

Urine Halides (pre & post)

This indicates the baseline level of lodine being excreted 'Day-to-Day' before lodine loading. (Ensure at least these background levels are within range first)

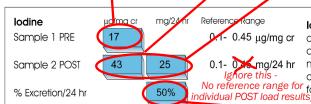
DCCTOR'S DATA

LAB#: U000000-0000-0 PATIENT: Sample Patient loading dose taken ID: PATIENT-S-00091 SEX: Female AGE: 64

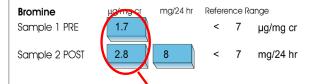
35-50 mg mixed lodine/lodide between sample 1 & 2.

Amount of the lodine loading dose retrieved over 24 hours metabolism (indicates the portion un-utilised by the body)

Urine Halides; Pre & Post Loading

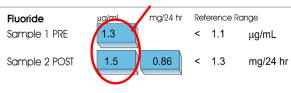


lodine levels include iodine and iodide oxidized to iodine. Excretion percentage is calculated by dividing the mg/24hour lodine result by the lodine/lodide dosage (in mg) recorded on the requisition No reference range for form, then multiplying by 100.



Bromine levels represent total bromine plus bromide, as measured by ICP-MS. Bromide is antagonistic to iodide, and is abundant in commercially produced baked goods, soft drinks, pesticides, brominated chemicals and some medications.

No 'Safe' Halide levels established. (Aim for absolute minimum)



Fluoride in urine is measured using an ion specific electrode. Fluoride is neurotoxic, compromises integrity of bone, and interferes with iodide metabolism. Primary sources of fluoride include fluoridated water, toothpaste/mouth dental treatments and some medications.

Creatinine Sample 1 PRE Sample 2 POST



Reference Range

35- 225 mg/dL

600- 1900 mg/24hr

Urine Creatinine is used to account for urinary dilution effects in less than 24-hour collections and to assess the collection completeness in 24-hour collections. For estimation of glomerular filtration rate (GFR), Creatinine Clearance recommended.

This reading attempts to detect any incomplete 24 hour sample collections or severe kidney pathology, that might obscure results.

Comments:

#1 Date Collected: 12/28/2008 #1 Collection Period: Random

#2 Date Collected: #2 Collection Period: 24 hr coll

12/29/2008 Date Received: 12/30/2008 Date Completed: 12/31/2008

#2 Volume: 3000 ml #2 Loading Dosage: 50 MG

<dl: less than detection limit Method: I, Br by ICP-MS/ F by ISE Creatinine by Jaffe method

Reference ranges are representative of a healthy population under non-challenge or non-loading conditions.

Collective monitoring of both lodine AND Halides via this test provides a uniquely comprehensive assessment of this essential nutritional & toxicological consideration for the optimisation of multiple body systems (not solely Thyroid) - especially in Australia.

This is the overall percentage of the original loading dose that has been excreted. * This is

- currently the best indication of lodine SUFFICIENCY. (target being >75% which would indicate the body's 'satisfaction' with its lodine status, that it is prepared to excrete the majority of the
- * CAUTION: **Follow** medically advisable supplement regimes to address any deficiencies responsibly.

loading dose)

- *Consider the "lodine obstructive role' of these toxic 'Halides'.
- Their toxicity will primarily exhibit via lodine obstruction
- So address lodine via displacement deficiency and associated conditions (e.g. Thyroid) within any Halide detoxification / avoidance strategy. Which in turn will be crucial within any Iodine / Thyroid / Breast / Nervous System treatment.

