



Micro Trace Minerals Laboratory

40+ years of clinical & environmental laboratory diagnostics

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Submission Form:

Testing of Stool

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: _____

Use spatula in tube to fill sampling tube provided by laboratory, or use equivalent sampling material.
Once sample has been received, we will need 3-5 working days to process.

Order for Stool Test:

Standard Profile (P39) 12 Elements 141.00 €

Tested Elements:

Antimony, Arsenic-total, Beryllium, Bismuth, Cadmium, Copper, Lead, Mercury, Nickel, Silver, Tin, Uranium

Extended Profile (P38) 31 Elements 176.70 €

Tested Elements Parameter as profile 39 plus:

Aluminum, Barium, Cerium, Cesium, Chromium, Cobalt, Gallium, Iodine, Manganese, Molybdenum, Platinum, Selenium, Strontium, Tantalum, Thallium, Titanium, Tungsten, Vanadium, Zinc

Implant Profile (P37) 8 Elements 90.00 €

Tested Elements:

Aluminum, Chromium, Cobalt, Molybdenum, Nickel, Niobium, Titanium, Vanadium

Gold 38.89 €

Test material: 5gr Stool

Detoxifying agent / chelating agent (please list): _____

Stool before detoxification Stool after detoxification

Symptoms (if known): _____

Send Report to:	Doctor	Patient	both addresses (€9,95 surcharge)
Send Report via:	Post	E-Mail	Fax

Additional Elements can be against surcharge tested. Please contact us.

Additional elements requested or Remarks. Please list:

*** please turn over ***

Sampling Information:

Metal Testing of Feces

- Testing may be performed before or after oral chelation treatment.
- If tests are done before AND after oral chelation, a comparison of results will indicate how effectively metal binding occurred within the digestive tract.
- Because digestive processes are more difficult to control, we have developed a sampling protocol. Patients suffering from digestive disorders (liver, colon etc.) should consult their physician before oral chelators or suppositories are used.

Pre Sampling Suggestions

- Take 2 capsules of probiotics, 1-3x daily for one to two weeks prior to oral chelation.
- 4 days prior to chelation, stop consuming fish and algae products such as chlorella.
- 2 days prior to chelation, stop taking nutritional supplements or metal-containing medications (such as antacids), unless medically needed.
- Make sure you have a good bowel movement the day prior to chelation. If need be, ask your doctor or pharmacist to provide you with a laxative (such as milk of magnesia or Epsom salt).
- On the day of chelation, take the oral supplement with one glass of water (200ml room temperature) on an empty stomach.
- For most oral chelators, DMSA included, the main metal binding will occur during the first 3-6 hrs. after intake.
- Drink one more glass of water during that time. Do not drink tea or coffee.
- Two hours after the intake of the chelator, you may eat bread, fruit or a boiled egg.

Sampling of Stool

- Before the stool sample is taken, write your name on the test tube provided by the laboratory.
- Place clean toilet paper or a paper towel in the toilet on which you collect some stool.
- Use spatula to fill one or two scoops of fecal matter in the test tube provided by the laboratory.
Note: the tube does not need to be filled.
- Place test tube with stool sample in the protective cover and send with the patient information to the laboratory.

New Customer or if contact information has changed, Address: _____ Phone: _____ Fax: _____ E-mail: _____	or	Clinic/Doctor Stamp
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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:** _____  _____
(please do not forget)

Barcode St

Barcode St before

Barcode St after

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