



Micro Trace Minerals Laboratory

40+ years of clinical & environmental laboratory diagnostics

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Submission Form:

Hair or Nail Mineral Analysis

Requesting Clinic/Doctor:

New Customer or if contact information has changed, please fill out the fields on page 2.

Patient Name: _____

Street: _____ ZIP: _____ City: _____

State: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

please fill out if report is to be mailed to the patient (please complete in block capitals)

Date of Birth: _____ Sex: m f

Requested Profile:

Standard Profile (P9) 35 Elements 111.27 €

Tested Elements:

Aluminum, Antimony, Arsenic-total, Barium, Beryllium, Bismuth, Boron, Cadmium, Calcium, Chromium, Cobalt, Copper, Germanium, Iodine, Iron, Lead, Lithium, Magnesium, Manganese, Mercury, Molybdenum, Nickel, Palladium, Platinum, Selenium, Silver, Strontium, Thallium, Tin, Titanium, Tungsten, Uranium, Vanadium, Zinc, Zirconium

Extended Profile (P10) 55 Elements 143.99 €

Tested Elements Parameter as profile 9 plus:

Cerium, Cesium, Dysprosium, Erbium, Europium, Gadolinium, Gallium, Iridium, Lanthanum, Lutetium, Praseodymium, Rhenium, Rhodium, Ruthenium, Samarium, Tantalum, Tellurium, Thorium, Thulium, Ytterbium

Test material:

Head hair sample (untreated) pubic hair sample beard sample Nail sample

Send Report to:	Doctor	Patient	both addresses (€ 9,95 surcharge)
Send Report via:	Post	E-Mail	Fax

Payment via:	Invoice to:	Doctor	Patient
Credit Card	VISA Mastercard	Card Number: _____	
valid thru (MM/YY): _____	3-digit code: _____		
Bank transfer done at: _____		for € _____	
	Payment was made to address: service@microtrace.de		
Pre-Payment or Credit Card is Needed, otherwise samples will be held until payment is received.			

*** please turn over ***

Symptom Codes

(list the three main ones):

1 Addiction	8 Heart Problems	15 Diabetes	22 Hypercholesterolemia	29 Leukemia	36 PMS
2 Allergies	9 Eye Problems	16 Ear Problems	23 Hypertension	30 Multiple Sclerosis	37 Prostate Problems
3 Anemia	10 Constipation	17 Epilepsy	24 Hyperthyroidism	31 Muscular Dystrophy	38 Scoliosis
4 Alopecia	11 Chronic Diarrhea	18 Fatigue	25 Hypoglycemia	32 Obesity	39 Digestive Disorder
5 Asthma	12 Cystic Fibrosis	19 Genito/Urinary	26 Hypothyroidism	33 Osteoporosis	40 Autism/Asperger
6 Arthritis	13 Depression	20 Headaches/Migraine	27 Immune Deficiency	34 Parkinson	41 _____
7 Cancer	14 Skin problems	21 Hyperactive/Kinetic	28 Learning Disorder	35 Phlebitis	42 _____



Sampling Instructions

Hair provides a record of past and current trace element levels. As hair grows, nutrient and toxic elements are deposited from the blood stream into the hair follicle and hair shaft. One month of this metabolic process is reflected in 1 cm of hair. Once a trace element has been incorporated into the hair, it remains fixed. To measure hair element concentrations reliably and with good reproducibility, the following criteria applies:

- **UNTREATED** hair should be used. Hair that has been chemically treated (“permed”, dyed, bleached, hennas or otherwise treated) **WILL NOT** provide accurate results.
- Hair samples will be washed in the laboratory, adequate sample is needed (see below).
- **DO NOT MIX** different sample types.
- Hair roots are **NOT** needed. Armpit hair may **NOT** be used. Any scissor type may be used. Cut thin strands in various places to avoid "holes".

Hair: Head, Beard, Chest or Pubic Hair (do not mix)

- Trim a minimum of 0.300 grams. This equals about 2-3 filled teaspoons.
- Place hair in the sampling (paper) envelope, fill out the Patient Information Sheet with the appropriate information and send to MTM.

Long Hair

- Cut a small 1.5 to 2 inch (4.5 to 5.5 cm.) strand of hair close to the head. **DISCARD** ends of long strands and **KEEP** less than 2 inches (less than 5.5 cm) closest to the scalp.
- Place hair in sampling (paper) envelope, fill out the Patient Information Sheet with the appropriate information and send to MTM.

Nails

- A minimum of 0.200 grams nails is needed. This equals about ½ of a filled teaspoon. Remove **ALL** nail polish before sampling.
- Place nails in the sampling (paper) envelope, fill out the Patient Information Sheet with the appropriate information and send to MTM.

New Customer or if contact information has changed,

Address: _____

Phone: _____

Fax: _____

E-mail: _____

or

Clinic/Doctor Stamp

Informed consent for data protection

I consent to my sample being collected by the responsible medical practitioner or alternative therapist, and being transmitted to Micro Trace Minerals GmbH (“MTM”) for the purpose of possessing and performing the assay I have requested. Furthermore, I agree that MTM will send my sample material, my name and my date of birth to specialist laboratories in Germany for carrying out the test I have requested and that MTM will be notified of the result. If I wish to send MTM's test result to the responsible physician or alternative practitioner, I agree that he/she will view the test result to provide a diagnosis. I may revoke my consent at any time to the responsible physician or alternative practitioner or to Micro Trace Minerals GmbH. Until my consent is effectively revoked, the processing of my personal data will remain legal.

Details can be found in our privacy policy at: <https://microtraceminerals.com/en/contact/data-protection/laboratory-order>

By signing below, I certify that all information provided is correct.

Date: _____ **Patient Signature:** _____



(please do not forget)

Barcode H Barcode KH Barcode N