Patient Report

Patient ID: Specimen ID: Age:

Sex:

DOB:

Ordering Physician:



Date Collected: Date Received: Date Reported: Fasting:

Ordered Items: Heavy Metals Profile I, Blood; Venipuncture

Date Collected:

# **Heavy Metals Profile I, Blood**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interva
Lead, Blood <sup>A, 01</sup>	<1.0		ug/dL	0.0-3.4
	Blood Lead Collection Method: Venous			
	Testing performed by Inductively coupled plasma/Mass Spectrometry.			
		Environmental Exp		
		WHO Recommendati	ion <5.0	
		Occupational Expo	sure:	
		OSHA Lead Std	40.0	
		BEI	30.0	
		Detection L	_imit = 1.0	
Arsenic, Blood A, 01	5		ug/L	0-9
		Detection L	imit = 1	
Comment: 01				
	Physiologic arsenic concentrations in unexposed individuals are usually less than 10 ug/L; however, the total arsenic concentrations may be markedly increased after dietary consumption of seafood. It may be appropriate to follow up on elevated values with an arsenic test in urine, the preferred specimen type, in order to determine if the arsenic is a toxic inorganic species.			
Mercury, Blood A, 01	7.6		ug/L	0.0-14.9
		Detection L	_imit = 1.0	

#### Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

### **Icon Legend**

#### Comments

A: This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

## **Performing Labs**

labcorp Final Report Page 1 of 2

Patient Report

Age:

DOB:

Sex:

Ordering Physician:

labcorp

**Patient Details** 

Patient ID: Specimen ID:

Phone: Date of Birth:

Age: Sex:

Patient ID:

Alternate Patient ID:

Physician Details

Request A Test, LTD. 7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141

Phone: 440-717-0440

Physician ID: NPI: Specimen Details Specimen ID: Control ID:

Alternate Control Number: Date Collected: Date Received:

Date Entered: Date Reported:

labcorp Final Report Page 2 of 2