

Interpretive Data:

Quantification of urine excretion rates before or after chelation therapy has been used as an indicator of lead exposure. Urinary excretion of >125 mg of lead per 24 hours is usually associated with related evidence of lead toxicity.

Urinary mercury levels predominantly reflect acute or chronic elemental or inorganic mercury exposure. Urine concentrations in unexposed individuals are typically less than 10 µg/L. 24 hour urine concentrations of 30 to 100 µg/L may be associated with subclinical neuropsychiatric symptoms and tremor while concentrations greater than 100 µg/L can be associated with overt neuropsychiatric disturbances and tremors. Urine mercury levels may be useful in monitoring chelation therapy.

The ACGIH Biological Exposure Index (BEI) for arsenic in urine is 35 µg/L. The ACGIH BEI is based on the sum of inorganic and methylated species. For specimens with **elevated total arsenic results**, fractionation is automatically performed to determine the proportions of inorganic, methylated and organic species.

Per 24h calculations are provided to aid interpretation for collections with a duration of 24 hours and an average daily urine volume. For specimens with notable deviations in collection time or volume, ratios of analytes to a corresponding urine creatinine concentration may assist in result interpretation.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Note: If total arsenic concentration is **found to be elevated based on reference intervals**, then Arsenic, Fractionated, will be added to determine the proportion of organic, inorganic, and methylated forms. Additional charges apply.