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## **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 www.microtraceminerals.com



Submission Form:		DENTAL / S	SALIVA AM	ALGAM 1	ΓEST	
Requesting Clinic	c/Doctor:					
New Custom			ner 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:			_			
– F	please fill out if repo	rt is to be mailed to t	he patient (plea	se complete	in block capitals)	
Date of Birth:			Sex:	m	f	
Date:		Patient Signatu	ıre:			
_		•			(please do not f	orget)
<b>Spectroscopic</b>	analysis of s	aliva / dental n	netal test /	<u>amalgam</u>	test:	
Dental Profile (P3)			14 Elements		102.10 €	
Tested Elements: Cadmium, Chromium, G	Cobalt, Copper, Galliu	m, Iridium, Mercury, Mo	olybdenum, Nicke	ıl, Palladium, F	(per test) Platinum, Rhodium, Silve	r, Tin
Dental Profile + Gold (P5)			15 Elements		128.28 €	
Test material:		n metal free tube			(per test)	
<b>Tested Elements Para</b> Gold	ameter as prome 3 pr	us.				
Extended De	ental Profile (P43	)	30 Eler	ments	128.28 €	
Tested Elements Para Aluminum, Beryllium, B Zinc, Zirconium			Niobium, Rheniu	m, Ruthenium	<b>(per test)</b> , Tantalum, Titanium, Τι	ingsten, Vanadium,
Extended Dental Profile + Gold (P45)			31 Eler	ments	154.46 €	
Tested Elements Parameter as profile 43 plus: Gold					(per test)	
Saliva Test:	before ch	ewing Amalgar		Amalgam	Test	
Symptoms (if know	vn):					

both addresses (€9,95 surcharge)

Patient

Fax

## Saliva - Amalgam Sampling Instruction

## Saliva Test before Chewing

Barcode SA

■ This test is only useful as a comparison to the Saliva Amalgam Test. Results are generally negative, provided the patient has not consumed food or drink for at least 20 minutes, and has abstained from smoking for at least an hour.

## Saliva Amalgam Test

- For at least one hour, the patient should not smoke
- For 20 Minutes before the chewing period, the patient should not eat or drink.
- The saliva produced during the time of chewing gum is collected and saved in the tube provided by the laboratory.
- Write patient name on tube, fill out this patient submission sheet and ship to MTM

Additional Elements can be against surcharge tested. Please contact us. Additional elements requested or Remarks. Please list: New Customer or if contact information has changed, Clinic/Doctor Stamp or Address: Phone: Fax: E-mail: Payment via: Invoice to: Doctor Patient **VISA** Mastercard Card Number: Credit Card valid thru (MM/YY): 3-digit code: Signature: Bank transfer done at: for €: Payment was made to address: service@microtrace.de PayPal Pre-Payment or Credit Card is Needed, otherwise samples will be held until payment is received.

Barcode SA before

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

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Barcode SA after