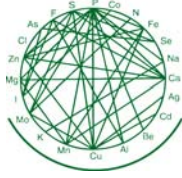
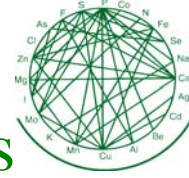


10.05.2010



Micro Trace Minerals



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Röhrenstr. 20
D - 91217 Hersbruck (Germany)

Tel: +49 (0)9151-4332
Fax: +49 (0)9151-2306

SAMPLE SUBMISSION AND PATIENT INFORMATION SHEET

Test: Apo-E Genotyping

Material needed: 2 ml of Whole blood in EDTA tube

Patient name: _____

Date of Birth: _____ Sex: _____

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 _____ needed if report should be send to patient e-mail. Please print.

Clinic or Praxis info:

Please provide complete
mailing address

- Please mail report to the above clinic address:
 Please e-mail report to this e-mail address: _____

Please fax report to fax number: _____

Payment via Visa credit card. CC#: _____ exp.date _____

3 digit security code (located on the back of the credit card): ___ __ __

Card holder signature: _____ Date: _____

Bank transfer, Date: _____

Raiffeisenbank Hersbruck: IBAN:DE70760614820.10092185 BIC: Genodef1hsb

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