Micro Trace Minerals Laboratory

40+ years of clinical & environmental laboratory diagnostics

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Submission Form: Vitamin D

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)

Vitamin D Test

25-Hydroxy-Vitamin D (Calcifediol)	37.77 €
1.25-Dihydroxy-Vitamin D (Calcitriol)	59.02 €

Test material: Serum (3ml)

Send Report to: Doctor Patient both addresses (€ 9,95 surcharge)

Send Report via: Post E-Mail Fax

Payment via: **Invoice to:** Doctor Patient

Credit Card VISA Mastercard Card Number:

valid thru (MM/YY): _____ 3-digit code: _____ Signature: _____

Bank transfer done at: for €:

PayPal **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 *****

New Customer or if contact information has changed,

Address:

Phone: _____

Fax: _____

E-mail: _____

or

Clinic/Doctor Stamp

Barcode VitD 1

Barcode VitD 2

Barcode VitD 3

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