



# 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.

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

(please do not forget)

### ICP-MS Spectroanalytical Urine Analysis Request:

**Standard Profile (P1)** 28 Elements 91.63 €

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 128.28 €

Ideal for EDTA (per test)

Tested are the following elements plus Creatinine:

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 128.28 €

Ideal for DMPS or DMSA (per test)

Tested are the following elements plus Creatinine:

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** 35.34 €

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.

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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

\*\*\* 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. ( \_\_\_\_\_ )

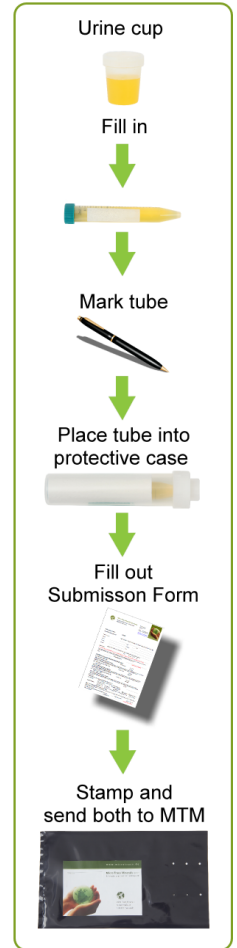
**other chelating agent (please list type and quantity):** \_\_\_\_\_

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:** \_\_\_\_\_



Ask your physician regarding the appropriate Urine Collection Protocol.

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

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

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

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

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

or

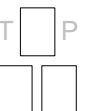
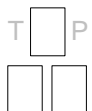
**Clinic/Doctor Stamp**

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

Barcode UB

Barcode UA/UE/UPx/UZx

Barcode UR



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