

# ANALYTICAL REFERENCE LABORATORIES



**Specialist Pathology Services** A.B.N. 64 099 349 005

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Patient:
D.O.B.:
Request Date:
Date Received:
Requested By :
Referring Laboratory :
Provider No. :
REFERRING LABORATORY REFERENCE ▶

ARL LAB No. : **689167**

## INTESTINAL PERMEABILITY (IP) REPORT

	Within Ref. Range	Outside Ref. Range		Ref. Range
LACTULOSE RECOVERY		0.33 %	<b>Leaky Gut</b>	< 0.30
MANNITOL RECOVERY		6.7 %	<b>Malabsorption</b>	9.5 - 25.0
LACTULOSE:MANNITOL RATIO		0.049	<b>Increased Pore Size</b>	< 0.035

6 Hour Urine Volume 0.650 Litres

### RESULTS LEGEND

**ND** = Not Detected    **NG** = Not Given    **NAA** = Not Able to Assay

Tests ordered: IP  
FINAL REPORT on 14 Nov 2002