Understanding the Difference between Macronutrients vs. Micronutrients

1. INTRODUCTION

1.1 Splash



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- 1 -

1.2 Learner Agreement



1.3 Important Tips



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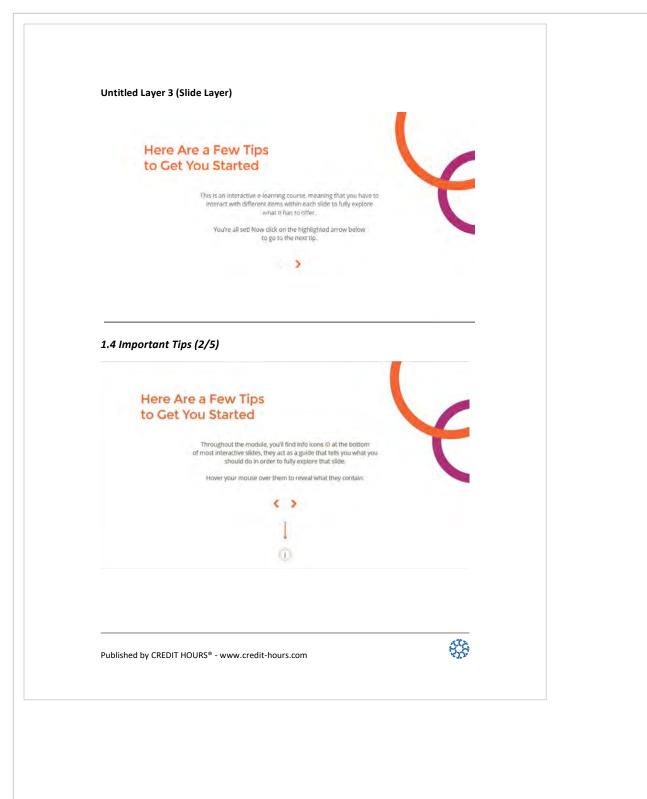
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1.5 Important Tips (3/5)



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- 6 -

1.6 Important Tips (4/5)



1.7 Important Tips (5/5)



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- 7 -

1.8 Introduction

Introduction

- Nutrition is essential to our health, so we will discuss macronutrients and micronutrients containing vitamins and minerals.
- The aim of this study is to determine the important role of micronutrients and macronutrients for all vital functions of the body.
- As a community pharmacist, you can assign the visitor essential nutrition for living a good lifestyle.



1.9 Learning Objectives



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1.10 Module Lessons



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2. MACRONUTRIENTS OVERVIEW

2.1 Macronutrients Overview



2.2 Did You Know



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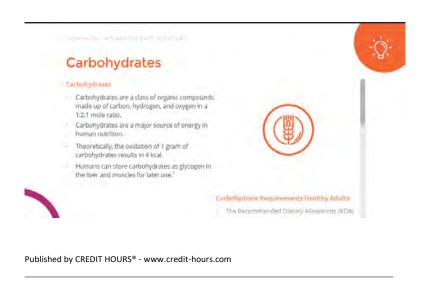
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2.3 Carbohydrates

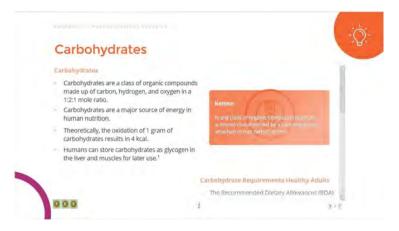


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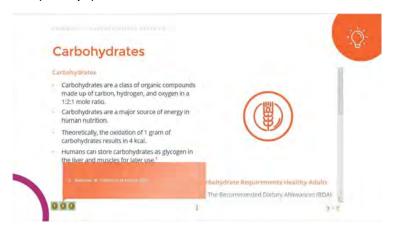
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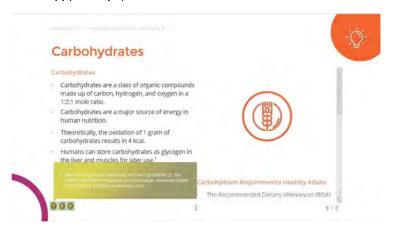
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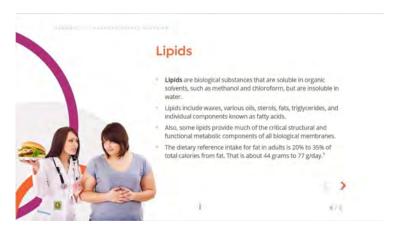
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2.4 Lipids



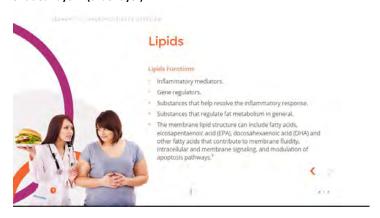
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2.5 Proteins



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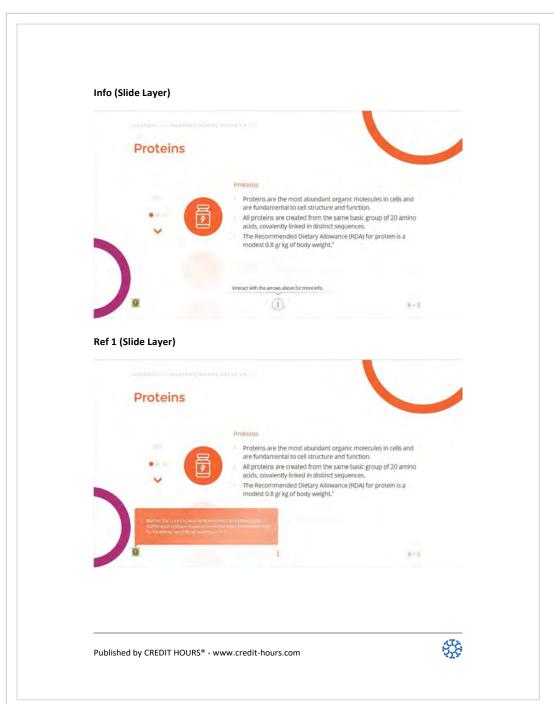
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2.6 Macronutrients' Guidelines for General Population and Health



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- 25 -

2.7 Summary



3. MICRONUTRIENTS: FAT-SOLUBLE VITAMINS

3.1 Micronutrients: Fat-soluble Vitamins



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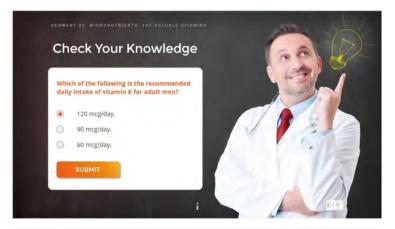


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3.2 Check Your Knowledge

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
Х	120 mcg/day.
	90 mcg/day.
	60 mcg/day.

Feedback when correct:

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Feedback when incorrect:

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

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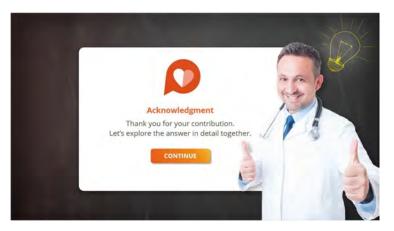


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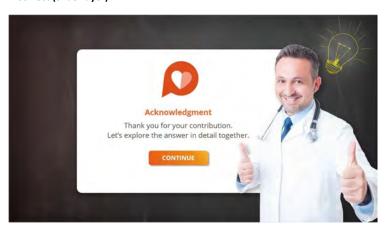
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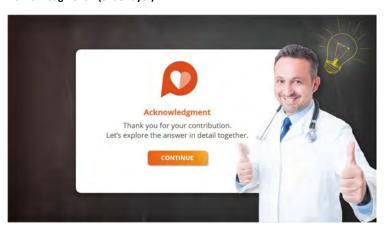
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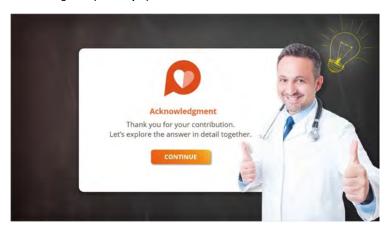


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3.3 Vitamin A



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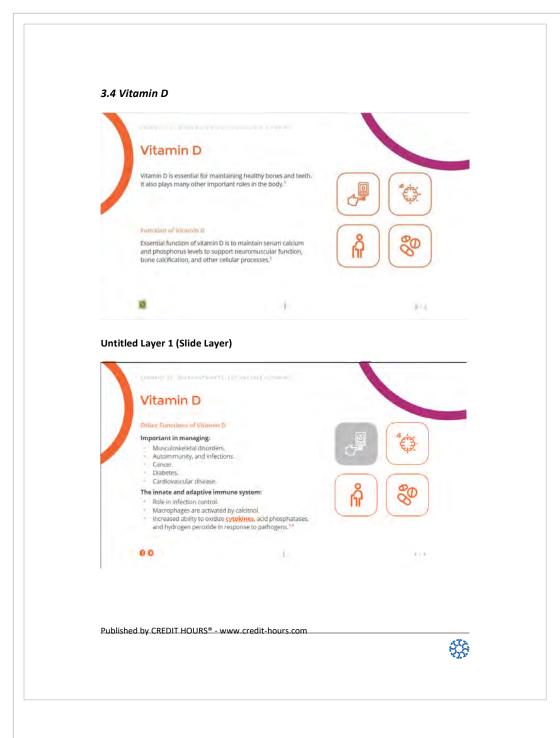


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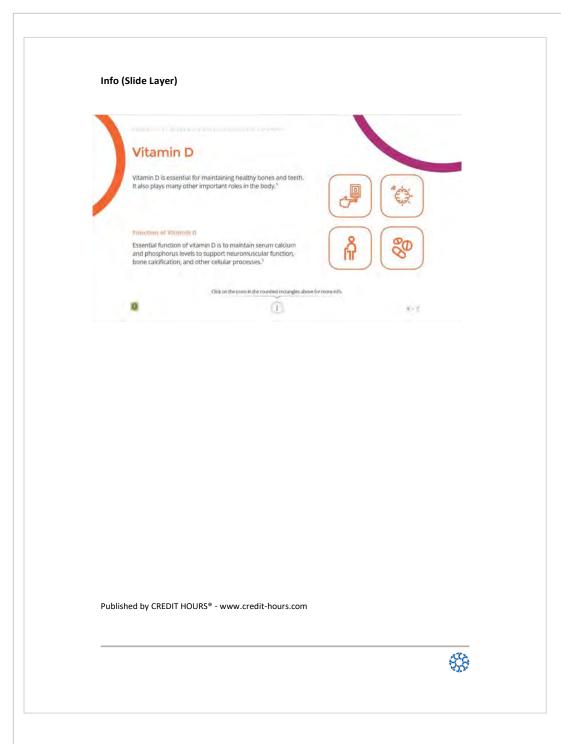
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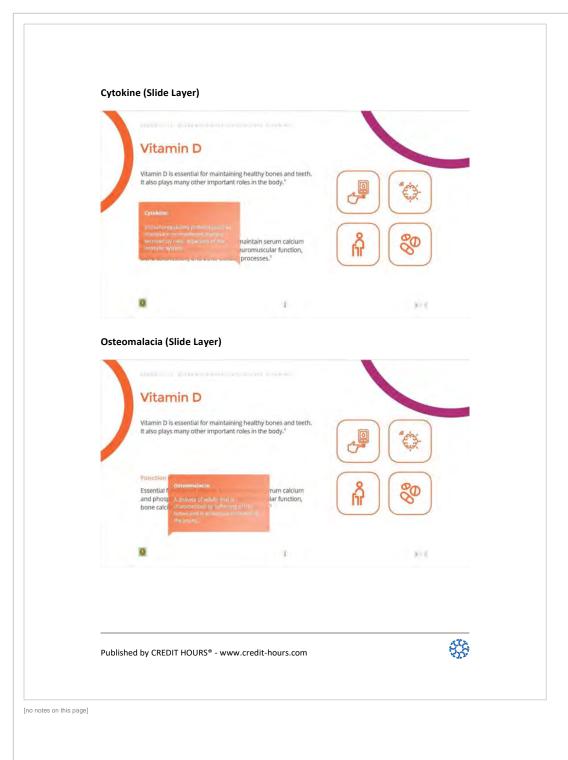
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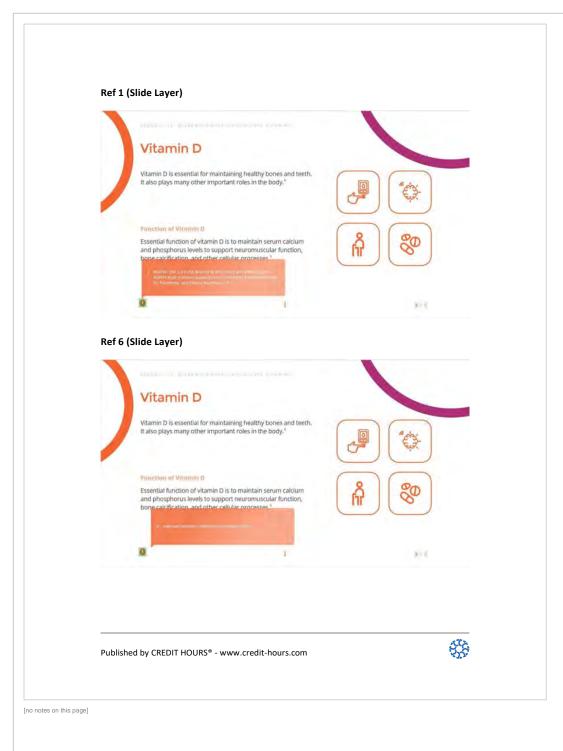
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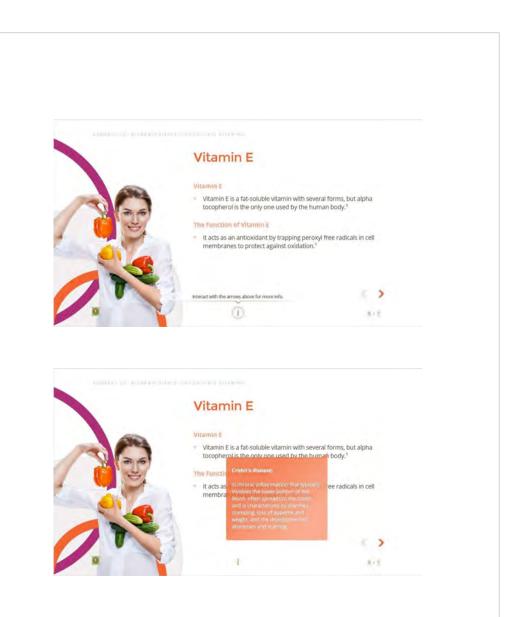


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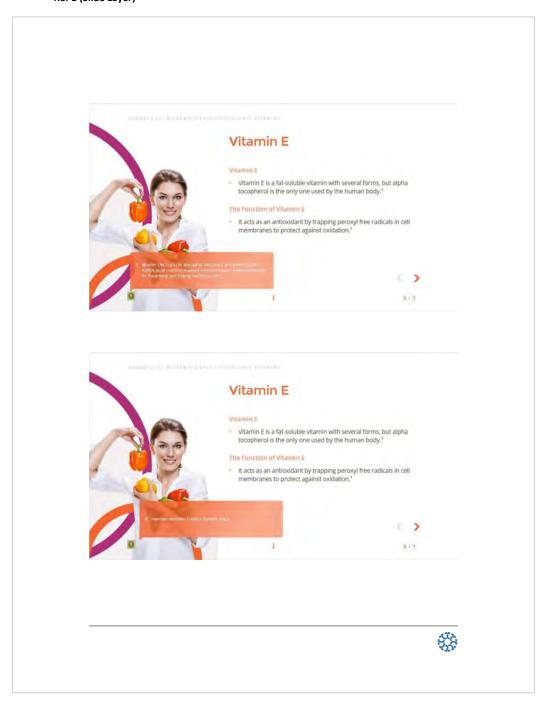


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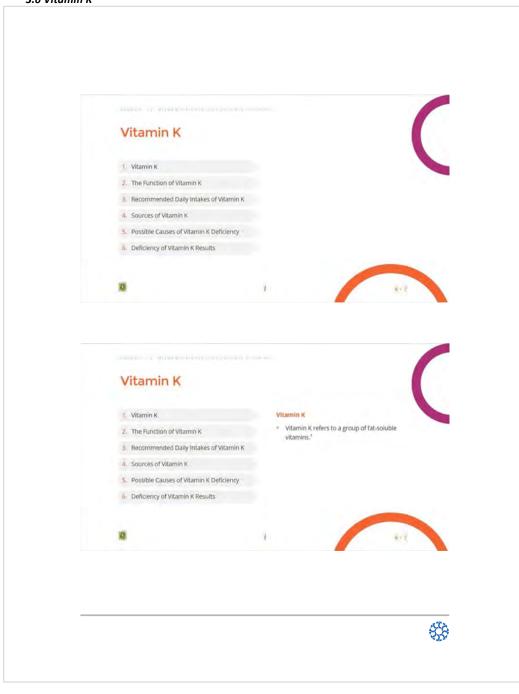




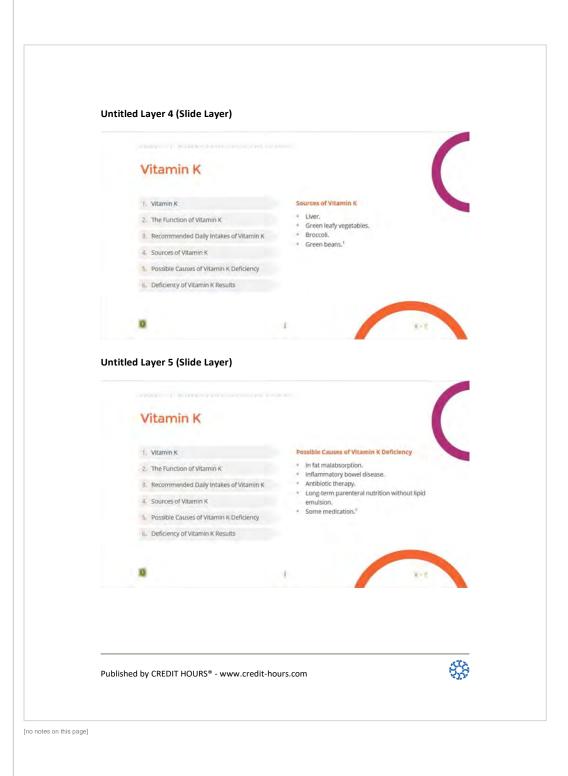
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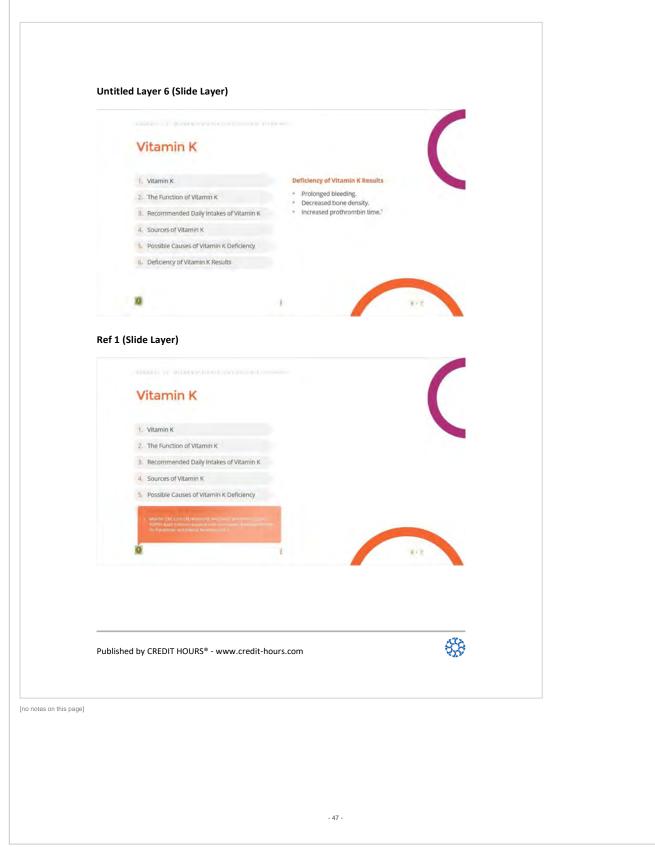


3.6 Vitamin K









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3.7 Summary



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- 48 -

4. MICRONUTRIENTS: WATER-SOLUBLE VITAMINS

4.1 Micronutrients: Water-soluble Vitamins



4.2 Check Your Knowledge

(Multiple Choice, 10 points, 1 attempt permitted)

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Correct	Choice
х	400 mcg/day.
	600 mcg/day.
	500 mcg/day.

Feedback when correct:

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Feedback when incorrect:

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

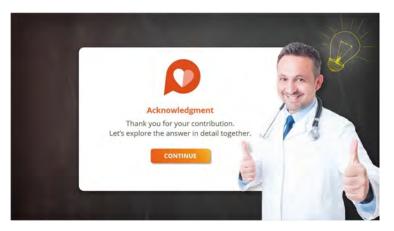
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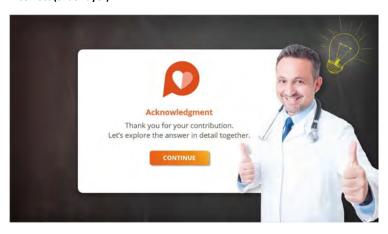
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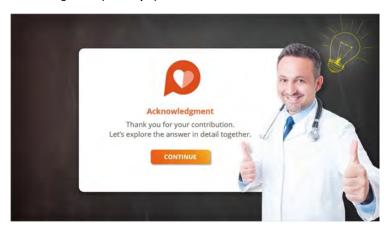
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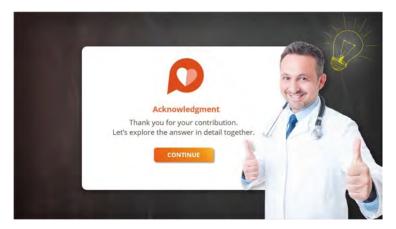
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- 52 -

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- 53 -

4.3 Vitamin B Complex



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- 54 -

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4.4 Thiamin



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- 55 -

Untitled Layer 1 (Slide Layer) Thiamin Recommended Daily Intakes of Vitamin B1 - Adult men 1.2 mg rdsy. - Pregnant women. 1.1 mg/dsy. - Pregnant women. 1.5 mg/dsy. - Pregnant women. 1.5 mg/dsy. - Sources of Vitamin B1 - Bririded whole grain products. - Poke products. - Poke products. - Sunflower seeds. - Wheat germ. Viheat germ. - Gastric bypass surgery, also called beriber for obestry. - Ethanol abuse can cause Wernicke encephalopathy. - Orag and nutrient interactions furosement for same than shown to cause tharmine deficiency. - There are several other causes of thiamine deficiency: - Patients receiving long-term dalysis. - Patients receiving long-term dalysis. - Patients receiving its get-term dalysis. - Patients receiving its greatern thamine supplementation during multivitamin ingections. 1

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- 58 -

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4.5 Riboflavin



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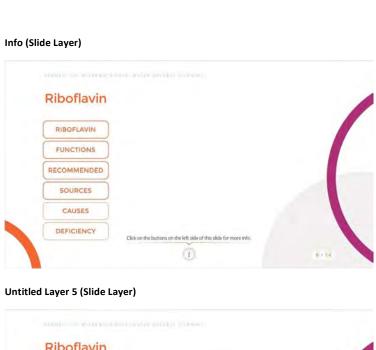


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- 63 -

4.6 Niacin



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- 64 -

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- 65 -

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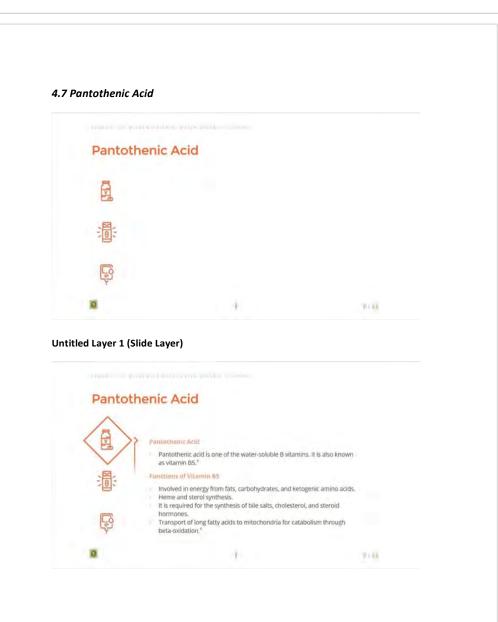


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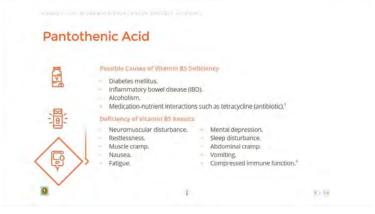


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- 69 -

Pantothenic Acid Recommended Dally Intakes of Vitamin BS Adult men and women: 5 mg/day. Pregnant women: 6 mg/day. Lactating women: 7 mg/day. Sources of Vitamin BS Sunflower seeds. Mushrooms. Figgs. Broccoll. Wilk. Untitled Layer 3 (Slide Layer) Pantothenic Acid

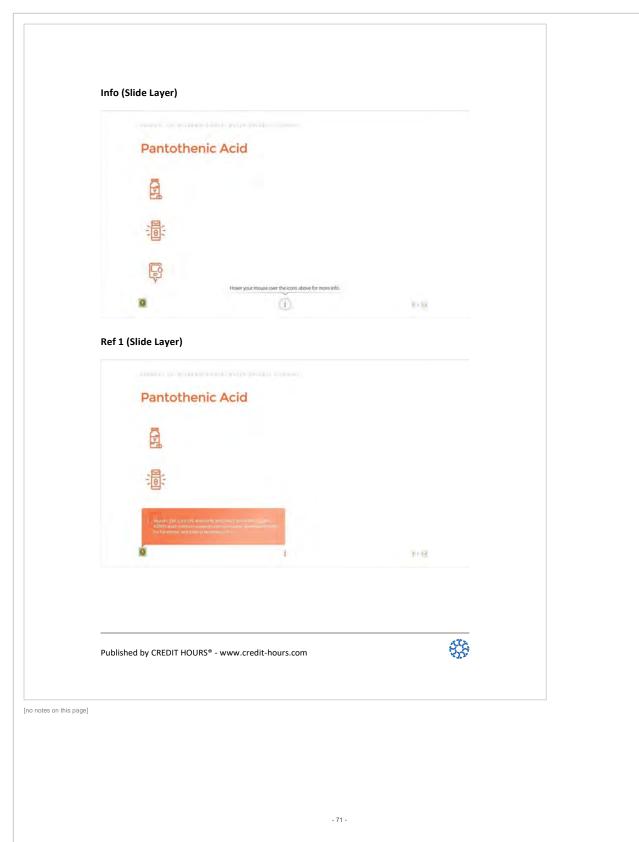


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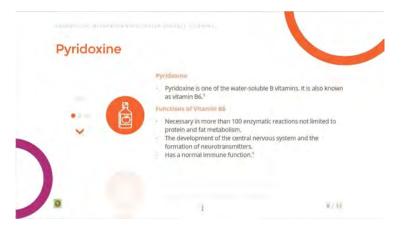


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4.8 Pyridoxine



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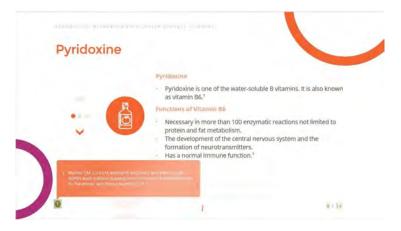




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4.9 Biotin



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- 74 -



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- 75 -



- 76 -

4.10 Folic Acid



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- 77 -

Folic Acid Passible Causes of Vitamin 89 Deficiency Premenopausal women. Premenopausal women. Nutrient-nutrient interactions. Medication-nutrient interactions.

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- 78 -

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- 79 -

Megaloblast anemia (Slide Layer)



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- 81 -

4.11 Cobalamin



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- 82 -

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- 83 -

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- 84 -

Leukopenia (Slide Layer)



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- 85 -

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4.12 Choline



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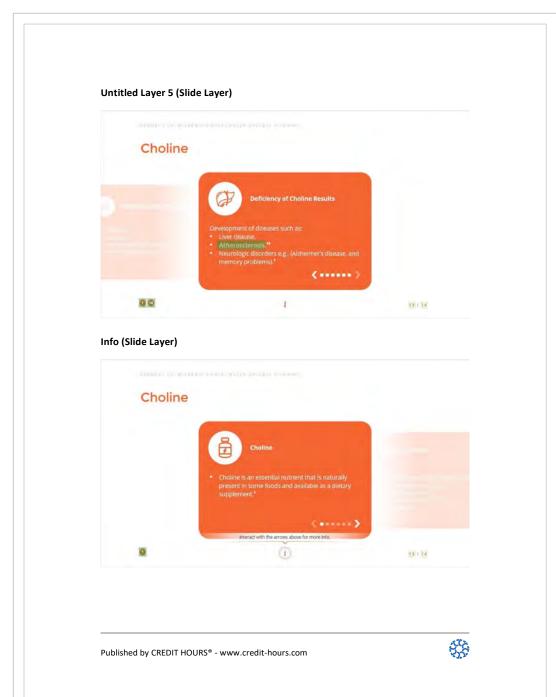


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- 88 -



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- 89 -

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Atherosclerosis (Slide Layer)



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- 90 -

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4.13 Vitamin C



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- 91 -

Untitled Layer 1 (Slide Layer) Vitamin C Recommended Daily Intakes of Vitamin C Adult women 75 mg / day, Pregnant women: 120 mg / day, Latating women: 120 mg / day, Citrus fruit Other fruits and vegetables. Untitled Layer 2 (Slide Layer)



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- 93 -

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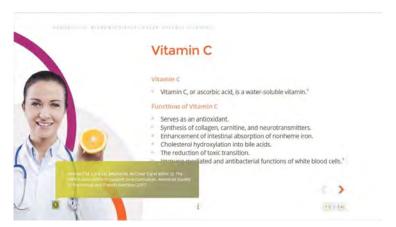
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- 94 -

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4.14 Summary



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- 95 -

5. MICRONUTRIENTS: MAJOR MINERALS

5.1 Micronutrients: Major Minerals



5.2 Why are Electrolytes Important?

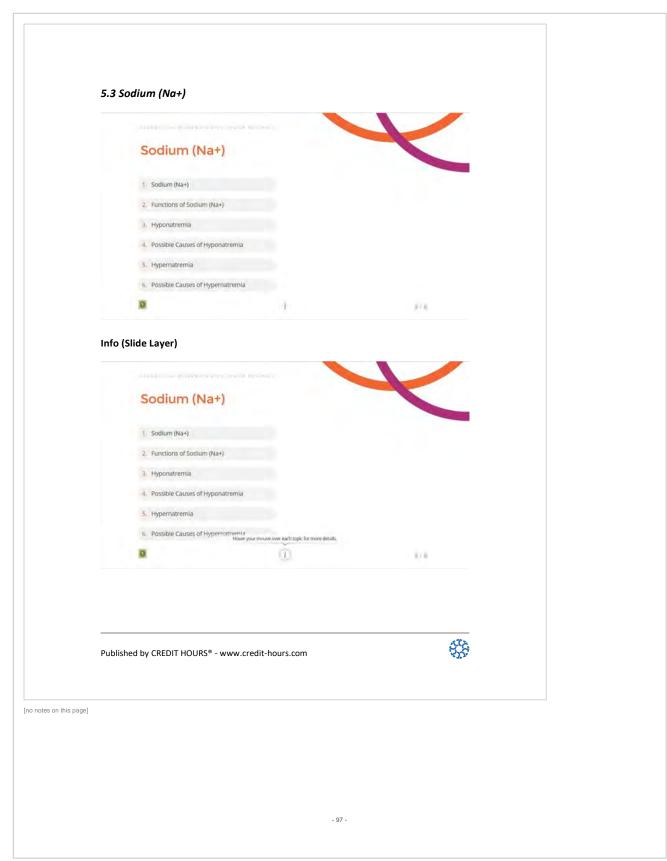


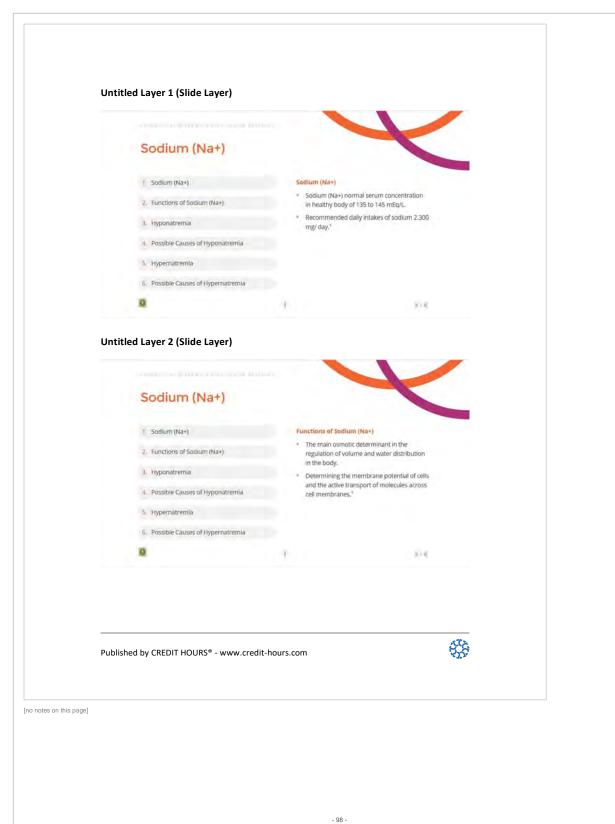
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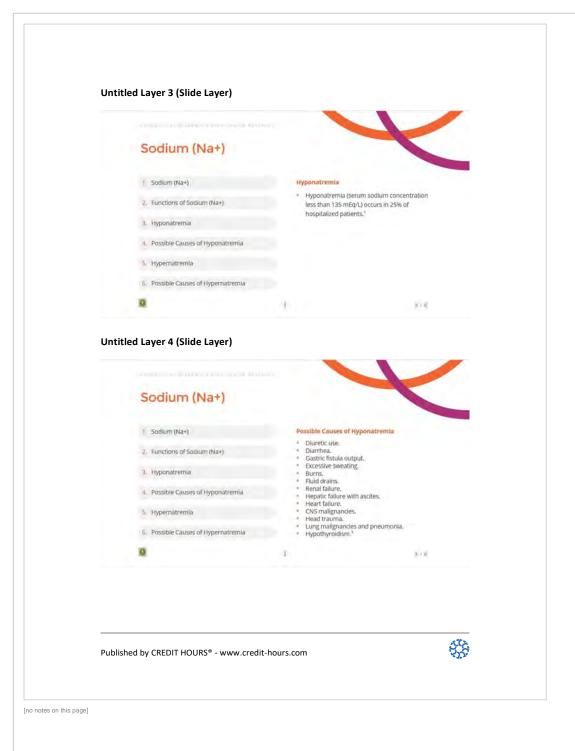


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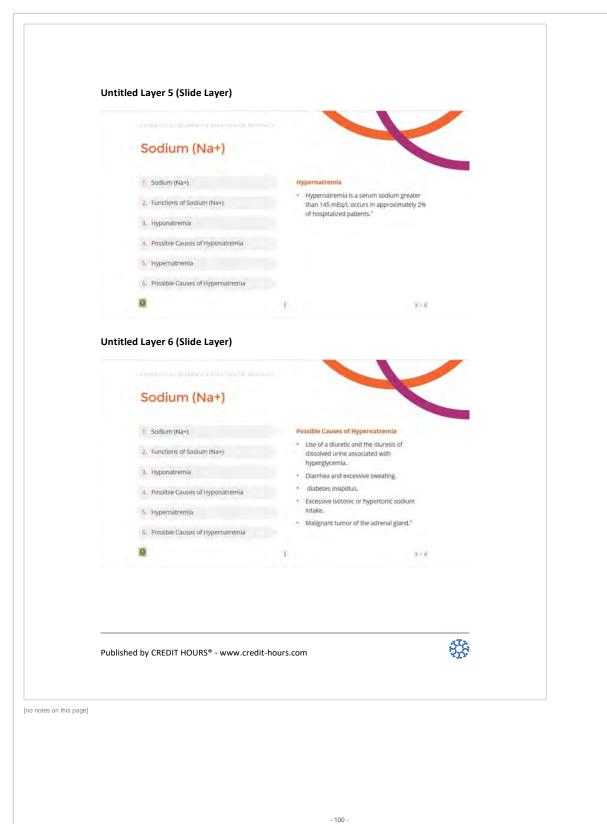
- 96 -







- 99 -



Ref 1 (Slide Layer)

Sodium (Na+) 1. Sodium (Na+) 2. Functions of Sodium (Na+) 3. Hyponatremia 4. Possible Causes of Hyponatremia

5.4 Potassium (K+)



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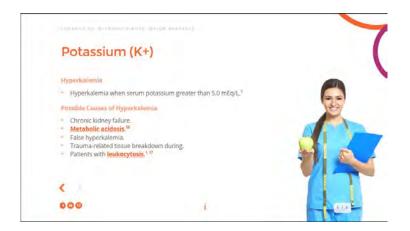
911

[no notes on this page]

- 101 -

Potassium (K+) Lypokalemia - Hypokalemia is a common electrolyte abnormality. When serum potassium concentration is less then 3.6 mEqr.L' Possible Causes of Hypokalemia - Abnormal loss of potassium through urine or feces. - Metabolic alkalosis and an increase in insulin and catecholamines are possible causes of transcellular to intracellular potassium shifts. - Medicines used to treat hypomagnesemia.*

Untitled Layer 2 (Slide Layer)



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- 102 -

Info (Slide Layer)



Ref 1 (Slide Layer)



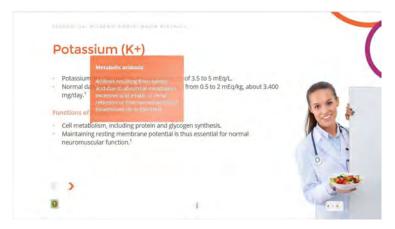
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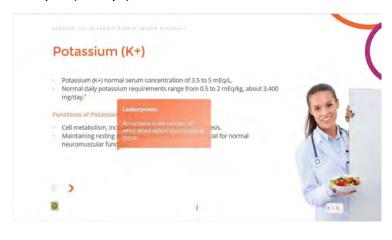
[no notes on this page]

- 103 -

Metabolic acidosis (Slide Layer)



Leukocytosis (Slide Layer)



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- 104 -

Metabolic alkalosis (Slide Layer)



Ref 16 (Slide Layer)



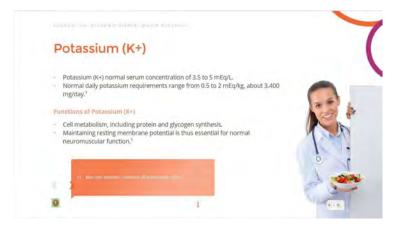
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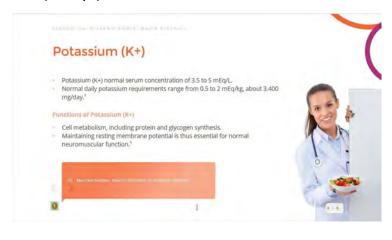
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- 105 -

Ref 17 (Slide Layer)



Ref 15 (Slide Layer)



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- 106 -

Magnesium Wagnesium Wagnesium Magnesium to crucial for your brain and body. Normal serum concentration of 1.8 to 2.8 mg/st. Total body magnesium content to 25 g. RDA of magnesium: Adult men 400-420 mg/day. Women 31-0.20 mg/day. Women 31-0.20 mg/day. Normal 5-0.20 mg/day. Lackbland 310-8.30 mg/day. Lackbland 310-8.30 mg/day. Lackbland 310-8.30 mg/day.

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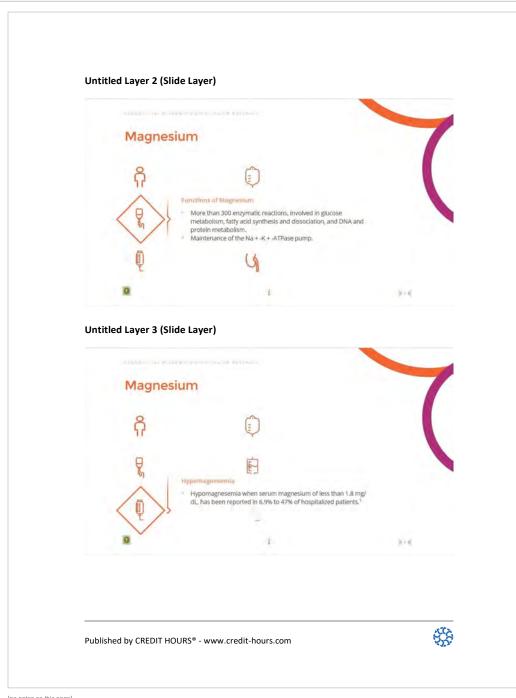


818

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[no notes on this page]

- 107 -



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- 108 -

Untitled Layer 4 (Slide Layer) Possible Causes of Hypomagnesonia: Prolonged administration of magnesium-free intravenous fluids. Colostomy and malabsorption syndromes. Acute bubular necrosis, renal tubular acidosis. Some medicines. Untitled Layer 5 (Slide Layer) Magnesium

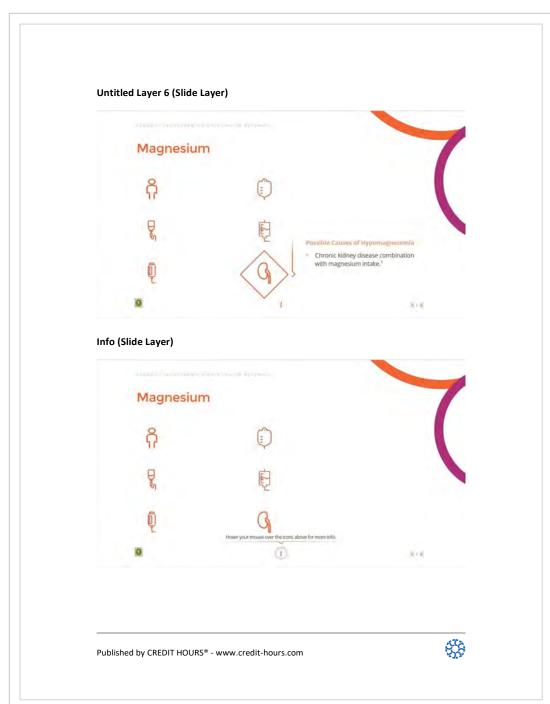


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- 109 -



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- 110 -

Ref 1 (Slide Layer)



5.6 Calcium

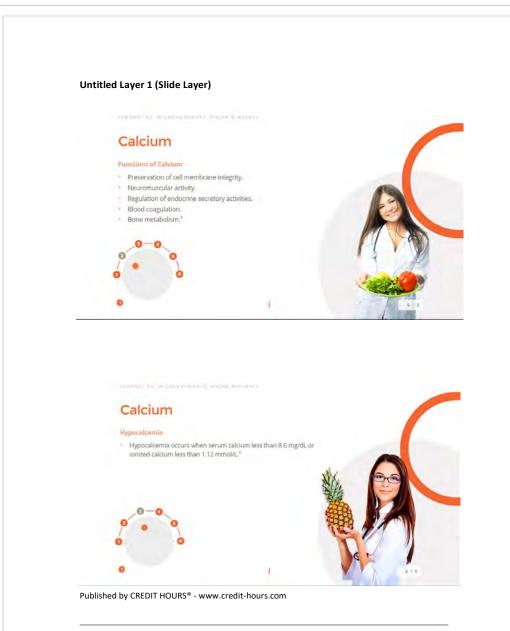


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- 111 -





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- 112 -

Untitled Layer 3 (Slide Layer)



Untitled Layer 4 (Slide Layer)



- 113 -

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Calcium Possible Causes of Hypercalcemia Hyperparathyroidism and cancer with bone metastases. It can also occur with toxic levels of vitamin A or vitamin D. Chronic ingestion of milk and/or calcium carbonate-containing antacids in the setting of renal insufficiency. Adrenal insufficiency. Tuberculosis. Some Medications.*



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- 114 -

Ref 1 (Slide Layer)



5.7 Phosphorus



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- 115 -

Untitled Layer 1 (Slide Layer)



Untitled Layer 2 (Slide Layer)



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- 116 -

Untitled Layer 3 (Slide Layer)



Untitled Layer 4 (Slide Layer)



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- 117 -

Untitled Layer 5 (Slide Layer)



Untitled Layer 6 (Slide Layer)



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- 118 -

Phosphorus PHOSPHORUS FUNCTIONS HYPOPHOSPHATEMIA POSSIBLE CAUSES HYPERPHOSPHATEMIA POSSIBLE CAUSES Cick on the buttons on the left side of the side for more left.



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- 119 -

Ref 15 (Slide Layer)



Metabolic acidosis (Slide Layer)



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- 120 -

5.8 Summary



Info (Slide Layer)



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[no notes on this page]

- 121 -

6. MICRONUTRIENTS: TRACE MINERALS

6.1 Micronutrients: Trace Minerals



6.2 Check Your Knowledge

(Multiple Choice, 10 points, 1 attempt permitted)

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- 122 -



Correct	Choice
х	8 mg/day.
	11 mg/day.
	12 mg/day.

Feedback when correct:

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

Feedback when incorrect:

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

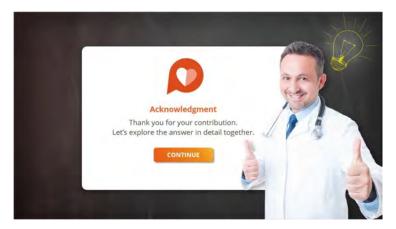
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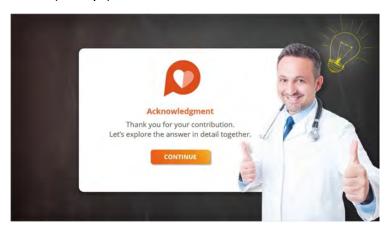
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- 123 -

Correct (Slide Layer)



Incorrect (Slide Layer)



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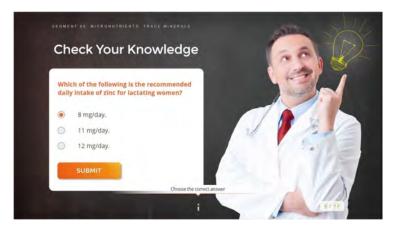


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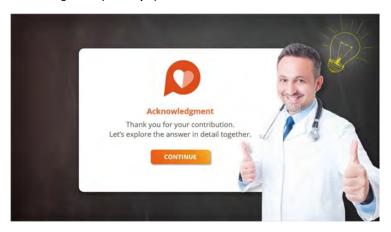
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- 124 -

Info (Slide Layer)



Acknowledgment 1 (Slide Layer)



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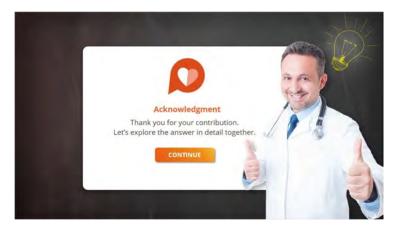


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- 125 -

Acknowledgment (Slide Layer)



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- 126 -

6.3 Iron



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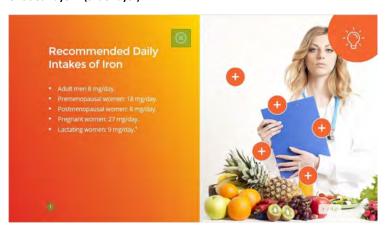
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- 127 -

Untitled Layer 2 (Slide Layer)



Untitled Layer 3 (Slide Layer)



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- 128 -

Untitled Layer 4 (Slide Layer)



Untitled Layer 5 (Slide Layer)



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- 129 -

Did You Know (Slide Layer)



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- 130 -

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- 131 -

6.4 Zinc



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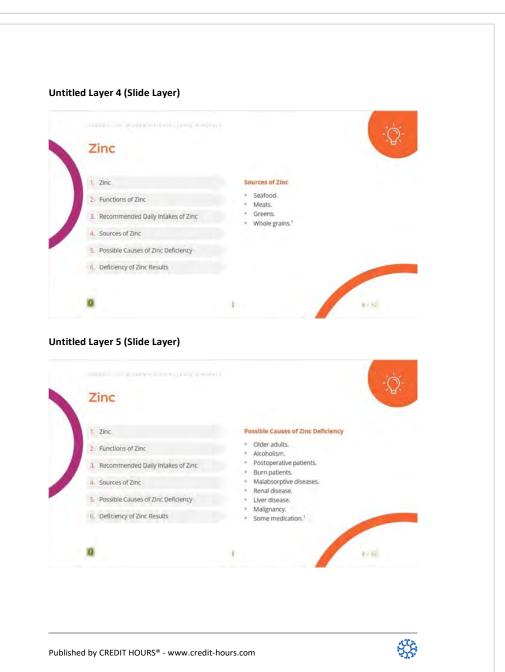
[no notes on this page]

- 132 -



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- 133 -



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- 134 -

Untitled Layer 6 (Slide Layer) Zinc Deficiency of Zinc Results Impaired immune function. Impaired night vision. Alteration taste and smell.¹ 2. Functions of Zinc 3. Recommended Daily Intakes of Zinc 4. Sources of Zinc 5. Possible Causes of Zinc Deficiency 6. Deficiency of Zinc Results Ref 1 (Slide Layer)



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- 135 -

Info (Slide Layer)



Did You Know (Slide Layer)



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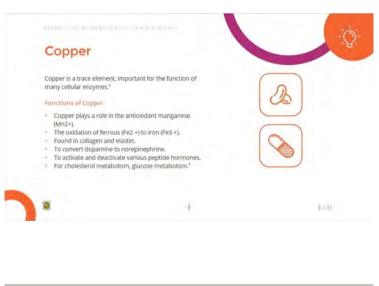
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- 136 -

Ref 1 - Copy (Slide Layer)



6.5 Copper

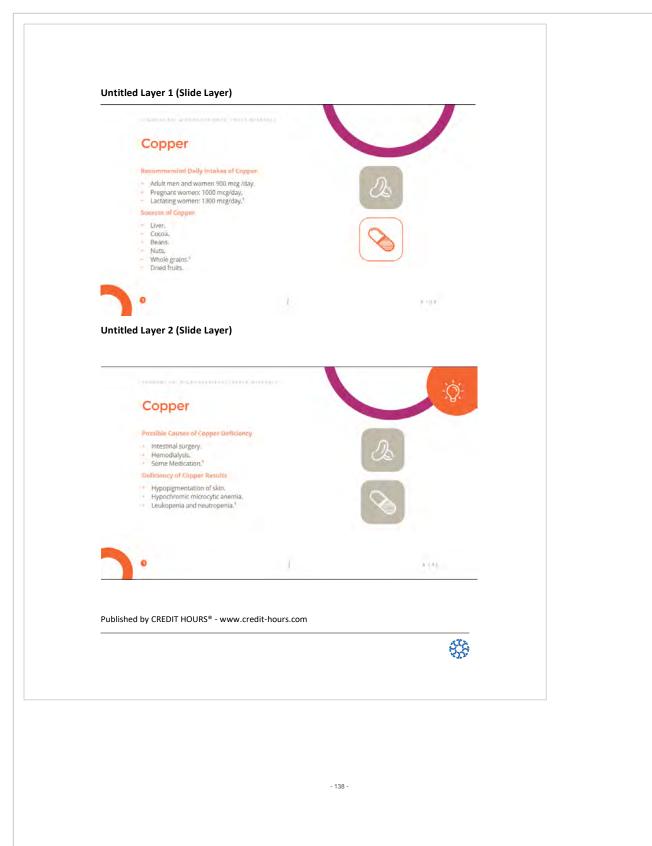


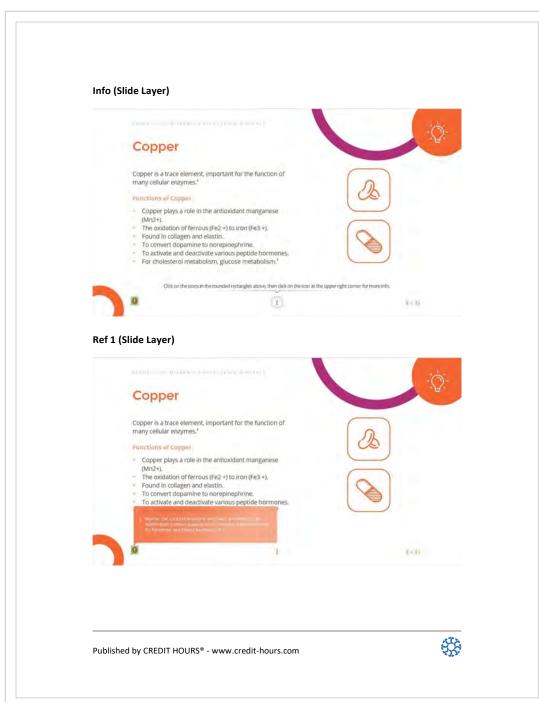
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- 137 -





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- 139 -

Did You Know (Slide Layer)



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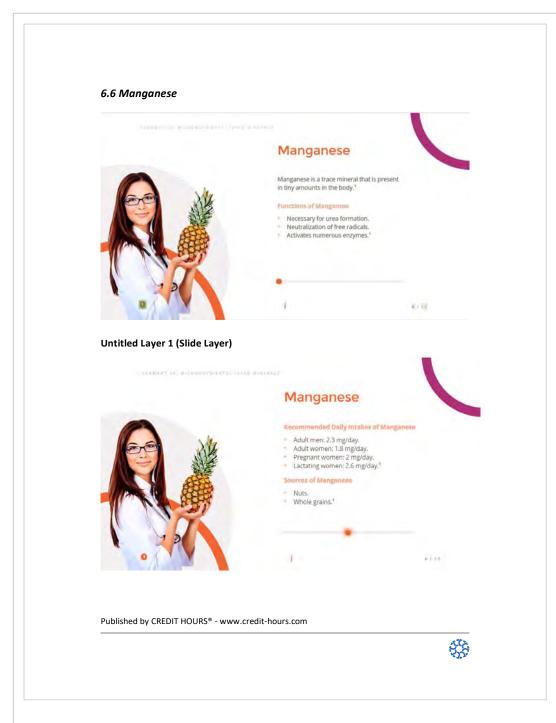


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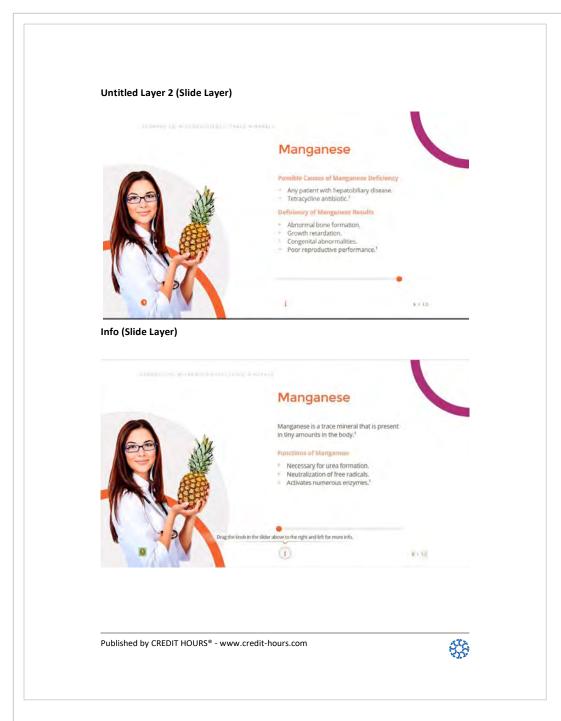


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- 140 -



- 141 -



- 142 -

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- 143 -

6.7 Selenium



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- 144 -



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- 145 -

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6.8 Iodine



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- 146 -



- 147 -



- 148 -



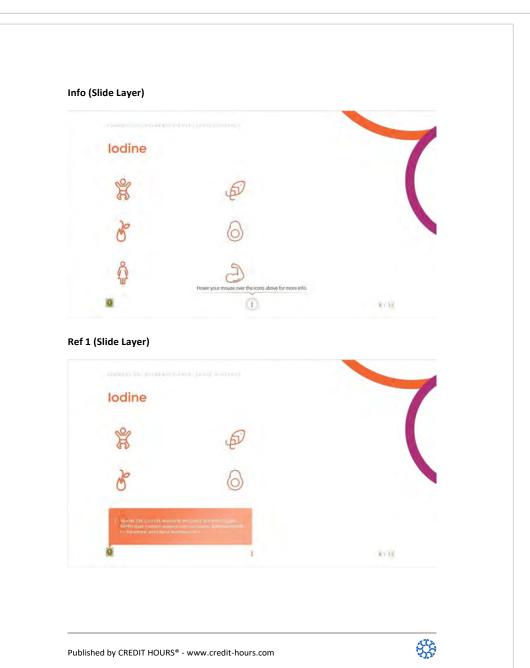
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- 149 -



- 150 -

6.9 Chromium



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- 151 -

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Untitled Layer 3 (Slide Layer)



- 152 -

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Untitled Layer 4 (Slide Layer)



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- 153 -

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- 154 -

Glycosuria (Slide Layer)



Ref 18 (Slide Layer)

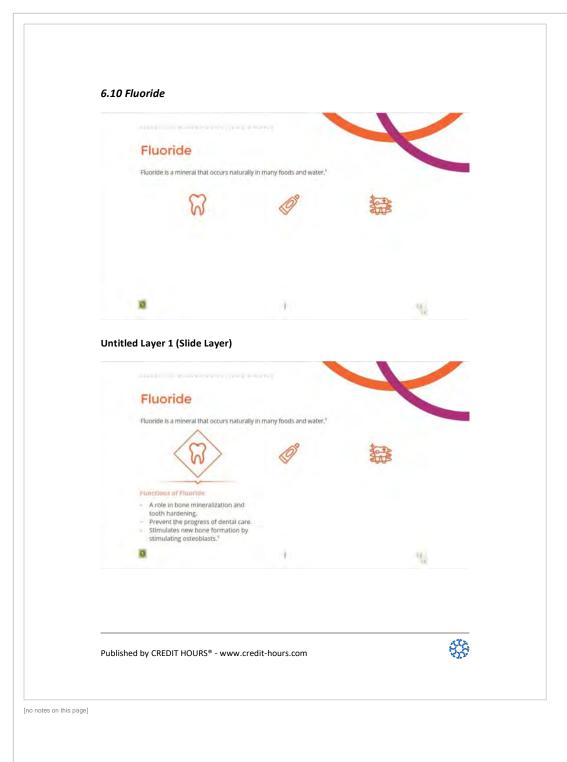


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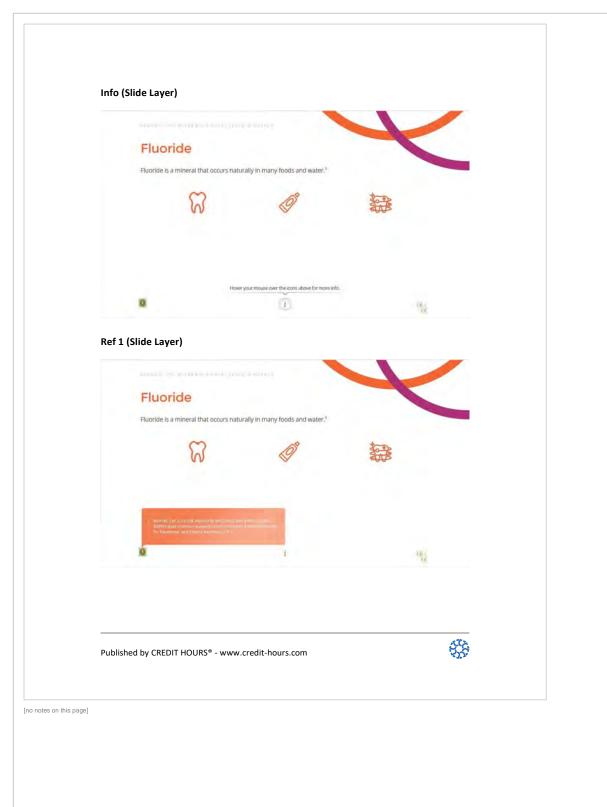
- 155 -



- 156 -

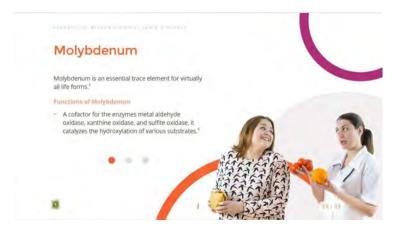


- 157 -



- 158 -

6.11 Molybdenum



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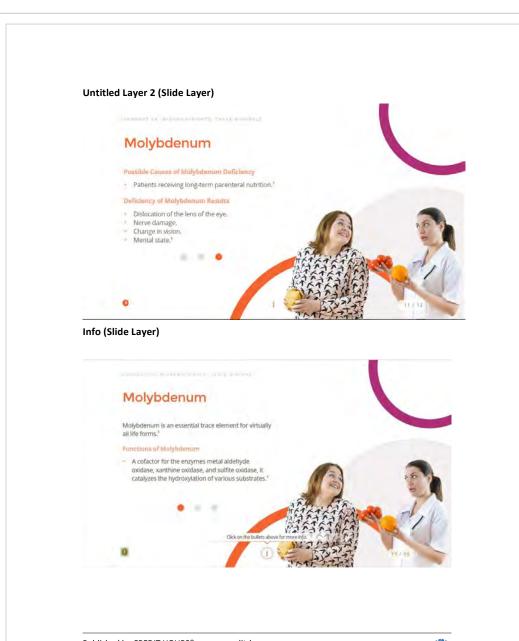


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- 159 -



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- 160 -

Ref 1 (Slide Layer)



6.12 Summary



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- 161 -

Info (Slide Layer)



7. RESOURCES

7.1 Resources



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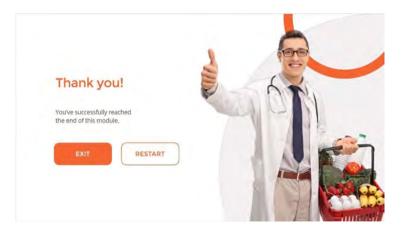
Directed to Healthcare professional
Item code: PM-SA-CNT-22-00019
Preparation date: 16 OCT 2022
For full product information please refer to product pack & leaflet prior use.
For reporting any Adverse Events or Side Effects for any of GSK consumer Healthcare

products, Please contact us on mystory.sa@haleon.com Adverse Events hotline no.: +966 535533647

- 162 -

8. END OF THE MODULE

8.1 Thank You



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- 163 -