



# Micro Trace Minerals Laboratory

40+ years of clinical & environmental laboratory diagnostics

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## Submission Form:

## Metal testing in other samples

### Requesting Clinic/Doctor:

\_\_\_\_\_  
New Customer or if contact information has changed, please fill out the fields on page 2.

Sender 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: \_\_\_\_\_ Sender Signature: \_\_\_\_\_

**(please do not forget)**

## METAL TESTING OF PHARMACEUTICALS, COSMETIC, FOOD, SUPPLEMENTS ETC.

**Standard Profile (P6)**

35 Elements

229.08 €

**Tested Elements:**

**(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

**Important Note: We request the right to limit the number of elements tested, if necessary due to sample limitations.**

**Test material:** 10 grams of sample

**Type of sample (i. e. type of pharmaceutical etc.):** \_\_\_\_\_

**Product description:** \_\_\_\_\_

Send original product information, if available in English, Spanish, French, Portuguese or German.

**Send Report to:** Doctor                      Sender address                      both addresses (€ 9,95 surcharge)

**Send Report via:** Post              E-Mail              Fax

**Payment via:**                      **Invoice to:**                      Doctor                      Sender address

Credit Card                      VISA              Mastercard              Card Number: \_\_\_\_\_

valid thru (MM/YY):                      3-digit code:                      Signature: \_\_\_\_\_

Bank transfer done at:                      \_\_\_\_\_                      for € \_\_\_\_\_



Payment was made to address: [service@microtrace.de](mailto:service@microtrace.de)

**Pre-Payment or Credit Card is Needed, otherwise samples will be held until payment is received.**

**\*\*\* please turn over \*\*\***

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

**Additional elements requested or Remarks. Please list:**

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**New Customer or if contact information has changed,**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

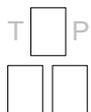
or

**Clinic/Doctor Stamp**

Barcode X 1

Barcode X 2

Barcode X 3



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

