

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 _____

Send Report to:	Doctor	Patient	both addresses (€ 9,95 surcharge)
Send Report via:	Post	E-Mail	Fax
	Single Report	Comparison Report	Previous Report _____

Remarks:

New Customer or if contact information has changed, Address: _____ Phone: _____ Fax: _____ E-mail: _____	or	Clinic/Doctor Stamp
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Payment via:	Invoice to:	Doctor	Patient
Credit Card	VISA Mastercard	Card Number: _____	
valid thru (MM/YY):	3-digit code: _____		
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.			

Informed consent for data protection

I consent to my sample being collected by the responsible medical practitioner or alternative therapist, and being transmitted to Micro Trace Minerals GmbH ("MTM") for the purpose of possessing and performing the assay I have requested. Furthermore, I agree that MTM will send my sample material, my name and my date of birth to specialist laboratories in Germany for carrying out the test I have requested and that MTM will be notified of the result. If I wish to send MTM's test result to the responsible physician or alternative practitioner, I agree that he/she will view the test result to provide a diagnosis. I may revoke my consent at any time to the responsible physician or alternative practitioner or to Micro Trace Minerals GmbH. Until my consent is effectively revoked, the processing of my personal data will remain legal.

Details can be found in our privacy policy at: <https://microtraceminerals.com/en/contact/data-protection/laboratory-order>

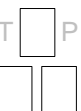
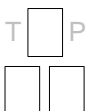
By signing below, I certify that all information provided is correct.

Date: _____ **Patient Signature:** _____  _____
(please do not forget)

Barcode EOHU

Barcode EOHB

Barcode EOHS



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