

SUMMARY	HAIR ANALYSIS	RBC ELEMENTS	WHOLE BLOOD CELL ELEMENTS	FECAL TOXIC METALS	URINE	COMPREHENSIVE DRINKING WATER ANALYSIS
	Tests for mineral elements and toxic metals	Tests for INTRA-cellular (within cells or on blood cell membranes) mineral elements and toxic metals	Tests for INTRA AND EXTRA-cellular (serum / plasma) mineral elements and toxic metals	Tests for Oral Toxic Metals only	Tests for mineral elements and toxic metals	Tests for toxic metals, minerals, fluoride and pH balance.
ESSENTIAL MINERAL INFORMATION	Measures 23 essential elements	Measures 13 essential elements. Best for assessing nutritional status of elements that have important functions within cells or on blood cell membranes (e.g. Zinc). May be preferred over Whole Blood Elements however, when looking at cardiotoxic influences, anaemia, immunological function and glucose tolerance.	Measures 9 essential elements. Assessing insufficiency or excess of elements that have important functions within cells and also those transported in serum / plasma. May be preferred over RBC Elements where there is GI / Renal and Endocrine/ CNS dysfunction.	N/A	Measures 24 essential elements. Best assessment of Chromium sufficiency. Best test for detecting Copper toxicity (Wilson's disease).	This test is not used to assess essential elements in water. This test shows if elements are at an acceptable level or not. E.g. Essential elements may be present, but in high enough quantities may become detrimental to health (eg Copper).
TOXIC METAL INFORMATION	Measures 17 toxic elements. Shows heavy metals that have been metabolically active for the life of the hair sampled (provides a time-averaged exposure of the past 3 months approximately usually). e.g. shows recent exposure or levels of detoxification.	Measures 5 toxic metals. Useful for assessing only very recent exposure to the specific toxic elements that accumulate preferentially in erythrocytes. Whereas Whole Blood testing provides a more comprehensive toxic element assessment (by including the extra cellular spaces also).	Measures 11 toxic metals. Useful for assessment of ongoing or very recent exposure to the most commonly toxic elements. For this reason is best used around a known (or suspected) and frequent exposure (such as occupational or environmental situations that are regularly encountered and a spike in exposure levels requires assessment).	Measures 13 toxic metals. (And has reference ranges for people with and without dental amalgams). Good for patients with no hair (babies) Very recent exposure especially if exposure if through the diet. Excellent for assessing what chronic mercury exposure might be stemming specifically from dental amalgams.	Measures 15 toxic metals. Unprovoked urine samples reflect only current heavy metal exposures and detoxification efficiency (much as does Hair, being an excretory tissue, however over a much shorter time frame than hair - i.e. days rather than months) When combined with a provocation agent however, (Pre and Post samples) this test provides a powerful insight into the body's long term 'net retention' of heavy metals (stored in various tissues).	Measures 18 elements. This test allows determination of their source if in excess (usually from building plumbing) i.e. when you suspect exposure to excess metals from drinking water / pipes. For checking your regular water supply and current filtration strategy. Can be combined with Urine Haides test to assess body Fluoride exposure and water supply Fluoride levels (e.g. when seeking to restore Thyroid health).
LIMITATIONS	Not everyone has head hair or pubic hair eg: babies May be difficult to get a reflective sample of un-dyed / un-treated hair. Doesn't show 'net body retention'. Appropriate for assessing only more recent exposures. Sometimes incorrectly used amongst pre and post chelation testing. Note: Chelation can cause an elevation of toxic metals in hair as a result of increased circulation.	Only shows very recent exposure to toxic metals. Requires blood draw at a pathology lab with a centrifuge machine.	Shows only the most recent exposures to toxic metals (levels peak in blood within 4 - 5 hours of exposure - and have a half life of approx 27 days). Requires blood draw (no centrifuge required).	Only shows very recent exposure. Gives no indication to long term net body retention.	Requires the use of a pharmaceutical challenge agent (e.g. DMSA) which may not be suitable for children or sensitive adults and must be prescribed by a qualified medical practitioner. Requires kidney function assessment (urinary creatinine clearance) before test can be considered. Requires the avoidance of certain foods / supplements leading up to the test.	Doesn't test chlorine levels.
RELATION TO URINE PROVOCATION (CHELATION) TESTING	Usually the first mineral screening test done. If showing positive for heavy metals a provoked urine test is indicated. It could be used a few months post chelation to monitor if there is any ongoing exposure.	Testing is suggested during chelation therapy to ensure proper essential element status is maintained.	Testing is suggested during chelation therapy to ensure proper nutritional element status is maintained and toxic metals do not reach excessive levels.	Usually not used during chelation.	Testing is recommended before chelation therapy commences to assess if net retention of toxic minerals warrants chelation. Testing is recommended during chelation therapy to monitor progress until toxic metals reach acceptable levels.	To assess the possibility and degree of ongoing exposure levels of major and minor toxic metals via every day water supply.