

Requisition Form for Sample Submission

Trace Minerals International/King James Medical Laboratory

Clinical and Environmental Chemistry
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Westlake, OH 44145

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1-800-437-1404

Test Medium: ✓

Hair _____

Whole Blood _____
Red Blood Cells _____
Serum _____
Plasma _____

Urine, Random _____
Urine, 24 hour _____
Total 24hr
Volume _____

Water _____

Hair Profiles ✓

1 (28 Elements) _____
2 (60 Elements) _____

Blood Profile

4 (31 Elements, ICPMS) _____

Urine Profile

6 (27 Elements, ICPMS) _____

Elements _____
Coliform Bacteria _____
Other _____

Single Element Analysis _____

Element(s) _____

Submitting Doctor:

Institution:

Address:

Phone: Fax:

Patient Information:

Name:

Age:

Sex:

FOR LAB USE ONLY

Date Sample Recieved: