500 Chipeta Way, Salt Lake City, Utah 84108-1221 phone: 801-583-2787, toll free: 800-522-2787

Tracy I. George, MD, Chief Medical Officer

Patient Age/Gender: 29 years Female

Specimen Collected: 07-Sep-21 13:00			
Heavy Metals Panel 3, Ra Urine	ndom Received: 07	-Sep-21 13:00	Report/Verified: 08-Sep-21 11:18
Procedure	Result	Units	Reference Interval
Creatinine, Urine -per	350	mg/dL	
volume			
Lead, Urine -per volume	≘ <5.0 ⁱ¹	ug/L	0.0-5.0
Lead, Urine -ratio to	Not Applicable f1	ug/g CRT	0.0-5.0
CRT			
Mercury,Urine -per	3.0 ⁱ²	ug/L	0.0-5.0
volume			
Mercury,Urine -ratio	0.9	ug/g CRT	0.0-20.0
to CRT			
Arsenic Urine -per	125.0 H i3	ug/L	0.0-34.9
volume			
Arsenic,Urine -ratio	35.7 ^H	ug/g CRT	0.0-29.9
to CRT			
Arsenic, Fractionated, U	rine Received: 07	-Sep-21 13:00	Report/Verified: 08-Sep-21 11:20
Procedure	Result	Units	Reference Interval
Arsenic,Organic	125.0	ug/L	
Arsenic,Inorganic	<10.0	ug/L	
Arsenic,Methylated	<10.0 ¹⁴	ug/L	

Result Footnote

f1: Lead, Urine - ratio to CRT

Unable to accurately calculate the creatinine normalized result due to a low per volume result.

Test Information

il: Lead, Urine - per volume

INTERPRETIVE INFORMATION: Lead, Urine

Quantification of urine excretion rates before or after chelation therapy has been used as an indicator of lead exposure. Urinary excretion of >125 mg of lead per 24 hours is usually associated with related evidence of lead toxicity.

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.

i2: Mercury, Urine - per volume

INTERPRETIVE INFORMATION: Mercury, Urine

Urinary mercury levels predominantly reflect acute or chronic elemental or inorganic mercury exposure. Urine concentrations in unexposed individuals are typically less than 10 ug/L. 24 hour urine concentrations of 30 to 100 ug/L may be associated with subclinical neuropsychiatric symptoms and tremors. Concentrations greater than 100

*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H-High, i-Test Information, L-Low, t-Interpretive Text, @=Performing lab

Unless otherwise indicated, testing performed at: ARUP Laboratories 500 Chipeta Way, Salt Lake City, UT 84108

Laboratory Director: Tracy I. George, MD

 ARUP Accession:
 21-250-900066

 Report Request ID:
 15048256

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Tracy I. George, MD, Chief Medical Officer

Patient Age/Gender: 29 years Female

Test Information

i2: Mercury, Urine - per volume

ug/L can be associated with overt neuropsychiatric disturbances and tremors. Urine mercury levels may be useful in monitoring chelation therapy.

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i3: Arsenic Urine - per volume

INTERPRETIVE INFORMATION: Arsenic, Urine w/ Reflex to Fractionated

The ACGIH Biological Exposure Index (BEI) for arsenic in urine is 35 μ g/L. The ACGIH BEI is based on the sum of inorganic and methylated species. For specimens with elevated total arsenic results, fractionation is automatically performed to determine the proportions of inorganic, methylated and organic species.

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i4: Arsenic, Methylated

INTERPRETIVE INFORMATION: Arsenic, Fractionated Urine

The ACGIH Biological Exposure Index for the sum of inorganic and methylated species of arsenic is 35 ug/L. Inorganic species of arsenic are most toxic. Methylated species arise primarily from metabolism of inorganic species but may also come from dietary sources and are of moderate toxic potential. The organic species of arsenic are considered nontoxic and arise primarily from food. The sum of the inorganic, methylated, and organic species of arsenic may be lower than the total arsenic concentration due to the presence of unidentified organic species of arsenic.

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.

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