



Micro Trace Minerals Laboratory

40+ years of clinical & environmental laboratory diagnostics

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Submission Form:

DENTAL / SALIVA AMALGAM TEST

Requesting Clinic/Doctor:

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

Patient 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 of Birth: _____ Sex: m f

Spectroscopic analysis of saliva / dental metal test / amalgam test:

Dental Profile (P3) 14 Elements 112.40 €

Tested Elements: (per test)

Cadmium, Chromium, Cobalt, Copper, Gallium, Iridium, Mercury, Molybdenum, Nickel, Palladium, Platinum, Rhodium, Silver, Tin

Dental Profile + Gold (P5) 15 Elements 141.00 €

Test material: 3ml Saliva (per test)

Tested Elements Parameter as profile 3 plus:

Gold

Extended Dental Profile (P43) 30 Elements 141.00 €

Tested Elements Parameter as profile 3 plus: (per test)

Aluminum, Beryllium, Boron, Cerium, Iron, Lanthanum, Manganese, Niobium, Rhenium, Ruthenium, Tantalum, Titanium, Tungsten, Vanadium, Zinc, Zirconium

Extended Dental Profile + Gold (P45) 31 Elements 170.00 €

Tested Elements Parameter as profile 43 plus: (per test)

Gold

Saliva Test: before chewing Amalgam Test

Symptoms (if known): _____

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

Additional elements requested or Remarks. Please list:

Send Report to: Doctor Patient both addresses (€ 9,95 surcharge)

Send Report via: Post E-Mail Fax

*** please turn over ***

Saliva - Amalgam Sampling Instruction

Saliva Test before Chewing

- This test is only useful as a comparison to the Saliva Amalgam Test. Results are generally negative, provided the patient has not consumed food or drink for at least 20 minutes, and has abstained from smoking for at least an hour.

Saliva Amalgam Test

- For at least one hour, the patient should not smoke
- For 20 Minutes before the chewing period, the patient should not eat or drink.
- The saliva produced during the time of chewing gum is collected and saved in the tube provided by the laboratory.
- Write patient name on tube, fill out this patient submission sheet and ship to MTM

New Customer or if contact information has changed, Address: _____ Phone: _____ Fax: _____ E-mail: _____	or	Clinic/Doctor Stamp
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Payment via: Credit Card valid thru (MM/YY): Bank transfer done at:	Invoice to: VISA Mastercard 3-digit code: _____	Doctor Card Number: _____ _____	Patient _____
Payment was made to address: service@microtrace.de			
Pre-Payment or Credit Card is Needed, otherwise samples will be held until payment is received.			

Informed consent for data protection

I consent to my sample being collected by the responsible medical practitioner or alternative therapist, and being transmitted to Micro Trace Minerals GmbH ("MTM") for the purpose of possessing and performing the assay I have requested. Furthermore, I agree that MTM will send my sample material, my name and my date of birth to specialist laboratories in Germany for carrying out the test I have requested and that MTM will be notified of the result. If I wish to send MTM's test result to the responsible physician or alternative practitioner, I agree that he/she will view the test result to provide a diagnosis. I may revoke my consent at any time to the responsible physician or alternative practitioner or to Micro Trace Minerals GmbH. Until my consent is effectively revoked, the processing of my personal data will remain legal.

Details can be found in our privacy policy at: <https://microtraceminerals.com/en/contact/data-protection/laboratory-order>

By signing below, I certify that all information provided is correct.

Date: _____ **Patient Signature:**  _____

(please do not forget)

Barcode SA

Barcode SA before

Barcode SA after

T P

T P

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