



## Micro Trace Minerals Laboratory

40+ years of clinical & environmental  
laboratory diagnostics

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### Submission Form:

### GENETIC TESTING

#### 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)**

#### Order for Genetic Testing:

<b>GSTM1</b>	68.00 €	<b>GSTT1</b>	68.00 €	<b>GSTP1</b>	68.00 €
<b>CYP1A1</b>	68.00 €	<b>NAT2</b>	350.00 €	<b>SOD1</b>	68.00 €
<b>SOD2</b>	68.00 €	<b>ApoE</b>	78.00 €		

Test material: 1ml EDTA blood or 5 drops of whole blood on filter paper

<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: [service@microtrace.de](mailto:service@microtrace.de)

**Pre-Payment or Credit Card is Needed, otherwise samples will be held until payment is received.**

\*\*\* please turn over \*\*\*

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

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

or

**Clinic/Doctor Stamp**

Blank area for Clinic/Doctor Stamp

Barcode GST      Barcode CYP / NAT      Barcode SOD / ApoE