

# **Micro Trace Minerals Laboratory**

40+ years of clinical & environmental laboratory diagnostics

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# Submission Form:

# Hair or Nail Mineral Analysis

<b>Requesting Clini</b>	c/Doctor:								
	New Customer or if contact information has changed, please fill out the fields on page 2								
Patient Name:									
Street:				ZIP:	С	ity:			
State:				Country:					
Phone:				Fax:					
E-mail:									
	please fill out if	report is to b	e mailed to the	e patient (please	complete i	in block capitals	)		
Date of Birth:				Sex:	m	f			
Requested Pr	ofile:								
Standard Pr	rofile (P9)			35 Elements	5	122.39€			
	sium, Manganese	e, Mercury, Mo					er, Germanium, Iodine, Iron, um, Thallium, Tin, Titanium,		
Extended P	rofile (P10)			55 Elements 158.40 €					
Tested Elements Par Cerium, Cesium, Dysp Ruthenium, Samarium Test material:	orosium, Erbium,	Europium, Ga			um, Lutetiur	n, Praseodymium	, Rhenium, Rhodium,		
Head hair sample (untreated) pubic hair s			pubic hair sa	ample beard sam		ple	Nail sample		
Send Report via:	Post	E-Mai	Fax						
Send Report to:	Doctor		Patien	t	both ac	ddresses (€9,95	5 surcharge)		
Payment via:	In	voice to:		Doctor		Patient			
Credit Card		VISA	Mastercard	Card Number:					
valid thru (MM/	/YY):		3-digit code	e: 			e e e e e e e e e e e e e e e e e e e		
Bank transfer done at:				f	for €:				
	Pa	iyment was	made to addr	ress: service@m	nicrotrace.	de	A0 1/2 MTM C000-C100		
Pre-	Payment or Cr	edit Card is	Needed, othe	erwise samples v	will be hel	d until paymen	t is received.		

### Symptom Codes

- 1 Addiction
- 2 Allergies
- 3 Anemia
- 4 Alopecia
- 5 Asthma
- 6 Arthritis
- 7 Cancer

## (list the three main ones):

- 8 Heart Problems 9 Eye Problems
- 10 Constipation

13 Depression

14 Skin problems

- 11 Chronic Diarrhea
- 12 Cvstic Fibrosis 19 Genito/Urinary
  - 20 Headaches/Migraine
    - 21 Hyperactive/Kinetic

15 Diabetes

17 Epilepsy

18 Fatique

16 Ear Problems

23 Hypertension 24 Hyperthyroidism 25 Hypoglycemia 26 Hypothyroidism 27 Immune Deficiency

28 Learning Disorder

22 Hypercholesterolemia

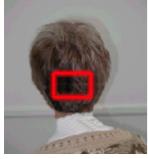
31 Muscular Dystrophy 32 Obesity 33 Osteoporosis 34 Parkinson 35 Phlebitis

29 Leukemia 30 Multiple Sclerosis

36 PMS 37 Prostate Problems 38 Scoliosis

- 39 Digestive Disorder 40 Autism/Asperger
- 41

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# Sampling Instructions

Hair provides a record of past and current trace element levels. As hair grows, nutrient and toxic elements are deposited from the blood stream into the hair follicle and hair shaft. One month of this metabolic process is reflected in 1 cm of hair. Once a trace element has been incorporated into the hair, it remains fixed. To measure hair element concentrations reliably and with good reproducibility, the following criteria applies:

- UNTREATED hair should be used. Hair that has been chemically treated ("permed", dyed, bleached, hennas or otherwise treated) WILL NOT provide accurate results.
- Hair samples will be washed in the laboratory, adequate sample is needed (see below).
- DO NOT MIX different sample types.
- Hair roots are NOT needed. Armpit hair may NOT be used. Any scissor type may be used. Cut thin strands in various places to avoid "holes".

## Hair: Head, Beard, Chest or Pubic Hair (do not mix)

- Trim a minimum of 0.300 grams. This equals about 2-3 filled teaspoons.
- Place hair in the sampling (paper) envelope, fill out the Patient Information Sheet with the appropriate information and send to MTM.

## Long Hair

- Cut a small 1.5 to 2 inch (4.5 to 5.5 cm.) strand of hair close to the head. DISCARD ends of long strands and KEEP less than 2 inches (less than 5.5 cm) closest to the scalp.
- Place hair in sampling (paper) envelope, fill out the Patient Information Sheet with the appropriate information and send to MTM.

## Nails

- A minimum of 0.200 grams nails is needed. This equals about ½ of a filled teaspoon. Remove ALL nail polish before sampling.
- Place nails in the sampling (paper) envelope, fill out the Patient Information Sheet with the appropriate information and send to MTM.

New Customer or if contact information has changed,	or	Clinic/Doctor Stamp
Address:		
Phone:		
Fax:		
E-mail:		
nformed 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:			atient Sig	nature:	x			
						(please	do not forget)	
	Barcode H			Barcode KH			Barcode N	$\neg$