

# **Micro Trace Minerals Laboratory**

40+ years of clinical & environmental laboratory diagnostics

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### Submission Form:

## **DENTAL / SALIVA AMALGAM TEST**

Requesting Clir	nic/Doctor:								
		New	Customer or if contact	information h	as changed, please fill out the fields on page 2.				
Patient Name:									
Street:		ZIP:		City:					
State:			Country:	Country:					
Phone:			Fax:	Fax:					
E-mail:									
	please fill out if rep	ort is to be m	ailed to the patient (p	lease comp	blete in block capitals)				
Date of Birth:			Sex:	r	n f				
Spectroscop	ic analysis of	saliva / de	ental metal test	/ amalga	am test:				
Dental Pro		14 E	lements	102.10€					
Tested Elements: Cadmium, Chromium	ium, Iridium, N	ercury, Molybdenum, N	ickel, Palladiu	<b>(per test)</b> um, Platinum, Rhodium, Silver, Tin					
Dental Pro	file + Gold (P5)		15 E	lements	128.28 €				
Test material: Tested Elements Pa Gold	3ml Saliva arameter as profile 3	in metal free blus:	tube		(per test)				
Extended I	3)	30 E	lements	128.28€					
	rameter as profile 3   , Boron, Cerium, Iron,		anganese, Niobium, Rh	enium, Ruthe	<b>(per test)</b> mium, Tantalum, Titanium, Tungsten, Vanadium,				
Extended I	iold (P45)	31 E	lements	154.46 €					
Tested Elements Pa Gold	plus:			(per test)					
Saliva Test:	before of		Amalgam Test						
Symptoms (if kno	-								
Additional Eleme	ents can be agains	t surcharge	tested. Please cont	act us.					
Additional elemei	nts requested or Re	emarks. Plea	se list:						
Sand Paratt to	Destar		Dotiont		oth addresses (€ 9,95 surcharge)				
Send Report to:	Doctor		Patient	DC	oth addresses (€ 9,95 surcharge)				
Send Report via:	Post	E-Mail	Fax						

## Saliva - Amalgam Sampling Instruction

#### Saliva Test before Chewing

 This test is only useful as a comparison to the Saliva Amalgam Test. Results are generally negative, provided the patient has not consumed food or drink for at least 20 minutes, and has abstained from smoking for at least an hour.

#### Saliva Amalgam Test

- For at least one hour, the patient should not smoke
- For 20 Minutes before the chewing period, the patient should not eat or drink.
- The saliva produced during the time of chewing gum is collected and saved in the tube provided by the laboratory.
- Write patient name on tube, fill out this patient submission sheet and ship to MTM

New Customer or if contact	information has chang	or	Clinic/Doctor Stamp	
Address:				
Phone:				
Fax:				
E-mail:				
Payment via:	Invoice to:	Doctor		Patient
Credit Card	VISA Mast	ercard Card Numb	er:	
valid thru (MM/YY):	3-di	git code:		
Bank transfer done at:			for €:	
PayPal	Payment was made	to address: service	@microtrace	e.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:	ate:			Signature:	x			
P	Barcode SA	$\overline{}$		Barcode SA before	7	(plea	ase do not forget) Barcode SA after	

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