.: 23888334381
Lab. Reference: 19-9715284-HAE-0
Addressee: DR JACKIE YEOH

Gender: F
IHI No.:
Provider: AUSTRALIAN CLINICAL LABS
Referred by: DR JACKIE YEOH

Date Requested: 7/11/2019

Date Performed: 21/11/2019

Date Collected: 21/11/2019

Complete: Final

Specimen:

Subject(Test Name): ROUTINE HAEMATOLOGY

Clinical Information:

CLINICAL NOTES:

HAEMATOLOGY

SPECIMEN: WHOLE BLOOD

Date: 21/11/19 :06/05/19 :01/05/19 :
Coll. Time: 09:10 09:50 09:50
Request: 9715284 6463268 5861354

Platelets	314	342	381
Hb	134	121	126
RBC	4.80	4.31	4.45
HCT	0.41	0.38	0.38
MCV	86	87	86
RDW	13.5	13.9	13.5
WCC	5.5	6.0	6.9
Neut %	50	65	84
Lymph %	36	24	9
Mono %	6	7	4
Eosin %	7	3	2
Baso %	1	1	1

Cumulative Report: Differential may not add up to 100%. For full details of current request, see following report.

HAEMOGLOBIN

	134 g/L	(115 - 165)
RBC	$4.80 \times 10^{12} /L$	(3.80 - 5.50)
PCV	0.41	(0.35 - 0.47)
MCV	86 fL	(80 - 99)
MCH	28 pg	(27.0 - 34.0)
MCHC	325 g/L	(310 - 360)
RDW	13.5 %	(11.0 - 15.0)

WHITE CELL COUNT

	$5.5 \times 10^9 /L$	(4.0 - 11.0)
Neutrophils	50 % $2.8 \times 10^9 /L$	(2.0 - 8.0)
Lymphocytes	36 % $2.0 \times 10^9 /L$	(1.0 - 4.0)
Monocytes	6 % $0.3 \times 10^9 /L$	(< 1.1)
Eosinophils	7 % $0.4 \times 10^9 /L$	(< 0.7)
Basophils	1 % $< 0.1 \times 10^9 /L$	(< 0.3)

PLATELETS

	$314 \times 10^9 /L$	(150 - 450)
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COMMENT: The red cell, white cell and platelet parameters are within normal limits.

CU-W RZN-W RMG-W IS-W FBE-C CAE-W

This request has other tests in progress at the time of reporting

PRACTITIONER'S REPORT



InterClinical Laboratories Pty Limited
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PO Box 6474, Alexandria NSW 2015 Australia
Ph: 02 9693 2888 Fax: 02 9693 1888
Email: lab@interclinical.com.au

LABORATORY NO.: 1512786

PROFILE NO.: 2

SAMPLE TYPE: SCALP

PATIENT: STERRY, SAMANTHA

AGE: 48

SEX: F

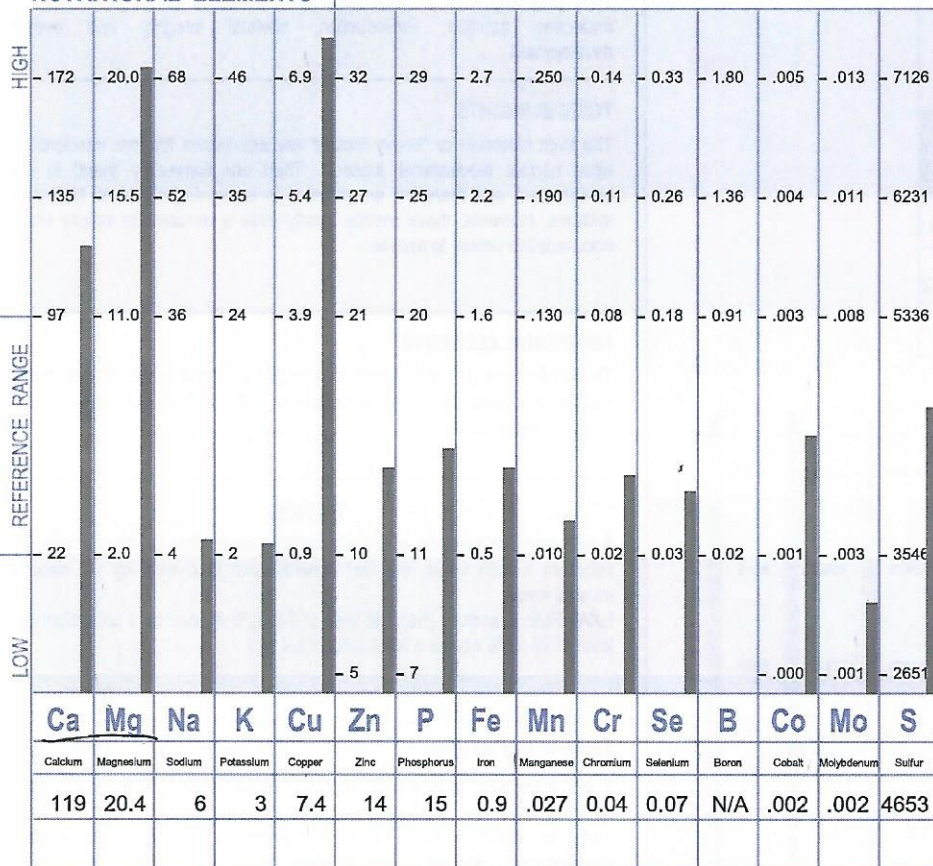
METABOLIC TYPE: SLOW 1

REQUESTED BY: DRIVER, K

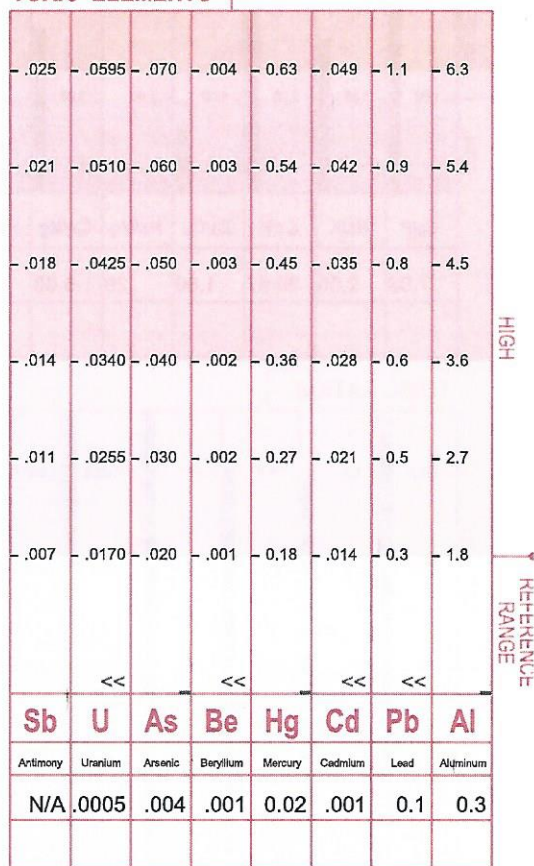
ACCOUNT NO.: 2216

DATE: 15/10/2019

NUTRITIONAL ELEMENTS



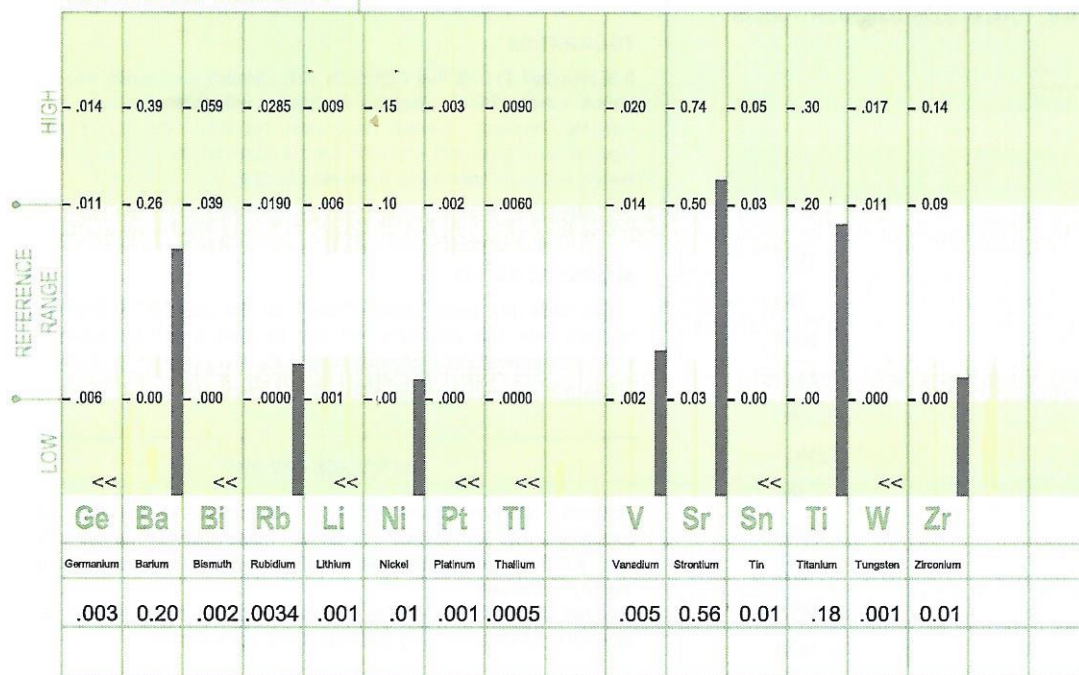
TOXIC ELEMENTS



High

low bioavailable iron + Cu

ADDITIONAL ELEMENTS



"<<": Below Calibration Limit; Value Given Is Calibration Limit

"QNS": Sample Size Was Inadequate For Analysis.

"N/A": Currently Not Available

Ideal Levels And Interpretation Have Been Based On Hair Samples Obtained From The Mid-Parietal To The Occipital Region Of The Scalp.

Laboratory Analysis Provided by Trace Elements, Inc. Dallas, Texas USA an H.H.S. Licensed Clinical Laboratory. No. 45 D0481787

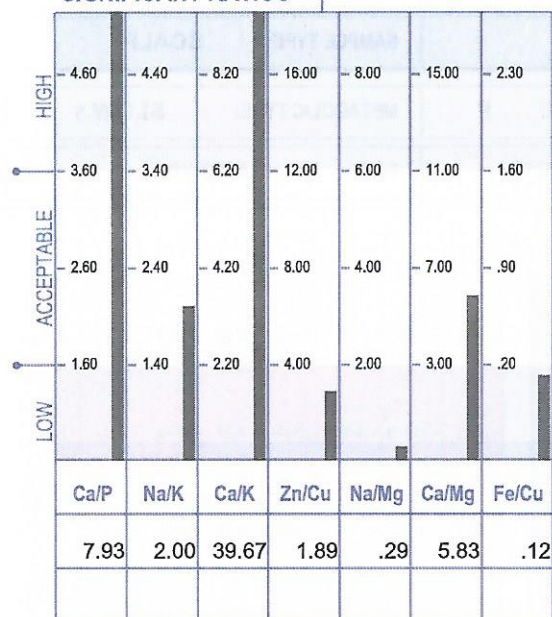
15/10/2019

CURRENT TEST RESULTS

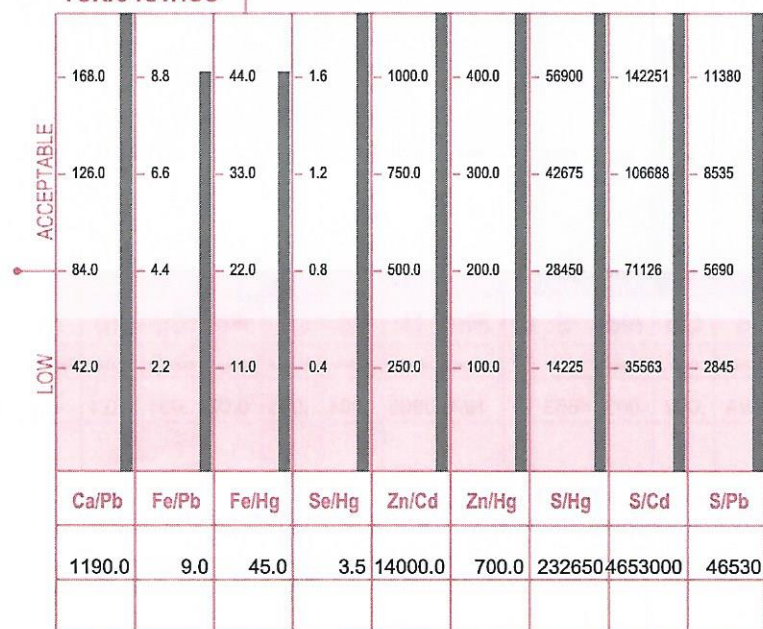
PREVIOUS TEST RESULTS

Rep module 8 - over the spread sheet

SIGNIFICANT RATIOS



TOXIC RATIOS



ADDITIONAL RATIOS

RATIO	CALCULATED VALUE		EXPECTED
	Current	Previous	
Ca/Sr	212.50		131/1
Cr/V	8.00		13/1
Cu/Mo	3700.00		625/1
Fe/Co	450.00		440/1
K/Co	1500.00		2000/1
K/Li	3000.00		2500/1
Mg/B	N/A		40/1
S/Cu	628.78		1138/1
Se/Tl	140.00		37/1
Se/Sn	7.00		0.67/1
Zn/Sn	1400.00		167/1

LEVELS

All mineral levels are reported in milligrams percent (milligrams per one-hundred grams of hair). One milligram percent (mg%) is equal to ten parts per million (ppm).

NUTRITIONAL ELEMENTS

Extensively studied, the nutrient elements have been well defined and are considered essential for many biological functions in the human body. They play key roles in such metabolic processes as muscular activity, endocrine function, reproduction, skeletal integrity and overall development.

TOXIC ELEMENTS

The toxic elements or "heavy metals" are well-known for their interference upon normal biochemical function. They are commonly found in the environment and therefore are present to some degree, in all biological systems. However, these metals clearly pose a concern for toxicity when accumulation occurs to excess.

ADDITIONAL ELEMENTS

These elements are considered as possibly essential by the human body. Additional studies are being conducted to better define their requirements and amounts needed.

RATIOS

A calculated comparison of two elements to each other is called a ratio. To calculate a ratio value, the first mineral level is divided by the second mineral level.

EXAMPLE: A sodium (Na) test level of 24 mg% divided by a potassium (K) level of 10 mg% equals a Na/K ratio of 2.4 to 1.

SIGNIFICANT RATIOS

If the synergistic relationship (or ratio) between certain minerals in the body is disturbed, studies show that normal biological functions and metabolic activity can be adversely affected. Even at extremely low concentrations, the synergistic and/or antagonistic relationships between minerals still exist, which can indirectly affect metabolism.

TOXIC RATIOS

It is important to note that individuals with elevated toxic levels may not always exhibit clinical symptoms associated with those particular toxic minerals. However, research has shown that toxic minerals can also produce an antagonistic effect on various essential minerals eventually leading to disturbances in their metabolic utilization.

ADDITIONAL RATIOS

These ratios are being reported solely for the purpose of gathering research data. This information will then be used to help the attending health-care professional in evaluating their impact upon health.

REFERENCE RANGES

Generally, reference ranges should be considered as guidelines for comparison with the reported test values. These reference ranges have been statistically established from studying an international population of "healthy" individuals.

Important Note: The reference ranges should not be considered as absolute limits for determining deficiency, toxicity or acceptance.