



TRACE ELEMENTS, INC.

401 Samba Drive - Addison, Tx - 75001 - U.S.A.

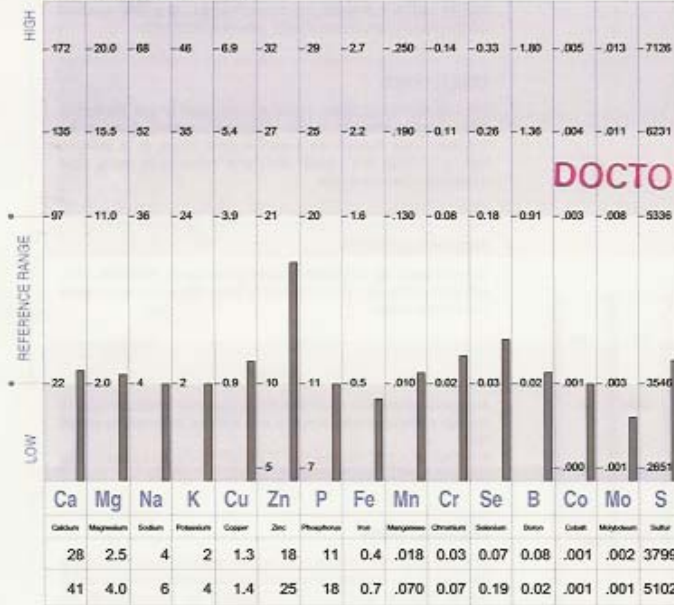
LABORATORY NO.: 298392

PROFILE NO.: 2 SAMPLE TYPE: SCALP

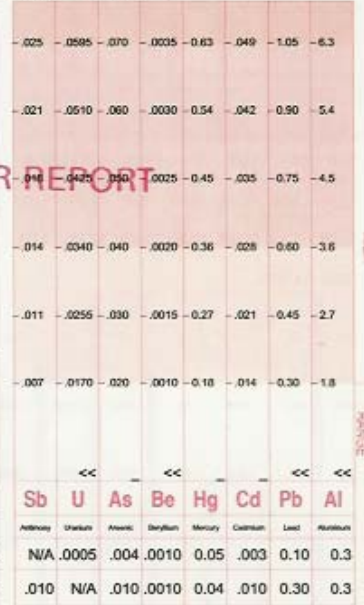
PATIENT: ANNA AGE: 52 SEX: F METABOLIC TYPE: FAST 4

REQUESTED BY: ACCOUNT NO.: 4739 DATE: 7/12/04

NUTRITIONAL ELEMENTS

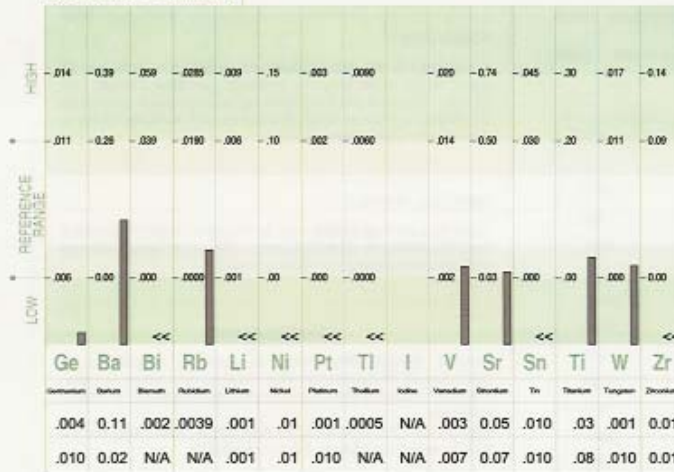


TOXIC ELEMENTS



DOCTOR REPORT

ADDITIONAL ELEMENTS



<< Below Calibration Limit; Values Given In Calibration Unit

"UNS": Sample Size Was Inadequate For Analysis.

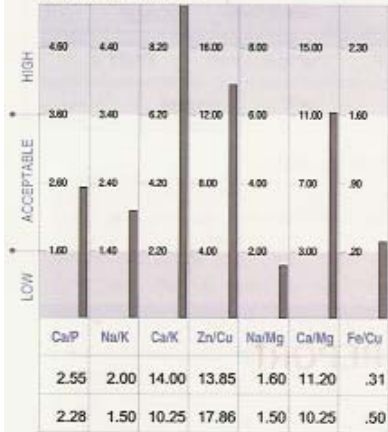
"NA": Currently Not Available

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

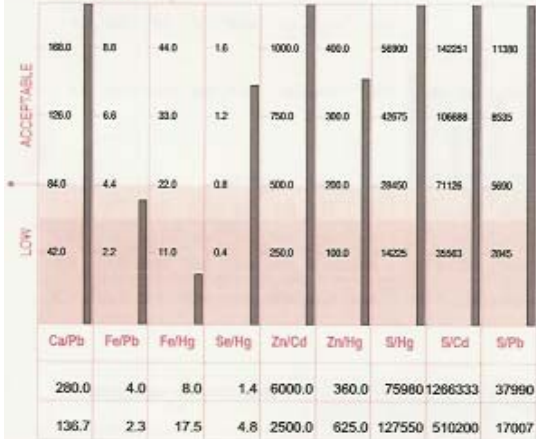
Laboratory Analysis Provided by Trace Elements, Inc. an H. H. S. Licensed Clinical Laboratory. No. 45-00481787

7/12/04
 CURRENT TEST RESULTS
 10/30/00
 PREVIOUS TEST RESULTS

SIGNIFICANT RATIOS



TOXIC RATIOS



ADDITIONAL RATIOS

RATIO	CALCULATED VALUE		EXPECTED
	Current	Previous	
Ca/Sr	560.00	585.71	131/1
Cr/V	10.00	10.00	13/1
Cu/Mo	650.00	1400.00	625/1
Fe/Co	400.00	700.00	440/1
K/Co	2000.00	4000.00	2000/1
K/Li	2000.00	4000.00	2500/1
Mg/B	31.25	200.00	40/1
S/Cu	2922.31	3644.29	1138/1
Se/Tl	140.00	N/A	37/1
Se/Sn	7.00	19.00	0.67/1
Zn/Sn	1800.00	2500.00	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 MINERALS

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.

INTRODUCTION

THE FOLLOWING REPORT SHOULD NOT BE CONSIDERED AS DIAGNOSTIC, BUT RATHER AS A SCREENING TOOL THAT PROVIDES AN ADDITIONAL SOURCE OF INFORMATION. THIS REPORT SHOULD ONLY BE USED IN CONJUNCTION WITH OTHER LABORATORY TESTS, HISTORY, PHYSICAL EXAMINATION AND THE CLINICAL EXPERTISE OF THE ATTENDING DOCTOR.

TEST RESULTS WERE OBTAINED BY A LICENSED* CLINICAL LABORATORY ADHERING TO TESTING PROCEDURES THAT COMPLY WITH GOVERNMENTAL PROTOCOL AND STANDARDS ESTABLISHED BY TRACE ELEMENTS, INC., U.S.A. THE FOLLOWING INTERPRETATION IS BASED UPON INTERNATIONAL DATA AND DEFINED BY EXTENSIVE CLINICAL RESEARCH CONDUCTED BY DAVID L. WATTS, PH.D.

This analysis including levels, ratios, ranges and recommendations are based upon the sample and sampling technique meeting the following requirements:

- ** Sample obtained from the mid-parietal to the occipital region of scalp.
- ** Sample is proximal portion of hair length (first 1" to 2" of hair closest to scalp.
- ** Sufficient sample weight (minimum of 150 mg.)
- ** High grade stainless steel sampling scissors.
- ** Untreated virgin hair (no recent perms, bleaching, or coloring agents).

* Clinical Laboratory License
U.S. Department of Health and Human Services, State of Texas Department of Health,
Clinical Laboratories Improvement Act, 1988 No. 45-D0481787

METABOLIC TYPE

FAST METABOLIZER, TYPE #4

The patient is classified as a FAST METABOLIZER TYPE #4. This metabolic type has a dominance of phosphorus relative to calcium (sympathetic dominance), with an existing adrenal and thyroid insufficiency. This pattern is characteristic of "stress burnout," which can be a result of prolonged, chronic stress. This pattern may result in extreme fatigue and depression.

Endocrine replacement therapy, such as; thyroid, insulin, adrenal steroids (anti-inflammatory drugs), etc., as well as endocrine antagonists and in extreme cases of surgical removal of a gland, can affect the tissue mineral pattern. In these cases, the above reported indications of endocrine status should not be considered as representative of endocrine activity. Additional clinical tests and patient history should be taken into consideration.

There are several sub-classifications of each metabolic type, ranging from Type #1 to Type #4. This is taken into consideration on their supplement and dietary recommendations. The extent to which the patient is manifesting these metabolic characteristics depends upon the degree and chronicity of the mineral patterns.

RE-EVALUATION

A re-evaluation is suggested at two months from the beginning of implementation of the supplement program. The metabolic subtypes, such as the Type #4 may result from an acute condition, and therefore, may show a metabolic response more quickly than the Type #1.

TRENDS

The following trends may or may not be manifesting in the patient at this time. Each trend that is listed is a result of research including statistical and clinical observations. This trend analysis is advanced merely for the consideration of the health professional, and should not be considered an assessment of a medical condition. Further investigation may be indicated based upon your own clinical evaluation.

*** SPECIAL NOTE ***

It must be emphasized that the following are only trends of potential health conditions. Realistically, the probability for each trend's occurrence is based upon the degree and duration of the specific mineral imbalance. Since this analysis is not capable of determining either the previous degree of imbalance and/or previous duration, the trend analysis should only be used as an indicator to the health-care professional of potential manifestation's, particularly if the biochemical imbalance continues.

TENDENCY	1	2	3	4	5	6	7	8
ANEMIA								
ASTHMA								
FATIGUE								

COMMENTS

ANEMIA AND LOW IRON:

The patient's tissue iron level is low. This is indicative of a trend toward iron deficiency anemia. Serum changes that may be evaluated are:

Hypochromic Anemia
Low Hematocrit

Microcytic Anemia
Low Hemoglobin

These serum indications may be present only if iron deficiency is chronic. If iron intake is marginally adequate, the above indications may not be manifesting, but iron deficiency symptoms may be present. Iron deficiency anemia symptoms prior to iron deficiency are not uncommon. If the patient's plasma transferrin is less than 10% saturated, it can be an early indicator of an eventual iron deficiency anemia, even if all other parameters are normal.

7/12/04

PATIENT: ANNA

THE FOLLOWING RECOMMENDATIONS SHOULD BE TAKEN ONLY WITH MEALS IN ORDER TO INCREASE ABSORPTION AND TO AVOID STOMACH DISCOMFORT.

RECOMMENDATION	AM	NOON	PM
SYM-PACK (Metabolic Support)	1	0	1
ADRENAL COMPLEX (Glandular Support)	1	1	1
MIN-PLEX B (Magnesium + Chromium + B6)	1	1	1
COPPER PLUS	1	0	1
DIGEST-ZYME (Digestive Support)	1	1	1
VITAMIN E PLUS	1	1	1

THESE RECOMMENDATIONS MAY NOT INCLUDE MINERALS WHICH APPEAR BELOW NORMAL OR IN TURN MAY RECOMMEND MINERALS WHICH APPEAR ABOVE NORMAL ON THE HTMA GRAPH. THIS IS NOT AN OVERSIGHT. SPECIFIC MINERALS WILL INTERACT WITH OTHER MINERALS TO RAISE OR LOWER TISSUE MINERAL LEVELS, AND THIS PROGRAM IS DESIGNED TO BALANCE THE PATIENT'S MINERAL LEVELS THROUGH THESE INTERACTIONS.

THESE RECOMMENDATIONS SHOULD NOT BE TAKEN OVER A PROLONGED PERIOD OF TIME WITHOUT OBTAINING A RE-EVALUATION. THIS IS NECESSARY IN ORDER TO MONITOR PROGRESS AND MAKE THE NECESSARY CHANGES IN THE NUTRITIONAL RECOMMENDATIONS AS REQUIRED.

SPECIAL NOTE: NUTRITIONAL SUPPLEMENTS DO NOT TAKE THE PLACE OF A GOOD DIET. THEY ARE BUT AN ADDITIONAL SOURCE OF NUTRIENTS, AND THEREFORE, MUST NOT BE SUBSTITUTED FOR A BALANCED DIET.
