



# Micro Trace Minerals Laboratory

40+ years of clinical & environmental laboratory diagnostics

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## Submission Form:

## 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 \_\_\_\_\_ Job: \_\_\_\_\_

Please provide patient DATE OF BIRTH and SEX for determination of urine creatinine.

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.

### ICP-MS Spectroanalytical Urine Analysis Request:

**Standard Profile (P1)** 28 Elements 100.79 €

Tested are the following elements plus Creatinine: (per test)

Aluminum, Antimony, Arsenic-total, Barium, Beryllium, Bismuth, Cadmium, Calcium, Chromium, Cobalt, Copper, Germanium, Iron, Lead, Lithium, Magnesium, Manganese, Mercury, Molybdenum, Nickel, Platinum, Selenium, Silver, Strontium, Thallium, Tin, Vanadium, Zinc

**Nutrient and Toxic Profile (P6)** 35 Elements 141.00 €

Tested are the following elements plus Creatinine: (per test)

Aluminum, Antimony, Arsenic-total, Barium, Beryllium, Bismuth, Cadmium, Calcium, Cesium, Chromium, Cobalt, Copper, Gallium, Germanium, Iron, Lead, Lithium, Magnesium, Manganese, Mercury, Molybdenum, Nickel, Palladium, Platinum, Selenium, Silver, Strontium, Thallium, Tin, Titanium, Tungsten, Uranium, Vanadium, Zinc, Zirconium

**Dental and Environmental Profile (P40)** 34 Elements 141.00 €

Tested are the following elements plus Creatinine: (per test)

Aluminum, Arsenic-total, Barium, Beryllium, Boron, Cadmium, Cerium, Cesium, Chromium, Cobalt, Copper, Gadolinium, Gallium, Iodine, Iridium, Lead, Manganese, Mercury, Molybdenum, Nickel, Palladium, Platinum, Rhodium, Selenium, Silver, Strontium, Tantalum, Thallium, Tin, Titanium, Uranium, Vanadium, Zinc, Zirconium

**Gold** 38.89 €

Gold in baseline urine Gold in post chelation (per test)

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

When sending in baseline urine and post chelation, you will receive a 10% discount. Please note this by pre-payment.

<b>Send Report to:</b>	Doctor	Patient	both addresses (€ 9,95 surcharge)	
<b>Send Report via:</b>	Post	E-Mail	Fax	
	Single Report	Comparison Report	Previous Report	

**Test material:** 5-7ml Urine before chelation = Baseline specimen

5-7ml Urine \_\_\_\_\_ h total collection time (time bet. chelator intake and sampling)

<b>Type of Chelation:</b>	DMSA oral	DMSA i.v.	ZnDTPA i.v.	NaMgEDTA i.v.	NaCaEDTA i.v.
	DMPS oral	DMPS i.v. Dimaval	DMPS i.v. Unithiol	EDTA oral	EDTA Supp

**quantity chelating agent:** \_\_\_\_\_ **other chelating agent (please list type and quantity):** \_\_\_\_\_

Please inform us which chelating agent or combination therapy was administered and in which quantity. Each chelator varies in binding capacity, this information helps us to better validate your results.

**Amount of detoxification treatments carried out so far:** \_\_\_\_\_ **Patient is smoker:** Yes No

**Date of Sampling:** \_\_\_\_\_ **Shipping Date:** \_\_\_\_\_ **\*\*\* please turn over \*\*\***

**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 _____
7 Cancer	14 Skin problems	21 Hyperactive/Kinetic	28 Learning Disorder	35 Phlebitis	42 _____

**Before Chelation = Baseline Urine**

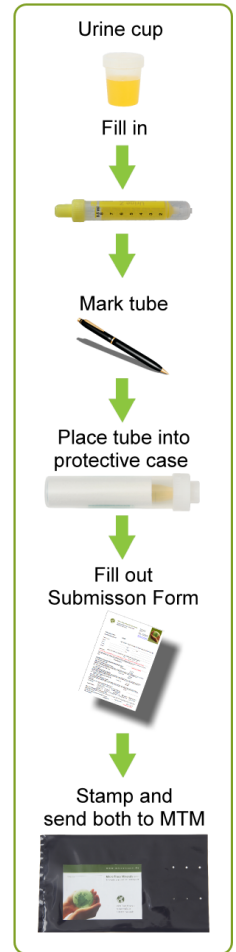
- At least one day prior to chelation, no mineral supplements, chlorella and/or fish shall be consumed. The patient should not smoke after 10PM the night before the test. Ask to list how many cigarettes are smoked on a daily basis.
- Collect a first morning specimen into a standard urine cup.
- Use collected urine to fill the blue capped urine tube, empty tube and refill with 5 to 5ml. Do not fill tube to the rim, because change in pressure during air transportation causes overfilled tubes to leak.
- Fill out submission sheet. Place urine tube in protective cover and prepare for shipping.

**During Chelation - Collection protocol**

- Follow steps 1 and 2 as outlined under Before Chelation (=Baseline Urine).
- Empty bladder prior to administration of chelating agent.
- After administration of chelating agent (oral, IV or IM) patient should consume no fluids other than 3 glasses of water.
- If fasting is impossible, then all foods should be documented in order to judge test results. For example, tea contains manganese, which would influence results.
- Female patients should not menstruate.
- Patient should collect urine in bladder for 2-6hrs depending on chelating agent used. Ask your doctor.
- If the patient is catheterized, the procedure is simple. Clamp the catheter and disconnect urine bag. After that 30mg/kg of DMSA or other chelating agent is administered orally with one cup water.
- If patient is capable of holding urine for the entire collection period, he may collect part of that urine in a regular urine cup.
- Transfer 5-7ml of collected urine into our metal-free urine tube (plastic not glass). Empty and refill tube. This rinsing with the patient's own urine, eliminates potential contamination. Contact us for test kits.
- Fill out submission sheet, place urine tube in protective cover and prepare for shipping.
- After all urine has been collected, the patient should drink plenty of water (about 2litrs) during the remainder of the day.

**Notice:**

- Conventional medical literature still suggests a 24hr collection. Maximum excretion levels varies, depending on the chelating agent used. The metal binding and excretion is influenced by food, drink and smoking. Oral chelating agents should be taken on an empty stomach, with 1 cup of water. It is preferable that the patient remains fasting for 2-4 hours after the intake of the oral chelator. Follow your doctor's suggestion.



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

**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)