

## Sample Patient

Date of Birth:

Gender:

Specimen ID:

Control ID:

Account Number:

Status: Final

**Specimen Details:**

Collection Date:

Report Date:

Patient ID:

Alt. Patient ID:

**Physician Details:**

Provider:

NPI Number:

**Ordered Items:** Ceruloplasmin; Copper, Serum; Histamine Determination, Blood; Plasma Zinc

| Test Name                                                                                                                                                                                                                                                                                                                 | Result | LabCorp Reference Range | Result | Walsh/Pfeiffer Functional Range | Flag | Units | Lab |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------|--------|---------------------------------|------|-------|-----|
| <b>Ceruloplasmin</b>                                                                                                                                                                                                                                                                                                      |        |                         |        |                                 |      |       |     |
| • Ceruloplasmin                                                                                                                                                                                                                                                                                                           | 18     | 16.0-31.0               |        |                                 |      | mg/dL | 02  |
| <b>Copper, Serum</b>                                                                                                                                                                                                                                                                                                      |        |                         |        |                                 |      |       |     |
| • Copper, Serum                                                                                                                                                                                                                                                                                                           | 83     | 69-132                  | 83     | 70-110                          |      | ug/dL | 01  |
| Detection Limit = 5                                                                                                                                                                                                                                                                                                       |        |                         |        |                                 |      |       |     |
| <b>Histamine Determination, Blood</b>                                                                                                                                                                                                                                                                                     |        |                         |        |                                 |      |       |     |
| • Histamine Determination, Blood                                                                                                                                                                                                                                                                                          | 79     | 12-127                  | 79     | 40-70                           |      | ng/mL | 01  |
| Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure. |        |                         |        |                                 |      |       |     |
| <b>Plasma Zinc</b>                                                                                                                                                                                                                                                                                                        |        |                         |        |                                 |      |       |     |
| • Plasma Zinc                                                                                                                                                                                                                                                                                                             | 90     | 56-134                  | 90     | 90-135                          |      | ug/dL | 01  |
| Detection Limit = 5                                                                                                                                                                                                                                                                                                       |        |                         |        |                                 |      |       |     |

**DHA Laboratory**

411 E Business Center Dr #107, Mt Prospect, IL 60056

Email: info@dhalab.com | Phone: 847-222-9546 | Fax: 847-222-9547

**\*NOTE:** The reference range(s) listed on this report are different than functional ranges. When determining biochemical imbalances based on the Carl Pfeiffer M.D./William Walsh Ph.D. model; Optimal functional ranges represent a range within a reference range that can position a patient within biochemical classes: (1) elevated histamine (2) low histamine (3) excess copper (4) zinc deficiency. Optimal functional ranges for patients may vary based on diagnosis, clinical features and response to treatment.

**Laboratory Director:** Judith Bowman, MD | CLIA #: 14D0995837

## Reference Testing Facilities:

| Lab | Lab Name and Address                                                         | Lab Phone Numbers | Lab Medical Director |
|-----|------------------------------------------------------------------------------|-------------------|----------------------|
| 01  | Labcorp Burlington, 1447 York Court, Burlington NC 272153361                 | 8007624344        | Nagendra, Sanjai MD  |
| 02  | Labcorp San Diego, 13112 Evening Creek Dr So Ste 200, San Diego CA 921284108 | 8586683700        | Galloway, Jenny R MD |



LABORATORY REPORT

**Kryptopyrrole / Hydroxyhemopyrrolin-2-one (HPL)**

Quantitative Urine Report

DHA LABORATORY | CLIA # 14D0995837

RESULT

**5.10**

mcg/dL

Optimal

## PATIENT INFORMATION

PATIENT LAST NAME

Last name

FIRST NAME

First name

M.I.

M.I.

DATE OF BIRTH

mm/dd/yyyy



SEX

☐ Male ☐ Female

PRACTITIONER

Dr.

## DATES

DATE TESTED

mm/dd/yyyy

DATE / TIME COLLECTED



mm/dd/yyyy, --:-- --

DATE REPORTED



mm/dd/yyyy



## COLLECTION NOTES

☐ Patient not taking supplements for 12–24 hours prior to testing☐ Patient taking supplements for 12–24 hours prior to testing☐ Additional Comments:

Enter comments here...

## TEST RESULT

Procedure: Kryptopyrrole (Hydroxyhemopyrrolin-2-one (HPL))

RESULT

**5.10**

mcg/dL

SPECIFIC GRAVITY

**1.011**

● Result is within Optimal range (0–10.99 mcg/dL)

5.10

OPTIMAL

BORDERLINE

ELEVATED

0

10.99

15.99

30

## CLASSIFICATION

## RANGE

OPTIMAL

0–10.99 mcg/dL

BORDERLINE

11–15.99 mcg/dL

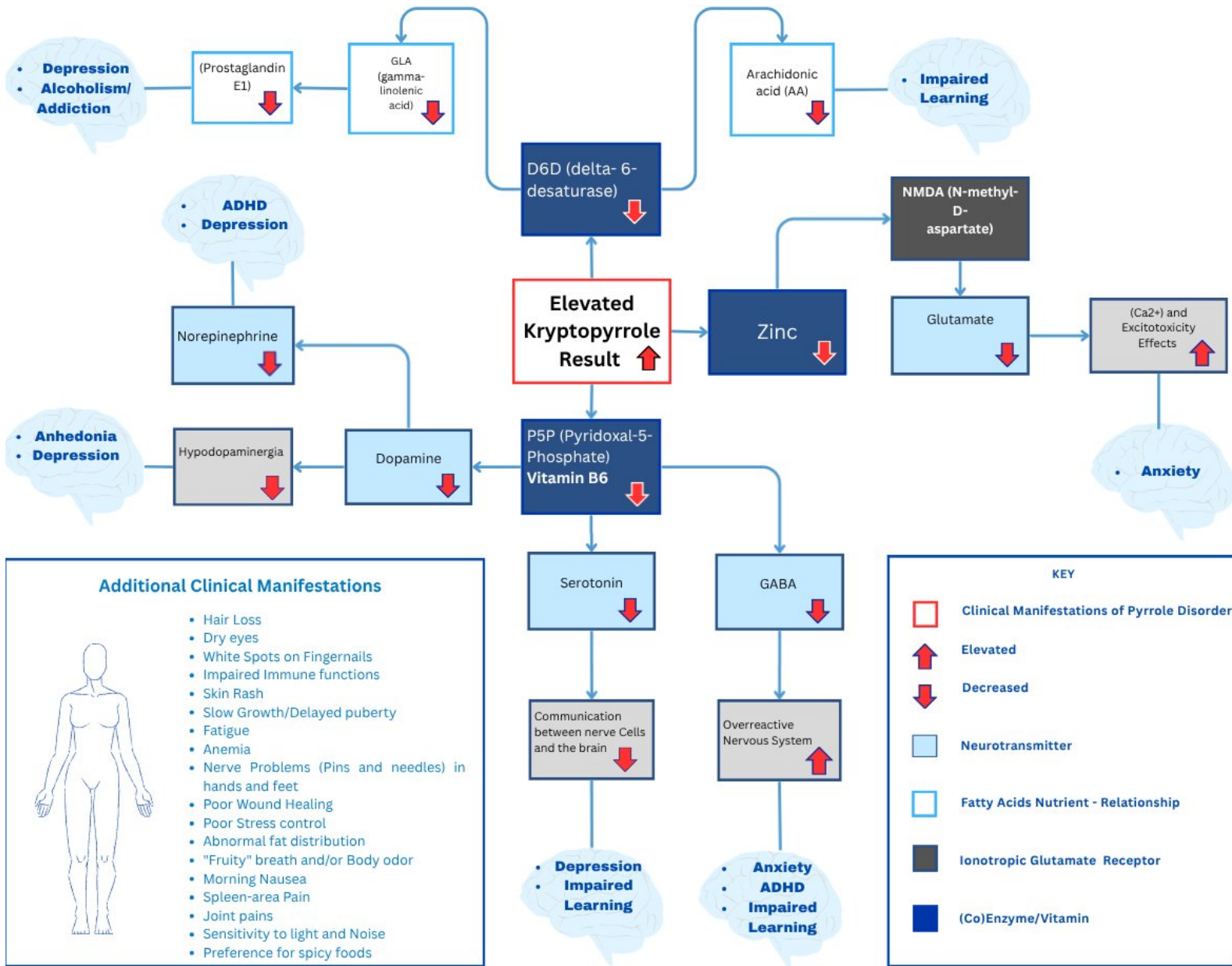
ELEVATED

≥ 16 mcg/dL

Pyrroles can vary based on the concentration of urine. This Kryptopyrrole result compensates for the concentration of the urine specimen.

Judith Bowman MD  
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## CLINICAL PATHWAY — ELEVATED KRYPTOPYRROLE



## RETESTING SCHEDULE

### TEST

Kryptopyrrole Quantitative Urine

### RECOMMENDATION

3–4 Months

These findings should be evaluated in the context of the patient's comprehensive clinical profile, including relevant history and presenting symptoms, and are subject to the interpretive judgment of the treating medical professional.