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# Micro Trace Minerals GmbH

30 Years of Clinical and Environmental Laboratory Services

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## PATIENT SUBMISSION SHEET

### Testing of Stool

Sample ID: \_\_\_\_\_

Laboratory use only

\_\_\_\_ Stool sample (use spatula in tube and nearly fill attached tube).

Testing required    \_\_\_\_ stool metals    \_\_\_\_ microbiological stool testing

List time of day when stool was taken: \_\_\_\_\_

Use spatula in tube to fill sampling tube provided by laboratory, or use equivalent sampling material.

Patient name: \_\_\_\_\_

Age: \_\_\_\_\_

Patient mailing address: \_\_\_\_\_

Only needed if laboratory is asked to bill patient or send report to patient directly. Please print.

City \_\_\_\_\_ Country: \_\_\_\_\_

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

e-mail \_\_\_\_\_ only needed if report should be send to patient e-mail. Please print.

Dr/ Clinic name/address: \_\_\_\_\_

Zipcode/City \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please Bill to:     Clinic or    Patient     (see address above)

Payment via Visa or Mastercard :    CC#: \_\_\_\_\_

exp. date \_\_\_\_\_ 3-digit code on back of card: \_\_\_\_\_

Card holder signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Transfer:    Raiffeisenbank Hersbruck  
Blz: 760 614 82  
Kto: 100 092 185  
Swiftcode: Genodef1hsb  
Iban: de70760614820 100092185