

## 

 TEST NUMBER
 T-DL-000000 (U00000-0000-1)

 GENDER
 Female

 AGE:
 XX

 COLLECTED:
 07/27/2020

 RECEIVED:
 08/05/2020

 TESTED:
 08/10/2020

TEST REF: TST-DL-00000

PRACTITIONER:

## **TEST NAME: Urine Iodine Pre and Post Loading**

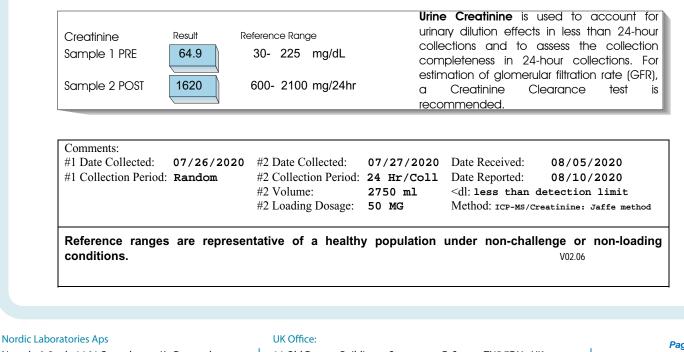
## Urine Iodine; Pre & Post Loading

lodine Sample 1 PRE	μg/mg cr 0.19	mg/24 hr	Reference Range 0.1- 0.45 μg/mg cr	<b>Iodine</b> levels include iodine and iodide oxidized to iodine. <b>Excretion percentage</b> is calculated by dividing the patient's
Sample 2 POST	26	43	0.1- 0.45 mg/24 hr	mg/24hour lodine result by the lodine/lodide dosage (in mg) recorded on the requisition
% Excretion/24 hr		86%	n/a	form, then multiplying by 100.

This test was performed using ICP-MS to estimate the dietary intake, and total body sufficiency of the essential element iodide/iodine. Specific tissues in the body utilize iodine and iodide. Iodide, the reduced form of iodine, is highly concentrated in the thyroid gland where it is incorporated into thyroid hormones. Adequate iodide status is essential for the production of normal levels of thyroid hormones and the integrity of the thyroid and mammary glands. Thyroid hormones regulate growth and metabolic rate, body heat and energy production, and neuronal and sexual development. Iodine is concentrated in the breasts where it is associated with protection against fibrocystic breast disease and cancer. Iodine deficiency has been associated with impaired mental function, loss of energy due to hypothyroidism and increased incidence of thyroid and breast cancer.

lodide/iodine status is greatly influenced by dietary intake, but also by exposure to goitrogens that inhibit the absorption and binding of iodine. Goitrogenic substances include chlorine (tap water, pools/hot tubs, cleaning products), fluoride (water, toothpaste, mouth wash, some medications) and bromide (pools/hot tubs, baked goods, soft drinks, pesticides, medications).

The percentage excretion stated above provides an evaluation of total body sufficiency of iodide/iodine. The premise is the lower the percentage that was excreted, the more the body has retained. Appropriate levels of total body I retention will be dependent upon the entire clinical presentation, and the attending practitioner will advise as to the significance of the reported results.



Nygade 6, 3.sal • 1164 Copenhagen K • Denmark Tlf. +45 33 75 10 00 11 Old Factory Buildings • Stonegate • E. Sussex TN5 7DU • UK Tel: +44 (0)1580 201 687 Page 1 of 1 www.nordic-labs.com info@nordic-labs.com

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