



Ordering Provider: TRANG M. TRAN, MD		Patient Name: CHAMBERS, KEVIN M															
		Patient ID (MRN): AAAI8992		Client PT ID (MRN): CK361257													
		Date of Birth: 9/14/1993		Sex: M Age: 31Y													
Location: ONS;1		Patient Phone #: (505) 967-8903		Portal Patient ID: 65359239													
Requisition#: 331701398	Report Status: Preliminary	Collection Date/Time: 11/26/2024 07:55		Receive Date/Time: 11/26/2024 12:29													
Test Name	Flag	Result	Ref Range	Units	Lab												
Whole Blood Heavy Metals																	
Lead Blood		<2.0	<=4.9	ug/dL	{AR}												
<p>(NOTE) INTERPRETIVE INFORMATION: Lead, Blood (venous) Analysis performed by Inductively Coupled Plasma-Mass Spectrometry (ICP-MS). Elevated results may be due to skin or collection-related contamination, including the use of a noncertified lead-free tube. If contamination concerns exist due to elevated levels of blood lead, confirmation with a second specimen collected in a certified lead-free tube is recommended. Information sources for blood lead reference intervals and interpretive comments include the CDC's Childhood Lead Poisoning Prevention: Recommended Actions Based on Blood Lead Level and the Adult Blood Lead Epidemiology and Surveillance: Reference Blood Lead Levels (BLLs) for Adults in the U.S. Thresholds and time intervals for retesting, medical evaluation, and response vary by state and regulatory body. Contact your State Department of Health and/or applicable regulatory agency for specific guidance on medical management recommendations. This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.</p> <table><tr><td>Group</td><td>Concentration</td><td>Comment</td></tr><tr><td>Children</td><td>3.5-19.9 ug/dL</td><td>Children under the age of 6 years are the most vulnerable to the harmful effects of lead exposure. Environmental investigation and exposure history to identify potential sources of lead. Biological and nutritional monitoring are recommended. Follow-up blood lead monitoring is recommended.</td></tr><tr><td></td><td>20-44.9 ug/dL</td><td>Lead hazard reduction and prompt medical evaluation are recommended. Contact a Pediatric Environmental Health Specialty Unit or poison control center for guidance.</td></tr><tr><td></td><td>Greater than 44.9 ug/dL</td><td>Critical. Immediate medical evaluation, including detailed neurological exam is recommended. Consider chelation therapy when symptoms of lead toxicity are present. Contact a Pediatric</td></tr></table>						Group	Concentration	Comment	Children	3.5-19.9 ug/dL	Children under the age of 6 years are the most vulnerable to the harmful effects of lead exposure. Environmental investigation and exposure history to identify potential sources of lead. Biological and nutritional monitoring are recommended. Follow-up blood lead monitoring is recommended.		20-44.9 ug/dL	Lead hazard reduction and prompt medical evaluation are recommended. Contact a Pediatric Environmental Health Specialty Unit or poison control center for guidance.		Greater than 44.9 ug/dL	Critical. Immediate medical evaluation, including detailed neurological exam is recommended. Consider chelation therapy when symptoms of lead toxicity are present. Contact a Pediatric
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Legend: H= High, L= Low, @= Abnormal, *= Critical Value

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Adult		5-19.9 ug/dL	Environmental Health Specialty Unit or poison control center for assistance. Medical removal is recommended for pregnant women or those who are trying or may become pregnant. Adverse health effects are possible. Reduced lead exposure and increased blood lead monitoring are recommended.		
		20-69.9 ug/dL	Adverse health effects are indicated. Medical removal from lead exposure is required by OSHA if blood lead level exceeds 50 ug/dL. Prompt medical evaluation is recommended.		
		Greater than 69.9 ug/dL	Critical. Immediate medical evaluation is recommended. Consider chelation therapy when symptoms of lead toxicity are present.		
Whole Blood Mercury		<2.5	<=10.0	ug/L	{AR}
<p>(NOTE)</p> <p>INTERPRETIVE INFORMATION: Mercury, Blood</p> <p>Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of blood mercury, confirmation with a second specimen collected in a certified metal-free tube is recommended. Blood mercury levels predominantly reflect recent exposure and are most useful in the diagnosis of acute poisoning as blood mercury concentrations rise sharply and fall quickly over several days after ingestion. Blood concentrations in unexposed individuals rarely exceed 20 ug/L. The provided reference interval relates to inorganic mercury concentrations. Dietary and non-occupational exposure to organic mercury forms may contribute to an elevated total mercury result. Clinical presentation after toxic exposure to organic mercury may include dysarthria, ataxia and constricted vision fields with mercury blood concentrations from 20 to 50 ug/L.</p> <p>This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.</p> <p>Performed By: ARUP Laboratories 500 Chipeta Way Salt Lake City, UT 84108 Laboratory Director: Jonathan R. Genzen, MD, PhD CLIA Number: 46D0523979</p>					
Whole Blood Arsenic		<10.0	<=12.0	ug/L	{AR}

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<p>(NOTE) INTERPRETIVE INFORMATION: Arsenic, Blood Elevated results may be due to skin or collection-related contamination, including the use of a noncertified metal-free collection/transport tube. If contamination concerns exist due to elevated levels of blood arsenic, confirmation with a second specimen collected in a certified metal-free tube is recommended. Potentially toxic ranges for blood arsenic: Greater than or equal to 600 ug/L. Blood arsenic is for the detection of recent exposure poisoning only. Blood arsenic levels in healthy subjects vary considerably with exposure to arsenic in the diet and the environment. A 24-hour urine arsenic is useful for the detection of chronic exposure. This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.</p>					
{AR} = Performed at ARUP Laboratories, Inc 500 Chipeta Way, Salt Lake City, UT 84108. CLIA 46D0523979					

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