

Sample Patient

Date of Birth:
Gender:
Specimen ID:
Control ID:
Account Number:
Status: Final
Specimen Details:
Collection Date:
Patient ID:
Physician Details:
Provider:
Report Date:
Alt. Patient ID:
NPI Number:
Ordered Items: Ceruloplasmin; Comp. Metabolic Panel (14); Copper, Serum; Histamine Determination, Blood; Plasma Zinc; TSH; Vitamin D, 25-Hydroxy

Test Name	Result	LabCorp Reference Range	Result	Walsh/Pfeiffer Functional Range	Flag	Units	Lab
Ceruloplasmin							
• Ceruloplasmin	17.2	16.0-31.0				mg/dL	01
Comp. Metabolic Panel (14)							
• Glucose	85	70-99				mg/dL	01
<i>**Please note reference interval change**</i>							
• BUN	14	6-20				mg/dL	01
• Creatinine	1.08	0.76-1.27				mg/dL	01
• eGFR	97	>59				mL/min/1.73	01
• BUN/Creatinine Ratio	13	9-20					01
• Sodium	142	134-144				mmol/L	01
• Potassium	4.6	3.5-5.2				mmol/L	01
• Chloride	102	96-106				mmol/L	01
• Carbon Dioxide, Total	27	20-29				mmol/L	01
• Calcium	9.9	8.7-10.2				mg/dL	01
• Protein, Total	7.1	6.0-8.5				g/dL	01
• Albumin	4.7	4.1-5.2				g/dL	01
• Globulin, Total	2.4	1.5-4.5				g/dL	01
• Bilirubin, Total	0.7	0.0-1.2				mg/dL	01
• Alkaline Phosphatase	71	44-121				IU/L	01
• AST (SGOT)	25	0-40				IU/L	01
• ALT (SGPT)	17	0-44				IU/L	01
Copper, Serum							
• Copper, Serum	79	63-121	79	70-110		ug/dL	03
<i>Detection Limit = 5</i>							
Histamine Determination, Blood							
• Histamine Determination, Blood	65	12-127	65	40-70		ng/mL	02

Test Name	Result	LabCorp Reference Range	Result	Walsh/Pfeiffer Functional Range	Flag	Units	Lab
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.							

Plasma Zinc

• Plasma Zinc	115	56-134	115	90-135		ug/dL	02
Detection Limit = 5							

TSH

• TSH	0.834	0.450-4.500				uIU/mL	01
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Vitamin D, 25-Hydroxy

• Vitamin D, 25-Hydroxy	79	30.0-100.0				ng/mL	01
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Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).

1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.

2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.

DHA Laboratory

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***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 Seattle, 550 17th Avenue Ste 300, Seattle WA 981225789	2068617000	Toweill, Daniel L MD
02	Labcorp Burlington, 1447 York Court, Burlington NC 272153361	8007624344	Nagendra, Sanjai MD
03	Labcorp Spokane, 110 W Cliff Dr. Ste 100-200, Spokane WA 992043614	8003498586	LaPointe, Jennifer 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

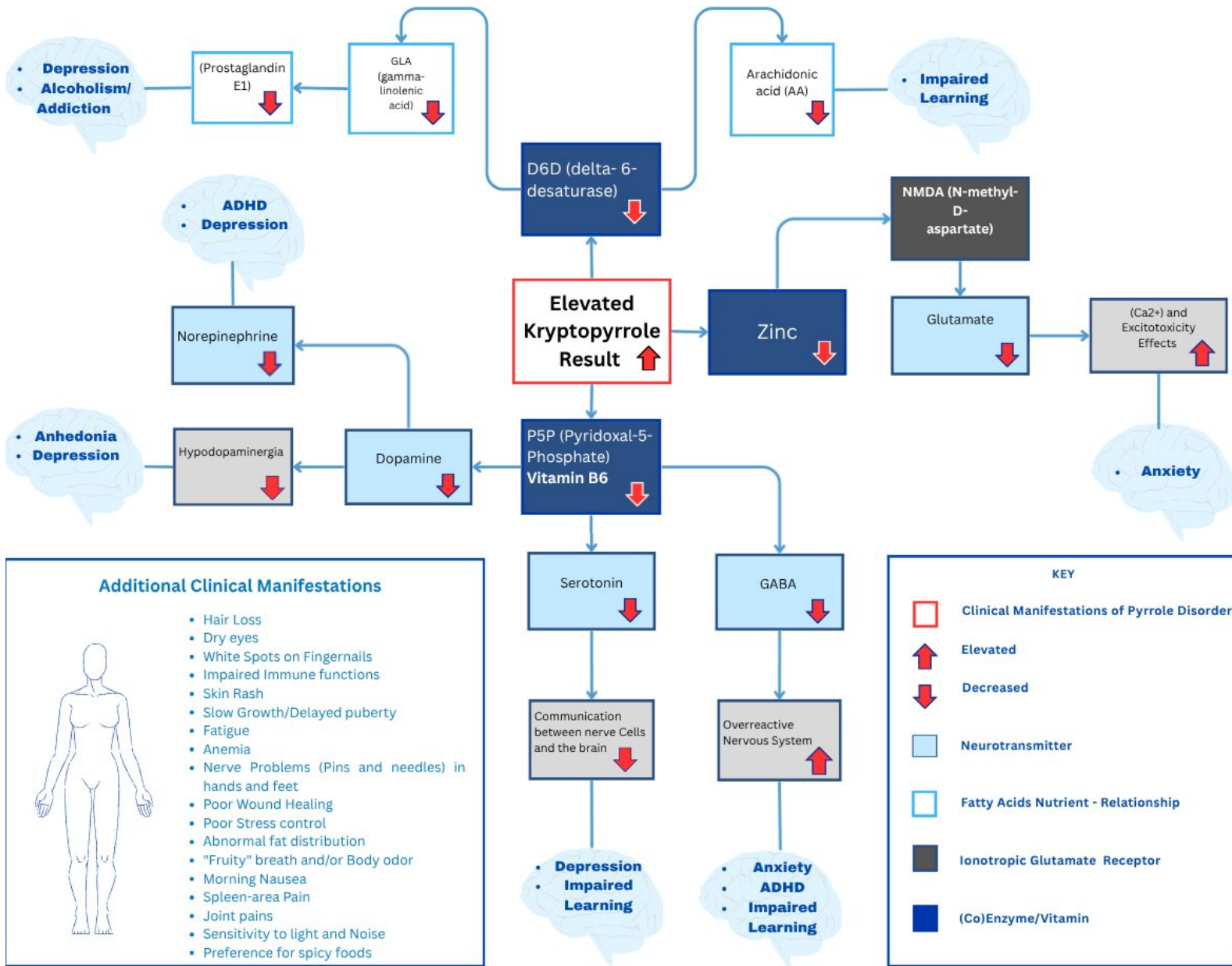
ELEVATED

≥ 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.