

Micro Trace Minerals Laboratory

40+ years of clinical & environmental laboratory diagnostics

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Submission Form:

Blood / Serum / Plasma - Animals

Requesting Clin	ic/Doctor:									
	-	New Customer or if contact information has changed, please fill out the fields on page 2.								
Animal owner:	_									
Street:		Z	ZIP:	(City:					
State:		(Country:							
Phone:		F	ax:							
E-mail:			-							
	please fill out if report is t	lease fill out if report is to be mailed to the animal owner (please complete in block capitals)								
Name of animal:			Type of animal/race:							
Date of Birth:		5	Sex:	m	f	castrated	sterilised			
Date: Signature Animal owner:										
		(please do not forget)								
<u>Spectroscopi</u>	c analysis of whol	e blood mine	<u>rals</u>							
Nutrient and Toxic Profile (P4)			25 Elements	6	137	7.45€				
	3-5ml EDTA Who Arsenic-total, Beryllium, Bisn Platinum, Selenium, Silver, T		omium, Cobalt, C	opper, lod	ine, Le	ad, Magnesium, Ma	anganese, Mercury,			
Toxic Profile (P49)			9 Elements			4.36€				
Test material:	. ,	ble Blood in metal f	ree tubes (dar	k blue cap))					
Tested Elements: Aluminum, Arsenic-to	tal, Cadmium, Gadolinium, Le	ead, Mercury, Nickel,	Palladium, Tin							
Micronutrient Profile (P36)			6 Elements		48.	.14€				
Test material:	3-5ml EDTA Who	ble Blood								
Tested Elements: Calcium, Copper, Iror	n, Magnesium, Selenium, Zind	c								
Extended Micronutrient Profile (P35)		' 35)	7 Elements		65.	45€				
Test material: Tested Elements: Calcium, Copper, Iror	3-5ml EDTA Who n, Magnesium, Manganese, S									
Serum or Plasma Metals (P18)			21 Elements	6	128	8.28€				
Test material: Tested Elements:	Serum (3ml)	Plasma (3n			-				

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For details and pricing of single element analysis see our laboratory brochure www.microtraceminerals.com

Blood samples can be sent via regular registered mail, and are best not frozen.

Samples are tested via ICP-Mass Spectroscopy utilizing ORS cell technique, unless the material necessitates otherwise.

Please use metal-free tubes if required (see profile information). Please request tubes.

We request the right to limit the number of elements tested, if necessary due to sample limitations.

Once sample has been received, we will need 3-5 working days to process.

Additional elements requested or Remarks. Please list:	

Send Report to: Doctor		Animal owner	both	both addresses (€9,95 surcharge)			
Send Report via:	Post E-Mai	l Fax					
New Customer or if cont	act information has	changed,	or	Clinic/Doctor Stamp			
Address:							
Phone:							
Fax:							
E-mail:							
Payment via:	Invoice to:	Docto	r	Animal owner			
Credit Card	VISA	Mastercard Card Num					
valid thru (MM/YY):		3-digit code:	Sig	nature:			
Bank transfer done a			_ for €:		V1.03		
DavDal	Payment was	made to address: servic			2012-2016 MTM V1.03		
PayPal	Fayment was	made to address. Servic	eemcronat	,e.ue	2-201		
Pre-Payment	t or Credit Card is N	eeded, otherwise sample	es will be hel	d until payment is received.	0 201		
Barcode W		 Barcode S 		Barcode P / R -			
This Form can also b	be filled out on the PC	C, please visit: http://www.	microtracemir	nerals.com/en/submission-forms/			