Biovis Diagnostik MVZ GmbH
Prof. Dr. med. Burkhard Schütz
Wissenschaftliche Leitung
Thomas Gugerel [1]
Ärztliche Leitung
Dr. med. Herbert Schmidt [1]
Prof. Dr. med. Michael Kramer [1]

Justus-Staudt-Straße 2
65555 Limburg-Offheim
[1]Facharzt für Laboratoriumsmedizin

Tel.: 0 64 31 / 21 248 - 0
Fax: 0 64 31 / 21 248 - 66
E-mail: info@biovis.de
Web: www.biovis.de

External ID

Name		Date of Birth		Order ID	
First Name		Sex	Male	Order Date	01.09.2021
Sampling Date	31.08.2021 08:45	Validation Date		Findings Status	**Final Report**
Sample Material	E, H, HIZ, S	Validation on	07.09.2021	Findings Date	07.09.2021

Test	Result	Unit	Standard Range	Previous Result	Analytical Method
Orthomolecular and Mitochondrial Medicine					
Intracellular Minerals					
Zinc intracellular	13,5	mg/l/Ery	12,8 - 15,6		H NA) ICP-MS
Potassium intracellular	**3567**	mg/l/Ery	3700 - 4200		H NA) ICP-MS
Magnesium intracellular	56,5	mg/l/Ery	52 - 61		H NA) ICP-MS
Selenium intracellular	129,3	µg/l/Ery	125 - 240		H NA) ICP-MS
Manganese intracellular	21,0	µg/l/Ery	18 - 25		H NA) ICP-MS

E=EDTA, H=Heparin, HIZ=Heparin, S=Serum

* cooperate analytics (R), A) accredited, NA) not accredited

Laboratory-Id Nº.
Received **01.09.2021**
Report **22.09.2021**
Last Name
First Name
Date of Birth

Index BOSC

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Justus-Staudt-Str. 2
D-65555 Limburg Offheim

Phone: (+49) 6431 / 21248-0
Fax: (+49) 6431 / 21248-66
Email: info@biovis.de

Orthomolecular and Mitochondrial Medicine

Intracellular Minerals

Potassium

Intracellular potassium is reduced.
90 % of the potassium occurs intracellular and is the quantitatively the most important electrolyte within the intracellular space. The distribution of potassium is regulated by the sodium potassium pump, insulin, catecholamine, aldosterone and the distal renal function but is also influenced by magnesium and the pH value of the blood. Intracellular variations are present if the body tries to keep the extracellular potassium stable. Further clarification of the potassium level in serum is therefore advised. Potassium is relevant for the maintenance of membrane potential and osmolality in the ICS. Furthermore it is important for impulse generation and transmission in nervous system, musculature and especially in the heart.
Decreased values can be found e. g. due to insufficient food intake (reduction diet, but mainly in catabolic metabolism), increased loss during hard physical work, vomiting, diarrhoea, laxans, renal insufficiency, Diabetes mellitus or hypercortisolism. In addition, intracellular deficits can often be found in chronic hyperacidity.

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Therapy Recommendation

Oral Therapy

Substance	morning	noon	evening	night
Potassium	20 - 60 mmol			

With kind regards

Your Biovis-Diagnostik

Attention: *The recommendations given are only advice based on the compiled findings and possible clinical information. They are exclusively addressed to the therapist/physician and are* ***not intended*** *for direct transfer to the patient. They cannot replace diagnosis and therapy of the treating therapist. The recommendations for therapy are a suggestion. The responsibility for the final selection/measure/dosage lies with the medical professional/therapist responsible for each individual case. Please also note that there may be contraindications/interactions associated with the recommended medication/nutritional supplements for pre-existing primary diseases and when taking certain medication. These must be investigated by the medical professional/therapist before starting therapy.*

To achieve a special medical purpose, the dosing recommendations for individual substances may be higher than those of EU Regulation 2016/128.