Urine Halides (pre & post)

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

35-50 mg mixed Iodine/Iodide loading dose taken between sample 1 & 2.

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

This is the overall percentage of the original loading dose that has been excreted.
** This is currently the best indication of Iodine SUFFICIENCY. (target being >75% which would indicate the body's 'satisfaction' with its Iodine status, that it is prepared to excrete the majority of the loading dose)*

** CAUTION: Follow medically advisable supplement regimes to address any deficiencies responsibly.*

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

Urine Halides; Pre & Post Loading

Iodine	µg/mg cr	mg/24 hr	Reference Range
Sample 1 PRE	17		0.1- 0.45 µg/mg cr
Sample 2 POST	43	25	0.1- 0.45 mg/24 hr
% Excretion/24 hr		50%	

Ignore this - No reference range for individual POST load results)

Iodine levels include iodine and iodide oxidized to iodine. **Excretion percentage** is calculated by dividing the patient's mg/24hour Iodine result by the Iodine/Iodide dosage (in mg) recorded on the requisition form, then multiplying by 100.

Bromine	µg/mg cr	mg/24 hr	Reference Range	
Sample 1 PRE	1.7		< 7	µg/mg cr
Sample 2 POST	2.8	8	< 7	mg/24 hr

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)

**Consider the "Iodine obstructive role' of these toxic 'Halides'.*

- Their toxicity will primarily exhibit via Iodine obstruction
- So address Iodine 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.

Fluoride	µg/gcr	mg/24 hr	Reference Range	
Sample 1 PRE	1.3		< 1.1	µg/mL
Sample 2 POST	1.5	0.86	< 1.3	mg/24 hr

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, beverages, toothpaste/mouth washes, dental treatments and some medications.

Creatinine	Result	Reference Range
Sample 1 PRE	38	35- 225 mg/dL
Sample 2 POST	570	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), a Creatinine Clearance test is 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: 12/29/2008
#2 Collection Period: 24 hr coll
#2 Volume: 3000 ml
#2 Loading Dosage: 50 MG
Date Received: 12/30/2008
Date Completed: 12/31/2008
<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.
V04.07

Collective monitoring of both Iodine 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.