

Dear Client,

Thank you for using InterClinical Laboratories' hair tissue mineral analysis (HTMA) services. Below you will find the following information:

- How to take a hair sample
- HTMA report formats available
- HTMA pathology request form
- Payment details

Check list:

1. Read the information provided.
2. Fill out the Hair Tissue Mineral Analysis Request form.
(Don't forget to tick the type of report you require and to supply the lab number and date of issue of any previous report.)
3. Take a hair sample and put it in a clean paper envelope labelled with your name, age and sex.
4. Include a cheque or money order, or complete the credit card payment authority on the reverse side of the Request form.
5. Post your hair sample with payment to: InterClinical Laboratories, PO Box 6474 Alexandria NSW 2015 Australia.

You will receive your test results and report in the mail, one to two weeks from the date we receive your hair sample and payment.

Please don't hesitate to contact us if you require any further information or assistance.

Best wishes,

**The Customer Service Team
InterClinical Laboratories**

Payment information

HTMA fee schedule

| Report Type | Fee per Assay GST incl. |
|-------------|----------------------------|
| Profile 1 | \$125.00 |
| Profile 2 | \$140.00 |
| Profile 3 | \$135.00 |

| Extras | Fee |
|---------------------------------------|--------------------|
| Testing for Antimony | \$10.00 |
| Reprint Profile 1 report | \$5.00 per report |
| Reprint Profile 2 or Profile 3 report | \$10.00 per report |

Payment methods

Please include your analysis fee along with the hair tissue sample. Cheques or money orders should be made payable to: InterClinical Laboratories. Make payment by Mastercard, Visa or Bankcard by completing the credit card payment authority on the reverse side of the Hair Tissue Mineral Analysis Request form.

How to take a hair tissue sample

Taking a hair sample is quick and easy if you follow these instructions:

- Cut hair with clean stainless steel scissors. Thinning scissors can be used on short hair.
- To make the sample less conspicuous, cut small amounts of hair from the nape of the neck and/or several other locations on the back of the scalp.
- Cut hair as close to the scalp as possible.
- If the sampled hair is less than 4cm long, keep all of it for testing. If the hair is longer than this, cut off and keep the 4cm of hair that was growing closest to the scalp (discard the excess).
- Place the hair sample in a clean paper envelope labeled with your name, age and sex.

Please provide clean, well-rinsed, untreated and non-coloured hair. If hair is treated or coloured, wait six to eight weeks and take a sample from the freshly grown untreated hair.

How much hair?

The laboratory requires half of one gram (0.5 gm) or about **one tablespoon** of hair. You can use the hair sample envelope to weight this amount of hair; instructions are printed on the envelope.

What kind of hair?

Head hair from the back of the head is recommended for testing. Freshly grown hair cut from close to the scalp reflects the body's most recent metabolic activity.

If head hair is not available, beard or pubic hair can be used. If there is no hair, clean fingernail clippings can be tested. These alternative tissue samples can be used to monitor toxic mineral levels, but may not always provide nutrient mineral data that is as reliable as head hair.

Do not mix different types of tissue samples, eg. do not mix head hair with pubic hair.

HTMA report formats

InterClinical Laboratories produces hair tissue mineral analysis (HTMA) reports in three different formats:

Profile 1: Results only report

This report includes:

- An easy-to-read, graphic illustration of patient test results for at least 36 essential and toxic minerals, including reference ranges;
- 27 significant mineral ratio results;
- Individual metabolic type results.

Note: this report does not include any discussion of results or therapeutic recommendations.

Profile 2: Interpretative report

This is our most detailed and informative report. It has two parts: a user friendly, informative report for the patient and a comprehensive technical report for the practitioner.

The report contains all the data in Profile 1, as well as a medical discussion of the patient's results and personalised therapeutic recommendations. It highlights health conditions that may be associated with the patient's specific mineral imbalances. This report is designed to shed light on the patient's current health status, identify potential areas of concern and direct dietary and supplemental measures to improve patient health.

The patient's report includes:

- An easy-to-read, graphic illustration of patient test results for at least 36 essential and toxic minerals, including reference ranges;
- 27 significant mineral ratio results;
- Personalised discussion of nutrient and toxic mineral levels and ratios;
- Individual metabolic type results and discussion;
- Personalised dietary suggestions.

The practitioner's report contains a summary of the above information, plus:

- Disease trends and potential health concerns;
- Medical discussion of mineral imbalances and toxins;
- Contraindications;
- Vitamin and mineral supplement recommendations.

Profile 3: Comparative report

This report is a follow-up to Profile 2. It compares current and previous test results, providing a comprehensive discussion and revised personalised therapeutic recommendations.

The report includes:

- An easy-to-read, graphic illustration of current and previous patient test results for at least 36 essential and toxic minerals, including reference ranges
- 27 significant mineral ratio results;
- Comparative discussion of current and previous nutrient and toxic mineral levels and ratios;
- Revised discussion of individual metabolic type;
- Revised dietary suggestions;
- Revised vitamin and mineral supplement recommendations.

InterClinical Laboratories Pty Ltd

PO Box 6474 Alexandria NSW 2015 Australia

Ph: (02) 9693 2888 Fax: (02) 9693 1888 Email: lab@interclinical.com.au

Which report should you choose?

Profile 1

This report contains just the tissue mineral analysis data. Choose this report if you or your practitioner have been trained in analysing and interpreting data on nutrient and toxic mineral levels.

Profile 2

This is our most popular, comprehensive and recommended report. It draws on all of our laboratory's expertise and extensive experience in analysing and interpreting trace mineral patterns. Choose this report if you want expert advice on your, or your patient's, nutrient and toxic mineral levels. This report provides a detailed interpretation of the results that will help you to formulate an appropriate nutritional program for heavy metal detoxification and improved health.

Profile 3

This comparative report draws on all of our laboratory's expertise and extensive experience in analysing and interpreting trace mineral patterns. Choose this report if you or your patient have done a tissue mineral analysis with InterClinical Laboratories *within the past six months*, and you want to do a comparative follow-up test.

Minerals analysed

These elements are routinely measured in our tissue mineral analysis reports:

| Nutritional elements | Toxic elements | Additional elements |
|----------------------|----------------|---------------------|
| Boron | Aluminium | Barium |
| Calcium | Antimony* | Bismuth |
| Chromium | Arsenic | Germanium |
| Copper | Beryllium | Lithium |
| Cobalt | Cadmium | Nickel |
| Iron | Lead | Platinum |
| Magnesium | Mercury | Rubidium |
| Manganese | Uranium | Strontium |
| Molybdenum | | Thallium |
| Phosphorus | | Tin |
| Potassium | | Titanium |
| Selenium | | Tungsten |
| Sodium | | Vanadium |
| Sulfur | | Zirconium |
| Zinc | | |

*Tested on request for an additional fee (see Payment information)

HAIR TISSUE MINERAL ANALYSIS REQUEST

Please send hair sample accompanied with payment to:

InterClinical Laboratories Phone: (02) 9693 2888
 PO Box 6474 Alexandria NSW 2015 Australia Fax: (02) 9693 1888
 ABN 89 076 386 475 Email: lab@interclinical.com.au

Patient Details (Please write clearly)

| | | | |
|---------------------|--------|---|--|
| SURNAME | | FIRST NAME | |
| ADDRESS | | POSTCODE | |
| TELEPHONE | | EMAIL | |
| AGE | SEX | PREGNANT <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| HEIGHT | WEIGHT | OCCUPATION | |
| CURRENT MEDICATIONS | | | |

REASON FOR TEST

Please use other side of this form for additional information

Sample Details

The Lab recommends samples should not be obtained from hair that is permed, coloured or chemically treated. Untreated hair provides the most reliable data.

DATE OF SAMPLE DAY MONTH YEAR

Any Previous Report? Yes No

IF YES, PLEASE PROVIDE

LAB No.

DATE

LOCATION OF SAMPLE ie Scalp/Pubic/Axillary/Other

NATURAL HAIR COLOUR ie Black/Brown/Blonde/Red/Grey

HAIR PREPARATIONS ie Colour/Bleach/Perm/Other/None

SHAMPOO

Referred by

| | |
|-------------|-----------|
| NAME | |
| ADDRESS | POSTCODE |
| TELEPHONE | EMAIL |
| PROV/MEM No | SIGNATURE |

TYPE OF REPORT REQUIRED Please Tick **PROFILE** 1 2 3

| | | |
|------------------------|---------------|-----------------|
| OFFICE USE ONLY | LAB NUMBER | BATCH NUMBER |
| DATE RECEIVED | SAMPLE WEIGHT | AMOUNT RECEIVED |

FOR PRACTITIONER USE ONLY

PLEASE TICK 5 MOST PREDOMINANT SYMPTOMS (CLINICAL DIAGNOSIS ONLY)

- | | | |
|---|---|---|
| <input type="checkbox"/> 101 ALLERGIES (RESP) | <input type="checkbox"/> 214 SCOLIOSIS | <input type="checkbox"/> 604 MYESTHENIA GRAVIS |
| <input type="checkbox"/> 102 ALLERGIES (FOOD) | <input type="checkbox"/> 216 FIBROMYALGIA | <input type="checkbox"/> 605 PARKINSONS DISEASE |
| <input type="checkbox"/> 103 ALLERGIES (ECOL) | <input type="checkbox"/> 218 LUPUS | <input type="checkbox"/> 607 DEMENTIA |
| <input type="checkbox"/> 104 ANAEMIA | | <input type="checkbox"/> 609 STROKE |
| <input type="checkbox"/> 105 ASTHMA | | <input type="checkbox"/> 611 TOURETTE'S SYNDROME |
| <input type="checkbox"/> 106 CANCER.....(TYPE) | CARDIOVASCULAR | |
| <input type="checkbox"/> 107 CANDIDIASIS | <input type="checkbox"/> 301 ANGINA | EMOTIONAL |
| <input type="checkbox"/> 108 CATARACTS | <input type="checkbox"/> 302 ARTIOSCLEROSIS | <input type="checkbox"/> 701 ANXIETY |
| <input type="checkbox"/> 109 CYSTIC FIBROSIS | <input type="checkbox"/> 303 ATHEROSCLEROSIS | <input type="checkbox"/> 702 ATTENTION DEFICIT |
| <input type="checkbox"/> 110 DERMATITIS | <input type="checkbox"/> 304 HYPERCHOLESTEROLEMIA | <input type="checkbox"/> 703 AUTISM |
| <input type="checkbox"/> 111 DIABETES | <input type="checkbox"/> 305 HYPERLIDIPEMIA | <input type="checkbox"/> 704 DEPRESSION |
| <input type="checkbox"/> 112 ECZEMA | <input type="checkbox"/> 306 HYPERTENSION | <input type="checkbox"/> 705 HOSTILITY |
| <input type="checkbox"/> 113 EMPHYSEMA | <input type="checkbox"/> 307 HYPERTENSION (SYST) | <input type="checkbox"/> 706 LEARNING DISABILITY |
| <input type="checkbox"/> 114 EPILEPSY | <input type="checkbox"/> 308 HYPERTENSION (DIAS) | <input type="checkbox"/> 707 MEMORY LOSS |
| <input type="checkbox"/> 115 FATIGUE | <input type="checkbox"/> 309 TACHYCARDIA | <input type="checkbox"/> 708 SCHIZOPHRENIA |
| <input type="checkbox"/> 116 GLAUCOMA | <input type="checkbox"/> 310 BRADYCARDIA | <input type="checkbox"/> 710 MANIC DEPRESSION |
| <input type="checkbox"/> 117 HEADACHES | <input type="checkbox"/> 311 CORONARY OCCLUSION | |
| <input type="checkbox"/> 118 HYPERKINESIS | | ENDOCRINE |
| <input type="checkbox"/> 119 HYPERCALCEMIA | GASTRO-INTESTINAL | <input type="checkbox"/> 801 HYPERADRENIA |
| <input type="checkbox"/> 120 HYPOGLYCEMIA | <input type="checkbox"/> 400 CROHN'S DISEASE | <input type="checkbox"/> 802 HYPERPARATHYROID |
| <input type="checkbox"/> 121 INFECTIONS (BACTERIAL) | <input type="checkbox"/> 401 COLITIS | <input type="checkbox"/> 803 HYPERTHYROID |
| <input type="checkbox"/> 122 INSOMNIA | <input type="checkbox"/> 402 CONSTIPATION | <input type="checkbox"/> 804 HYPOADRENIA |
| <input type="checkbox"/> 123 IMMUNE DEFICIENCY (AIDS) | <input type="checkbox"/> 403 DIARRHOEA | <input type="checkbox"/> 805 HYPOPARATHYROID |
| <input type="checkbox"/> 124 MONONUCLEOSIS | <input type="checkbox"/> 404 DIVERTICULOSIS | <input type="checkbox"/> 806 HYPOTHYROID |
| <input type="checkbox"/> 125 PSORIASIS | <input type="checkbox"/> 405 GASTRITIS | |
| <input type="checkbox"/> 126 PERIODONTAL DISEASE | <input type="checkbox"/> 406 GALL STONES | MALE |
| <input type="checkbox"/> 127 SCLERODERMA | <input type="checkbox"/> 407 HEPATITIS | <input type="checkbox"/> 901 IMPOTENCE |
| <input type="checkbox"/> 128 VIRUSES | <input type="checkbox"/> 408 LIVER DYSFUNCTION | <input type="checkbox"/> 902 PROSTATE CANCER |
| <input type="checkbox"/> 130 CHRONIC FATIGUE SYNDROME | <input type="checkbox"/> 409 LIVER CANCER | <input type="checkbox"/> 903 PROSTATE ENLARGEMENT |
| <input type="checkbox"/> 132 HEMACHROMATOSIS | <input type="checkbox"/> 410 ULCERS - GASTRIC | <input type="checkbox"/> 904 PROSTRATITIS |
| | <input type="checkbox"/> 411 ULCERS - DUODENAL | |
| | <input type="checkbox"/> 413 IRRITABLE BOWEL SYNDROME | |
| MUSCULO-SKELETAL | | FEMALE |
| <input type="checkbox"/> 201 ARTHRITIS - OSTEO | RENAL | <input type="checkbox"/> 1001 AMMENORRHEA |
| <input type="checkbox"/> 202 ARTHRITIS - RHEUMATOID | <input type="checkbox"/> 500 BLADDER DISTURBANCES | <input type="checkbox"/> 1002 BREAST TUMORS (BENIGN) |
| <input type="checkbox"/> 203 BURSTITIS | <input type="checkbox"/> 501 CALCIUM OXALATE STONES | <input type="checkbox"/> 1003 BREAST TUMORS (MALIGNANT) |
| <input type="checkbox"/> 204 CRAMPS (NIGHT) | <input type="checkbox"/> 502 CALCIUM PHOSPHATE STONES | <input type="checkbox"/> 1004 MENSTRUAL BREAST SORENESS |
| <input type="checkbox"/> 205 CRAMPS (EXERTION) | <input type="checkbox"/> 503 FREQUENT URINATION | <input type="checkbox"/> 1005 MENSTRUAL CRAMPS |
| <input type="checkbox"/> 206 DISC DEGENERATION | <input type="checkbox"/> 504 GOUT | <input type="checkbox"/> 1006 MENSTRUAL IRREGULARITY |
| <input type="checkbox"/> 207 MUSCULAR DYSTROPHY | <input type="checkbox"/> 506 RENAL DISEASE | <input type="checkbox"/> 1007 PROLONGED MENST. FLOW |
| <input type="checkbox"/> 208 JOINT STIFFNESS | | <input type="checkbox"/> 1008 DECREASED MENST. FLOW |
| <input type="checkbox"/> 209 JOINT DISEASE | NEUROLOGICAL | <input type="checkbox"/> 1009 PREMENSTRUAL SYNDROME |
| <input type="checkbox"/> 210 OSTEOPOROSIS | <input type="checkbox"/> 600 ALZHEIMERS DISEASE | <input type="checkbox"/> 1011 FIBROCYSTIC DISEASE |
| <input type="checkbox"/> 211 OSTEOMALACIA | <input type="checkbox"/> 601 A.L.S | <input type="checkbox"/> 1013 ENDOMETRIOSIS |
| <input type="checkbox"/> 212 OSTEOSARCOMA | <input type="checkbox"/> 602 DYSLEXIA | <input type="checkbox"/> 1014 OVARIAN CYSTS |
| <input type="checkbox"/> 213 PAGET'S DISEASE | <input type="checkbox"/> 603 MULTIPLE SCLEROSIS | |

ADDITIONAL NOTES

Payment Details

Please make cheque or money order payable to: InterClinical Laboratories
 PO Box 6474 Alexandria NSW 2015 Australia

Alternatively please charge my Credit Card as payment for the
 Hair Tissue Analysis Report(s) requested

| | |
|----|---|
| \$ | : |
|----|---|

Credit Card Payment Authority

CREDIT CARD NUMBER

EXPIRY DATE / BankCard MasterCard VisaCard

CARD HOLDERS NAME

SIGNATURE DATE