

LAB #: Sample Report PATIENT: Sample Patient

ID:

SEX: Female

DOB: 01/01/1961 AGE: 57

**CLIENT #: 12345** 

**DOCTOR: Sample Doctor** 

Doctor's Data, Inc. 3755 Illinois Ave.

St. Charles, IL 60174 U.S.A.

## Mercury; Urine

| MERCURY PER CREATININE |      |            |           |           |                   |  |  |  |
|------------------------|------|------------|-----------|-----------|-------------------|--|--|--|
|                        |      | RESULT     | REFERENCE | WITHIN    |                   |  |  |  |
|                        |      | μg/g creat | INTERVAL  | REFERENCE | OUTSIDE REFERENCE |  |  |  |
| Mercury                | (Hg) | 1          | < 4       |           |                   |  |  |  |

| URINE CREATININE |                 |                       |                          |  |  |  |  |  |  |
|------------------|-----------------|-----------------------|--------------------------|--|--|--|--|--|--|
|                  | RESULT<br>mg/dL | REFERENCE<br>INTERVAL | -2SD -1SD MEAN +1SD +2SD |  |  |  |  |  |  |
| Creatinine       | 33.0            | 30- 225               |                          |  |  |  |  |  |  |

## **INFORMATION**

Toxic metals are reported as  $\mu$ g/g creatinine to account for urine dilution variations. Reference ranges are representative of a healthy population under non-challenge or non-provoked conditions. No safe reference levels for toxic metals have been established.

This individual's urine mercury is within the expected range.

Diet is the major source of organic mercury for the general population. Hg in atmosphere and drinking water also correlates with urine and body tissue levels. Smoking contributes to intake. Methyl mercury is of major environmental importance. Sources of Hg are: manuafacturing of electric equipment, thermometers, and blood pressure equipment; paints; pesticides; amalgams; laboratory chemicals; pharmaceuticals; cosmetics; furs; sludge used as fertilizer; industrial waste; etc. Mercury-containing amalgams increase Hg levels in blood, urine, saliva, and hair.Half-lives for mercury retention in humans vary from 1.7 days to 240 days depending upon the form of Hg and the organ involved. The critical organ in exposure to Hg varies with the type of compound, dose, route of absorption, exposure time, and stage of development. Common daily mercury ingestion is 15 micrograms. Most Hg is excreted in the feces. Urine levels of 1 to 2 micrograms per day are considered normal in man.

| SPI | ECIN | ЛFN | דעם | ΓΔ |
|-----|------|-----|-----|----|

Comments:

Date Collected: 02/06/2019 pH upon receipt: elemph Collection Period: timed: 6 hours

Date Received: 02/08/2019 <dl: less than detection limit Volume:

Date Completed: 02/11/2019 Provoking Agent: DMSA 1200MG Provocation: POST PROVOCATIVE

Method: ICP-MS Creatinine by Jaffe Method

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.