



# Micro Trace Minerals Laboratory

40+ years of clinical & environmental laboratory diagnostics

Röhrenstrasse 20  
91217 Hersbruck  
Germany

Phone: +49 (0) 9151/4332  
Facsimile: +49 (0) 9151/2306

[info@microtraceminerals.com](mailto:info@microtraceminerals.com)  
[www.microtraceminerals.com](http://www.microtraceminerals.com)



## Submission Form: Porphyrins - 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

Date: \_\_\_\_\_ Patient Signature: \_\_\_\_\_

**(please do not forget)**

### Porphyryns - Urine Test


Porphyryns, Total, Urine 19.67 €

Porphyryns, Quantitative, Urine 44.85 €

Test material: 5-7ml Urine

24 Hour Urine Collection: \_\_\_\_\_ ml

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

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

## Sampling Instructions

A 24-hour urine sample is needed. On Day 1 – begin by emptying your bladder into the toilet. For the next 24 Hours all Urine should be collected into a 24-urine collection container. This urine should be kept cool during the entire collection period. Finish your 24-hour collection on the morning of Day 2 when waking up – this will be your last collection.

Gently mix the urine in the collection container by inverting the container. Now take a 5-7ml sample of urine from the collection urine into the urine tube provided and write your name on the urine tube. Place both the urine tube into the protection container, with the patient information sheet and post it to MTM.

**New Customer or if contact information has changed,**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

or

**Clinic/Doctor Stamp**

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Barcode PorP 1

Barcode PorP 2

Barcode PorP 3