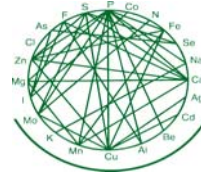


10.05.2010



Micro Trace Minerals GmbH

Over 30 Years of Clinical and Environmental Chemistry

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Fax: +49 (0)9151-2306

e-mail service@microtrace.de website: www.microtrace.de

PATIENT REQUEST AND SUBMISSION SHEET

___ Saliva sample before chewing test
(we need 2-3 ml of saliva. Patient should not eat or smoke for 15 minutes prior to sample collection)

___ Saliva sample during chewing test
(we need 2-3ml of saliva. Patient should collect all saliva for 15 minutes of chewing period)

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

Clinic or Praxis info:

___ Please e-mail to: _____

___ Please fax report: _____

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

Payment via Visa or Mastercard : CC#: _____

Exp. date _____ Secret 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