



Micro Trace Minerals Laboratory

40+ years of clinical & environmental laboratory diagnostics

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<https://microtraceminerals.com>



Submission Form:

Metal testing in other samples

Requesting Clinic/Doctor:

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

Sender 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)

METAL TESTING OF PHARMACEUTICALS, COSMETIC, FOOD, SUPPLEMENTS ETC.

Standard Profile (P6)

35 Elements

229.08 €

Tested Elements:

(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

Important Note: We request the right to limit the number of elements tested, if necessary due to sample limitations.

Test material: 10 grams of sample

Type of sample (i. e. type of pharmaceutical etc.): _____

Product description: _____

Send original product information, if available in English, Spanish, French, Portuguese, Italian or German.

Note! No reference ranges are available for this material.

Payment via:

Invoice to:

Doctor

Sender address

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 *****

Additional Elements can be against surcharge tested. Please contact us.

Additional elements requested or Remarks. Please list:

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

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

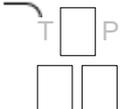
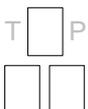
By signing below, I certify that all information provided is correct.

Date: _____ **Sender Signature:** _____  _____
(please do not forget)

Barcode X 1

Barcode X 2

Barcode X 3



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