

Micro Trace Minerals Laboratory

40+ years of clinical & environmental laboratory diagnostics

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Submission Form:	U	RINE							
Requesting Clinic/Doctor									
	_	New Customer or if contact information has changed, please fill out the fields on page 2.							
Patient Name:									
Street:			ZIP:	С	ity:				
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please fill o	out if report is to	be mailed to the	ne patient (please c	omplete	in block	capitals)			
Date of Birth:			Sex:	m	f Jo	ob:			
Please provide patient DATE OF I	BIRTH and SEX fo	or determination of	of urine creatinine.						
Please specify profile type, follow sar contaminated containers were used,						nnot take responsibility f	or results if		
ICP-MS Spectroanaly	tical Urine	Analysis R	equest:						
Standard Profile (P1))		28 Elements		91.63 \$	€	st ınt.		
Tested are the following elemen Aluminum, Antimony, Arsenic-tota Lead, Lithium, Magnesium, Manga Vanadium, Zinc	l, Barium, Berylliu	m, Bismuth, Cad				per, Germanium, Iron,	en sending in baseline urine and post lation, you will receive a 10% discount. ase note this by pre-payment.		
Nutrient and Toxic P		35 Elements		128.28	€	urin a 10 yme			
Tested are the following elemen	ts plus Creatinin	e:				(per test)			
Aluminum, Antimony, Arsenic-tota Germanium, Iron, Lead, Lithium, M Strontium, Thallium, Tin, Titanium	Magnesium, Mang	anese, Mercury,	Molybdenum, Nickel,				aseline urine receive a 10% / pre-payment		
Dental and Environn	_		34 Elements		128.28	€	in ba will r is by		
Tested are the following elemen	e:			(per tes	t)	ng in ou wi this			
Aluminum, Arsenic-total, Barium, I lodine, Iridium, Lead, Manganese, Tantalum, Thallium, Tin, Titanium,	Mercury, Molybd	enum, Nickel, Pa	lladium, Platinum, Rh				en sending elation, you ase note thi		
Gold					35.34 \$	€	= 10 13		
Gold in baseline urine	d in baseline urine Gold in p				(per tes	t)	che Ple		
Payment via: Credit Card	Invoice to: VISA	Mastercard	Doctor Card Number:		Pa	tient			
valid thru (MM/YY):		3-digit code	e:						
Bank transfer done at:			for	r €:					
PavPal	Payment was	s made to add	- ress: service@mic	.de					

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

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I Addiction 2 Allergies	8 Heart Problems					
		15 Diabetes		rcholesterolemia	29 Leukemia	36 PMS
3 Anemia	9 Eye Problems10 Constipation	16 Ear Problems17 Epilepsy	,,	rthyroidism	30 Multiple Sclerosis31 Muscular Dystrophy	37 Prostate Probler38 Scoliosis
4 Alopecia	11 Chronic Diarrhea	18 Fatigue	25 Hypog	=	32 Obesity	39 Digestive Disord
5 Asthma	12 Cystic Fibrosis	19 Genito/Urinary			33 Osteoporosis	40 Autism/Asperger
6 Arthritis	13 Depression	20 Headaches/M		ne Deficiency	34 Parkinson	41
7 Cancer	14 Skin problems	21 Hyperactive/K	linetic 28 Learn	ing Disorder	35 Phlebitis	42
Test material:	5-7ml Urine	before chel	ation = Baseline	specimen		
	5-7ml Urine	e l	n total collec	tion time		Urine cup
			(time bet. c	helator inta	ke and sampling)	
Type of Chelation:	DMPS oral				()	Fill in
(quantity)	DMPS i.v.	Dimaval	Unithiol		()	
	DMSA oral	DMSA i	i.v.	(Manufacture	('r') ()	4
	EDTA oral	EDTA S	Supp		()	
	NaMgEDTAi	i.v. NaCaE	DTAi.v.		()	Mark tube
	ZnDTPA i.v.				()	
other chelating age	ent (please list type a	nd quantity):				1
	elating agent or combination		tered and in which qua	antity. Each chela	ator varies in binding	Place tube into
capacity, this information h	nelps us to better validate you	r results.		•	Ŭ	protective case
Amount of detoxific	cation treatments car	ried out so far:				
Patient is smoker:	Yes	No		_		Fill out
Date of Sampling:		Shinni	ng Date:			Submisson Form
Orientation range:			show on report			
Orientation range.		טט ווטנ	Show on report			
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