

Micro Trace Minerals Laboratory

40+ years of clinical & environmental laboratory diagnostics

Röhrenstrasse 20 91217 Hersbruck Germany

Phone: +49 (0) 9151/4332 Facsimile: +49 (0) 9151/2306





Submission Form:		GENETI	GENETIC TESTING				
Requesting Clin	ic/Doctor:						
		New Cus	stomer or if contact i	nformation has cha	anged, please fill	out the fields on page 2.	
Patient Name:							
Street:			ZIP:	Ci	ty:		
State:			Country:				
Phone:			Fax:				
E-mail:							
	please fill out if repo	ort is to be maile	d to the patient (p	lease complete i	n block capitals)	
Date of Birth:			Sex:	m	f		
Order for Ger	_						
GSTM1	82.00 €	GSTT			GSTP1	82.00 €	
CYP1A1	82.00 €	NAT2			SOD1	82.00 €	
SOD2	82.00 €	ApoE	93.00 €	Ē			
Test material:	1ml EDTA	blood or 5 drops	of whole blood or	n filter paper			
Send Report to:	Doctor		Patient	both ac	ldresses (€9,9	5 surcharge)	
Send Report via:	Post	E-Mail	Fax				
Payment via:	Invoic	e to:	Docto	or .	Patient		
Credit Card	V	SA Maste	rcard Card Num	ber:			
valid thru (MM	1/YY):	3-dig	it code:	_			
Bank transfer done at:		_	for €				
	Paymo	ent was made t	o address: servic	ce@microtrace.	de		
	-Payment or Credit			_			

Declaration of Consent in Accordance with the Gene Diagnostic Act (GenDG)

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