

TMI Trace Minerals International Laboratory

good chemistry for better health

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<http://www.tracemin.com>



Submission Form: Vitamin D

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)

Vitamin D Test

25-Hydroxy-Vitamin D (Calcifediol)

1.25-Dihydroxy-Vitamin D (Calcitriol)

Test material: Serum (3ml)

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

| | | | |
|--------------|-------------|--------|---------|
| Payment via: | Invoice to: | Doctor | Patient |
|--------------|-------------|--------|---------|

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 ***

New Customer or if contact information has changed,

Address: _____

Phone: _____

Fax: _____

E-mail: _____

or

Clinic/Doctor Stamp

Barcode VitD 1

Barcode VitD 2

Barcode VitD 3