



## Micro Trace Minerals Laboratory

40+ years of clinical & environmental  
laboratory diagnostics

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<https://microtraceminerals.com>



### Submission Form:

### Porphyrins - Urine

#### 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

### Porphyrins - Urine Test

**Porphyrins, Total, Urine** 19.67 €

**Porphyrins, Quantitative, Urine** 44.85 €

Test material: 5-7ml Urine

24 Hour Urine Collection: \_\_\_\_\_ ml

<b>Send Report to:</b>	<input type="checkbox"/> Doctor	<input type="checkbox"/> Patient	<input type="checkbox"/> both addresses (€ 9,95 surcharge)
<b>Send Report via:</b>	<input type="checkbox"/> Post	<input type="checkbox"/> E-Mail	<input type="checkbox"/> Fax

<b>Payment via:</b>	<b>Invoice to:</b>	<input type="checkbox"/> Doctor	<input type="checkbox"/> Patient
Credit Card	VISA Mastercard	Card Number:	_____
valid thru (MM/YY):	_____	3-digit code:	_____
Bank transfer done at:	_____	for €:	_____
	Payment was made to address: <a href="mailto:service@microtrace.de">service@microtrace.de</a>		
<b>Pre-Payment or Credit Card is Needed, otherwise samples will be held until payment is received.</b>			

## Sampling Instructions

A 24-hour urine sample is needed. On Day 1 – begin by emptying your bladder into the toilet. For the next 24 Hours all Urine should be collected into a 24-urine collection container. This urine should be kept cool during the entire collection period. Finish your 24-hour collection on the morning of Day 2 when waking up – this will be your last collection.

Gently mix the urine in the collection container by inverting the container. Now take a 5-7ml sample of urine from the collection urine into the urine tube provided and write your name on the urine tube. Place both the urine tube into the protection container, with the patient information sheet and post it to MTM.

<p><b>New Customer or if contact information has changed,</b></p> <p>Address: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	or	<p style="text-align: center;"><b>Clinic/Doctor Stamp</b></p>
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### **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:** \_\_\_\_\_  \_\_\_\_\_  
(please do not forget)

Barcode PorP 1

Barcode PorP 2

Barcode PorP 3