

# **Micro Trace Minerals Laboratory**

40+ years of clinical & environmental laboratory diagnostics

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Submission Form:	Testing of Stoo	ol			
Requesting Clinic/Doctor:					
	New Customer or if contact information has changed, please fill out the fields on page 2.				
Patient Name:					
Street:	ZII	P: (	City:		
State:	Co	ountry:			
Phone:	Fa	ax:			
E-mail:					
please fill out if rep	rt is to be mailed to the pa	atient (please complete	in block capitals)		
Date of Birth:	Se	ex: m	f Job:		
Use spatula in tube to fill sampling tube provided Once sample has been received, we will need 3		sampling material.			
Date:	Patient Signature:				
	-		(please do not forget)		
Order for Stool Test:					
Standard Profile (P39)	•	12 Elements	128.28 €		
Tested Elements: Antimony, Arsenic-total, Beryllium, Bismuth,	Cadmium, Copper, Lead, Me	rcury, Nickel, Silver, Tin, I	Uranium		
Extended Profile (P38)		31 Elements	160.65 €		
Tested Elements Parameter as profile 39 Aluminum, Barium, Cerium, Cesium, Chrom Thallium, Titanium, Tungsten, Vanadium, Zi	um, Cobalt, Gallium, Iodine, M	Manganese, Molybdenum	, Platinum, Selenium, Strontium, Tantalum,		
Gold			35.34 €		
Test material: 5gr Stool		Detoxifying a	ngent / chelating agent (please list):		
Stool before detoxification	Stool after detoxification				
Symptoms (if known):					
Payment via: Invoice	e to:	Doctor	Patient		
Credit Card V	SA Mastercard Ca	ard Number:			
valid thru (MM/YY):	3-digit code:	Sign	ature:		
Bank transfer done at:		for €:			
PayPal Paym	3-digit code: Signature:  for €:  nent was made to address: service@microtrace.de				
	Card is Needed, otherwi	se samples will be he	eld until payment is received.		

## **Stool Sampling Information**

#### **Metal Testing of Feces**

- Testing maybe 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 bindi
  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 pharmacito 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 empt 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.

Send Report to:	Doctor		Patient	bo	both addresses (€9,95 surcharge)	
Send Report via:	Post	E-Mail	Fax			
Additional Elements car	be against	surcharge te	ested. Please conta	ict us.		_
Additional elements re	quested or R	emarks. Plea	ase list:			
New Customer or if contact information has changed,		or	Clinic/Doctor Stamp	]		
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This Form can also	be filled out	on the PC, pl	ease visit: http://www	v.microtracer	minerals.com/en/submission-forms/	