



Micro Trace Minerals Laboratory

40+ years of clinical & environmental laboratory diagnostics

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Submission Form:

URINE

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 Job: _____

Please provide patient DATE OF BIRTH and SEX for determination of urine creatinine.

Please specify profile type, follow sampling instructions outlined on the back, and use metal-free containers only. We cannot take responsibility for results if contaminated containers were used, wrong sampling took place and/or if wrong or inadequate information was given.

ICP-MS Spectroanalytical Urine Analysis Request:

Standard Profile (P1) 28 Elements 100.79 €

Tested are the following elements plus Creatinine: (per test)

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

Nutrient and Toxic Profile (P6) 35 Elements 141.00 €

Tested are the following elements plus Creatinine: (per test)

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

Dental and Environmental Profile (P40) 34 Elements 141.00 €

Tested are the following elements plus Creatinine: (per test)

Aluminum, Arsenic-total, Barium, Beryllium, Boron, Cadmium, Cerium, Cesium, Chromium, Cobalt, Copper, Gadolinium, Gallium, Iodine, Iridium, Lead, Manganese, Mercury, Molybdenum, Nickel, Palladium, Platinum, Rhodium, Selenium, Silver, Strontium, Tantalum, Thallium, Tin, Titanium, Uranium, Vanadium, Zinc, Zirconium

Gold 38.89 €

Gold in baseline urine

Gold in post chelation

(per test)

When sending in baseline urine and post chelation, you will receive a 10% discount. Please note this by pre-payment.

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 _____

Test material: **5-7ml Urine** before chelation = Baseline specimen

5-7ml Urine _____ h **total collection time**
(time bet. chelator intake and sampling)

Type of Chelation: DMPS oral (_____)
 (quantity) DMPS i.v. Dimaval Unithiol (_____)
 DMSA oral DMSA i.v. (Manufacturer) (_____)
 EDTA oral EDTA Supp (_____)
 NaMgEDTA i.v. NaCaEDTA i.v. (_____)
 ZnDTPA i.v. (_____)

other chelating agent (please list type and quantity): _____

Please inform us which chelating agent or combination therapy was administered and in which quantity. Each chelator varies in binding capacity, this information helps us to better validate your results.

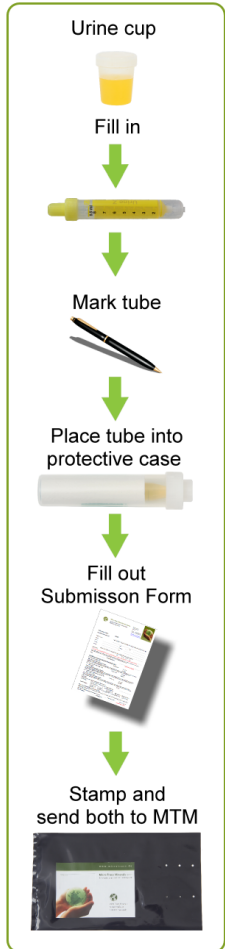
Amount of detoxification treatments carried out so far: _____

Patient is smoker: Yes No

Date of Sampling: _____ **Shipping Date:** _____

Orientation range: Do not show on report

Ask your physician regarding the appropriate Urine Collection Protocol.



Additional elements requested or Remarks. Please list:

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

<p>New Customer or if contact information has changed,</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	or	<p>Clinic/Doctor Stamp</p>
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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 UB

Barcode UA / UE / UPx / UZx

Barcode UR

This Form can also be filled out on the PC, please visit: <https://microtraceminerals.com/en/submission-forms/>