



Micro Trace Minerals Laboratory

40+ years of clinical & environmental
laboratory diagnostics

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Submission Form:

URINE

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

Job: _____

Please provide patient DATE OF BIRTH and SEX for determination of urine creatinine.

Please specify profile type, follow sampling instructions outlined on the back, and use metal-free containers only. We cannot take responsibility for results if contaminated containers were used, wrong sampling took place and/or if wrong or inadequate information was given.

Date: _____

Patient Signature: _____

(please do not forget)

ICP-MS Spectroanalytical Urine Analysis Request:

Standard Profile (P1)

28 Elements

91.63 €

Tested are the following elements plus Creatinine:

(per test)

Aluminum, Antimony, Arsenic-total, Barium, Beryllium, Bismuth, Cadmium, Calcium, Chromium, Cobalt, Copper, Germanium, Iron, Lead, Lithium, Magnesium, Manganese, Mercury, Molybdenum, Nickel, Platinum, Selenium, Silver, Strontium, Thallium, Tin, Vanadium, Zinc

Nutrient and Toxic Profile (P6)

35 Elements

128.28 €

Ideal for EDTA

(per test)

Tested are the following elements plus Creatinine:

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

Dental and Environmental Profile (P40)

34 Elements

128.28 €

Ideal for DMPS or DMSA

(per test)

Tested are the following elements plus Creatinine:

Aluminum, Arsenic-total, Barium, Beryllium, Boron, Cadmium, Cerium, Cesium, Chromium, Cobalt, Copper, Gadolinium, Gallium, Iodine, Iridium, Lead, Manganese, Mercury, Molybdenum, Nickel, Palladium, Platinum, Rhodium, Selenium, Silver, Strontium, Tantalum, Thallium, Tin, Titanium, Uranium, Vanadium, Zinc, Zirconium

Gold

35.34 €

Gold in baseline urine

Gold in post chelation

(per test)

When sending in baseline urine and post chelation,
you will receive a 10% discount.
Please note this by pre-payment.

Additional elements requested or Remarks. Please list:

Send Report to:

Doctor

Patient

both addresses (€ 9,95 surcharge)

Send Report via:

Post

E-Mail

Fax

Single Report

Comparison Report

Previous Report

*** please turn over ***

Symptom Codes

(list the three main ones):

1 Addiction	8 Heart Problems	15 Diabetes	22 Hypercholesterolemia	29 Leukemia	36 PMS
2 Allergies	9 Eye Problems	16 Ear Problems	23 Hypertension	30 Multiple Sclerosis	37 Prostate Problems
3 Anemia	10 Constipation	17 Epilepsy	24 Hyperthyroidism	31 Muscular Dystrophy	38 Scoliosis
4 Alopecia	11 Chronic Diarrhea	18 Fatigue	25 Hypoglycemia	32 Obesity	39 Digestive Disorder
5 Asthma	12 Cystic Fibrosis	19 Genito/Urinary	26 Hypothyroidism	33 Osteoporosis	40 Autism/Asperger
6 Arthritis	13 Depression	20 Headaches/Migraine	27 Immune Deficiency	34 Parkinson	41 _____
7 Cancer	14 Skin problems	21 Hyperactive/Kinetic	28 Learning Disorder	35 Phlebitis	42 _____

Test material:

5-7ml Urine

before chelation = Baseline specimen

5-7ml Urine

h

total collection time

(time bet. chelator intake and sampling)

Type of Chelation:

DMPS oral

(_____)

(quantity)

DMPS i.v.

Dimaval

Unithiol

(_____)

DMSA oral

DMSA i.v.

(Manufacturer)

(_____)

EDTA oral

EDTA Supp

(_____)

NaMgEDTA i.v.

NaCaEDTA i.v.

(_____)

ZnDTPA i.v.

(_____)

other chelating agent (please list type and quantity):

Please inform us which chelating agent or combination therapy was administered and in which quantity. Each chelator varies in binding capacity, this information helps us to better validate your results.

Amount of detoxification treatments carried out so far:

Patient is smoker:

Yes

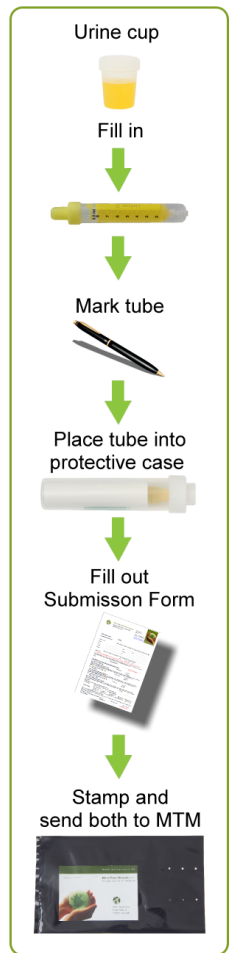
No

Date of Sampling:

Shipping Date:

Orientation range:

Do not show on report



Ask your physician regarding the appropriate Urine Collection Protocol.

New Customer or if contact information has changed,

Address:

Phone:

Fax:

E-mail:

or

Clinic/Doctor Stamp

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 €



Payment was made to address: service@microtrace.de

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

Barcode UB

Barcode UA/UE/UPx/UZx

Barcode UR

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