

TMI Trace Minerals International Laboratory

good chemistry for better health

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<http://www.tracemin.com>



Submission Form: Porphyrins - Urine

Requesting Clinic/Doctor: _____

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

Patient Name: _____

Street: _____

City: _____

State: _____

ZIP: _____

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

Date: _____

Patient Signature: _____

(please do not forget)

Porphyrins - Urine Test

Porphyrins, Total, Urine

Porphyrins, Quantitative, Urine

Test material: _____

5-7ml Urine

24 Hour Urine Collection: _____

ml

Send Report to:	Doctor	Patient	both addresses (\$ 5.95 surcharge)
Send Report via:	Post	E-Mail	Fax

Payment via:	Invoice to:	Doctor	Patient
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Credit Card VISA Mastercard Card Number: _____

valid thru (MM/YY): _____ 3-digit code: _____ Signature: _____

Bank transfer done at: _____ for \$: _____



Payment was made to address: service@tracemin.com

Pre-Payment or Credit Card is Needed, otherwise samples will be held until payment is received.

*** please turn over ***

Sampling Instructions

A 24-hour urine sample is needed. On Day 1 – begin by emptying your bladder into the toilet. For the next 24 Hours all Urine should be collected into a 24-urine collection container. This urine should be kept cool during the entire collection period. Finish your 24-hour collection on the morning of Day 2 when waking up – this will be your last collection.

Gently mix the urine in the collection container by inverting the container. Now take a 5-7ml sample of urine from the collection urine into the urine tube provided and write your name on the urine tube. Place both the urine tube into the protection container, with the patient information sheet and post it to TMI.

New Customer or if contact information has changed,

Address: _____

Phone: _____

Fax: _____

E-mail: _____

or

Clinic/Doctor Stamp

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Barcode PorP 1

Barcode PorP 2

Barcode PorP 3