BioHealth® LABORATORY

Authorizing Provider:
Depke Wellness
2025 Newport Blvd Ste 110
Costa Mesa, CA 92627
USA

Accession Number: T082442
Patient: Franklin C. Cook
Age: 72 Sex: Male
Date Collected: 02/29/2016
Date Received: 03/03/2016
Report Date: 03/22/2016
DOB: 02/13/1944

GI Pathogen Screen with H. pylori Antigen - 401H

Parameter	Result
***** Stool Culture *****	
Preliminary Report	Normal flora after 24 hours
Final Report	* Escherichia coli isolated *
Amount of Growth	Moderate
***** Ova & Parasites *****	
Ova & Parasites #1	No Ova/Parasites detected
Ova & Parasites #2	No Ova/Parasites detected
Ova & Parasites #3	No Ova/Parasites detected
Trichrome Stain	No Ova/Parasites detected
***** Stool Antigens *****	
Cryptosporidium Antigen	Not detected
Giardia lamblia Antigen	Not detected
***** Additional Tests *****	
Fungi	No fungi isolated
C. difficile Toxin A	Not detected
C. difficile Toxin B	Not detected
Yeast	No yeasts isolated
Occult Blood	Not detected
*****Helicobacter Pylori Stool Antigen*****	
H. pylori Antigen	* Detected *

GENOVA DIAGNOSTICS
www.gdx.net • 800.522.4762

Ordering Physician:
Depke Wellness
Glen Depke, ND

2025 Newport Blvd Ste 110
Costa Mesa, CA 92627

Accession #:	**A1603020091**	Date Collected:	02/29/2016
Order #:	J5021315	Date Received:	03/02/2016
Reference #:		Date of Report:	03/04/2016
Patient:	**Franklin Cook**		
Date of Birth:	02/13/1944	Telephone:	9499546226
Age:	72	Fax:	9495488233
Sex:	Male		
Reprinted:			
Comment:			

Porphyrins

0060 Porphyrins Profile - Urine

Methodology: UPLC/Fluorescence detection, Colorimetry

Ranges are for ages 13 and over

Compound Tested	Results nmol/g creatinine		Quintile Ranking (1st 2nd 3rd 4th 5th)	95% Reference Range
Porphyrin Pathway Intermediates				
1. Uroporphyrin I & III	17.4	H	16.6	<= 27.2
2. Heptacarboxyporphyrin	7.3	H	5.9	<= 11.2
3. Hexacarboxyporphyrin	<DL*			<= 3.3
4. Pentacarboxyporphyrin	<DL*		2.1	<= 5.4
5. Precoproporphyrin‡	13	H	7.5	<= 14.8
6. Coproporphyrin I	33		33	<= 56
7. Coproporphyrin III	142	H	89	<= 159
Calculated Values				
8. Total Porphyrins	200	H	143	<= 233
9. Precopro/Uro I & III	0.75	H	0.64	<= 1.11
10. Copro I/Copro III	0.23		0.53	<= 0.87

Creatinine = 42 mg/dL

0060 Porphyrins Profile - Urine

Methodology: UPLC/Fluorescence detection, Colorimetry

* <DL = less than detection limit

** >LIN = greater than linearity limit

***UC* = Unable to Calculate

‡Precoproporphyrin is an atypical porphyrin associated with mercury toxicity.[1,2]

1. J.S. Woods, M.A. Bowers, H.A. Davis, Toxicology and Applied Pharmacology 110, 464-476 (1991).

2. D. Echeverria et.al., Neurotoxicology and Teratology 28 (2006) 39-48.

The following comments pertain to abnormalities found on this report.

A moderate elevation of Uroporphyrin I & III is consistent with stimulation of the porphyrin pathway. Such stimulation can be due to many pharmaceuticals and environmental chemicals, including ethanol.

Elevations of either or both of the compounds Heptacarboxyporphyrin and Hexacarboxyporphyrin is a pattern consistent with toxic effects of arsenic or certain organotoxins. Such elevations are more specifically due to such toxin exposure if Uroporphyrin I&III is not elevated.

The further arsenic toxic effect sign of Coproporphyrin I/III ratio elevation is not found.

Elevation(s) of 2 of the compounds Pentacarboxyporphyrin, Precoproporphyrin and Coproporphyrin III is associated with the toxic effects of mercury. The elevation of the Precoproporphyrin/Uroporphyrin I & III ratio further indicates that the other abnormalities are due to mercury.

Elevation of Coproporphyrin III may also be associated with the toxic effects of lead, especially if no other porphyrin intermediates are elevated. Strong Coproporphyrin III elevation is also found in some genetic porphyrias.

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Although the Genova Diagnostics, Inc. profile will reveal disruptions in the heme pathway, the data is not reviewed by a specialist who can make a diagnosis of hereditary porphyrias. Abnormalities may be due to combinations of genetic or physiological factors and environmental exposures. All potential impacts on porphyrin synthesis should be considered when interpreting the results. The comments provided are intended to help alert clinicians to factors that may be relevant according to published studies.