

Micro Trace Minerals Laboratory

40+ years of clinical & environmental laboratory diagnostics

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Submission For	m:	Blood / Seru	ım / Plasma -	Anim	als				
Requesting Clinic/D	Ooctor:								
		New Customer or if contact information has changed, please fill out the fields on page 2.							
Animal owner:									
Street:			ZIP:		City:				
State:			Country:						
Phone:			Fax:						
E-mail:									
plea	ase fill out if report is	to be mailed to th	ne animal owner (p	olease co	omplete	e in block capitals)		
Name of animal:			Type of animal/race:						
Date of Birth:			Sex:	m	f	castrated	sterilized		
Nutrient and Toxic Profile (P4) Test material: 3-5ml EDTA Wh Tested Elements:		nole Blood	25 Elements	-	151.19 € ne, Lead, Magnesium, Manganese, Mercury,				
Molybdenum, Nickel, Plati	inum, Selenium, Silver,	Thallium, Tin, Uran	ium, Vanadium, Zinc	c, Zirconiu	ım	au, Magnesium, Ma	nganese, mercury,		
Toxic Profile (F	P49)		9 Elements		136	6.79 €			
Test material: Tested Elements: Aluminum, Arsenic-total, C	3-5ml EDTA W Cadmium, Gadolinium,		kel, Palladium, Tin						
Micronutrient Profile (P36)			6 Elements		53.0	00€			
Test material: Tested Elements: Calcium, Copper, Iron, Ma	3-5ml EDTA W								
Extended Micronutrient Profile (P35)		(P35)	7 Elements		72.0	00€			
Test material: Tested Elements: Calcium, Copper, Iron, Ma	3-5ml EDTA W agnesium, Manganese,								
Serum or Plasma Metals (P18)			21 Elements		141	.00€			

Serum or Plasma Metals (P18)

Serum (3ml)

Test material:

Plasma (3ml)

For details and pricing of single element analysis see our laboratory brochure https://microtraceminerals.com

Blood samples can be sent via regular registered mail, and are best not frozen.

Samples are tested via ICP-Mass Spectroscopy utilizing ORS cell technique, unless the material necessitates otherwise.

Please use metal-free tubes if required (see profile information). Please request tubes.

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

Once sample has been received, we will need 3-5 working days to process.

		. Please list:			
end Report to:	Doctor	Anima	l owner	both addres	ses (€9,95 surcharge)
end Report via:	Post E-Ma	ail Fax			
ew Customer or if cont	act information ha	s changed,	or		Clinic/Doctor Stamp
ddress:					
hone:					
ax:					
-mail:					
ayment via:	Invoice to:		Doctor		Animal owner
Credit Card	VISA	Mastercard	Card Number:		
valid thru (MM/YY):		3-digit code	e: 		
Bank transfer done a	t:		fo	or €:	
	Payment wa	s made to addr	ess: service@mi	crotrace.de	
Pre-Payment	or Credit Card is I	Needed, otherw	rise samples will	be held until	payment is received.
rmed consent for data		ical practitioner or alt	ornative therapict, and h	poing transmitted to	o Micro Trace Minerals GmbH ("MTM") fo
urpose of possessing and perfor alist laboratories in Germany for	ming the assay I have req carrying out the test I hav agree that he/she will view	uested. Furthermore e requested and that v the test result to pro	I agree that MTM will s MTM will be notified of ovide a diagnosis. I may	end my sample ma the result. If I wish revoke my consen	aterial, my name and my date of birth to to send MTM's test result to the responsi t at any time to the responsible physician
ils can be found in our priva igning below, I certify tha				-protection/labora	atory-order
-	•		owner: 🏒		

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