Micro Trace Minerals Laboratory

50+ years of clinical & environmental laboratory diagnostics

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Submission Form:

Organic Environmental Pollutants / Environmental Pollutants

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 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.

Single Analysis

☐	**[1] Dichlorodiphenyltrichloroethane (DDT) + Metabolites**	**5ml EDTA blood**	123.76 €
☐	**[2] Fluoride**	**10ml Urine**	70.81 €
☐	**[3] Glyphosate**	**10ml Urine**	92.82 €
☐	**[4] Lindane (Hexachlorocyclohexane - gamma-HCH)**	**5ml EDTA blood**	123.76 €
☐	**[5] Pentachlorophenol (PCP)**	**10ml Urine**	123.76 €
☐	**[6] Polychlorinated Biphenyl (PCB)**	**5ml EDTA blood**	123.76 €
☐	**[7] Hexachlorobenzene (HCB)**	**5ml EDTA blood**	123.76 €
☐	**[8] PFAS-Target-Screening**	**1-2ml Serum / Blood**	141.61 €
☐	**[9] PFAS 4 (PFOA, PFOS, PFHxS, PFNA)**	**1-2ml Serum / Blood**	108.29 €

Profiles

☐	**Persistent Environmental Toxins & PCB [1,4,6,7]**	**5ml EDTA blood**	232.00 €
☐	**Specific Environmental Toxins [2,3,5]**	**10ml Urine**	259.00 €
☐	**Combi-Profile: Persistent Toxins & PFAS [1,4,6-8]**	**5ml EDTA blood, 1-2ml Serum / Blood**	359.00 €
☐	**Complete Screening: Environmental Toxins & PFAS [1-8]**	**5ml EDTA blood, 10ml Urine, 1-2ml Serum / Blood**	609.00 €

*** please turn over ***

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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 Metal intoxication suspected
☐ 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, **or** **Clinic/Doctor Stamp**

Address:

Phone: _____

Fax:

E-mail:

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:** x _____

(please do not forget)

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Barcode EOHU Barcode EOHB Barcode EOHS

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