

TMI Trace Minerals International Laboratory

good chemistry for better health

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Submission Form: 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 Job: _____

Please provide patient DATE OF BIRTH and SEX for determination of urine creatinine.

Please specify profile type, follow sampling instructions outlined on the back, and use metal-free containers only. We cannot take responsibility for results if contaminated containers were used, wrong sampling took place and/or if wrong or inadequate information was given.

Date: _____ Patient Signature: _____

(please do not forget)

ICP-MS Spectroanalytical Urine Analysis Request:

Standard Profile (P1) 28 Elements

Tested are the following elements plus Creatinine:

Aluminum, Antimony, Arsenic-total, Barium, Beryllium, Bismuth, Cadmium, Calcium, Chromium, Cobalt, Copper, Germanium, Iron, Lead, Lithium, Magnesium, Manganese, Mercury, Molybdenum, Nickel, Platinum, Selenium, Silver, Strontium, Thallium, Tin, Vanadium, Zinc

Nutrient and Toxic Profile (P6) 35 Elements

Ideal for EDTA

Tested are the following elements plus Creatinine:

Aluminum, Antimony, Arsenic-total, Barium, Beryllium, Bismuth, Cadmium, Calcium, Cesium, Chromium, Cobalt, Copper, Gallium, Germanium, Iron, Lead, Lithium, Magnesium, Manganese, Mercury, Molybdenum, Nickel, Palladium, Platinum, Selenium, Silver, Strontium, Thallium, Tin, Titanium, Tungsten, Uranium, Vanadium, Zinc, Zirconium

Dental and Environmental Profile (P40) 34 Elements

Ideal for DMPS or DMSA

Tested are the following elements plus Creatinine:

Aluminum, Arsenic-total, Barium, Beryllium, Boron, Cadmium, Cerium, Cesium, Chromium, Cobalt, Copper, Gadolinium, Gallium, Iodine, Iridium, Lead, Manganese, Mercury, Molybdenum, Nickel, Palladium, Platinum, Rhodium, Selenium, Silver, Strontium, Tantalum, Thallium, Tin, Titanium, Uranium, Vanadium, Zinc, Zirconium

Gold

Gold in baseline urine

Gold in post chelation

When sending in baseline urine and post chelation, you will receive a 10% discount. Please note this by pre-payment.

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Additional elements requested or Remarks. Please list:

Send Report to: Doctor Patient both addresses (\$ 5.95 surcharge)

Send Report via: Post E-Mail Fax
Single Report Comparison Report Previous Report

*** please turn over ***

Symptom Codes

(list the three main ones):

1 Addiction	8 Heart Problems	15 Diabetes	22 Hypercholesterolemia	29 Leukemia	36 PMS
2 Allergies	9 Eye Problems	16 Ear Problems	23 Hypertension	30 Multiple Sclerosis	37 Prostate Problems
3 Anemia	10 Constipation	17 Epilepsy	24 Hyperthyroidism	31 Muscular Dystrophy	38 Scoliosis
4 Alopecia	11 Chronic Diarrhea	18 Fatigue	25 Hypoglycemia	32 Obesity	39 Digestive Disorder
5 Asthma	12 Cystic Fibrosis	19 Genito/Urinary	26 Hypothyroidism	33 Osteoporosis	40 Autism/Asperger
6 Arthritis	13 Depression	20 Headaches/Migraine	27 Immune Deficiency	34 Parkinson	41 _____
7 Cancer	14 Skin problems	21 Hyperactive/Kinetic	28 Learning Disorder	35 Phlebitis	42 _____

Test material: 5-7ml Urine before chelation = Baseline specimen
 5-7ml Urine _____ h **total collection time**
 (time bet. chelator intake and sampling)

Type of Chelation: DMPS oral (_____)
 (quantity) DMPS i.v. Dimaval Unithiol (_____)
 DMSA oral DMSA i.v. (Manufacturer) (_____)
 EDTA oral EDTA Supp (_____)
 NaMgEDTA i.v. NaCaEDTA i.v. (_____)
 ZnDTPA i.v. (_____)

other chelating agent (please list type and quantity): _____

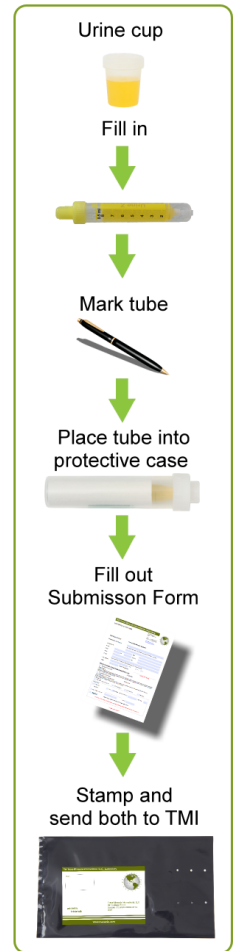
Please inform us which chelating agent or combination therapy was administered and in which quantity. Each chelator varies in binding capacity, this information helps us to better validate your results.

Amount of detoxification treatments carried out so far: _____

Patient is smoker: Yes No

Date of Sampling: _____ **Shipping Date:** _____

Orientation range: Do not show on report



Ask your physician regarding the appropriate Urine Collection Protocol.

New Customer or if contact information has changed,

Address: _____

Phone: _____

Fax: _____

E-mail: _____

or

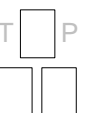
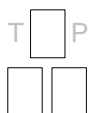
Clinic/Doctor Stamp

Payment via:	Invoice to:	Doctor	Patient
Credit Card	VISA Mastercard	Card Number: _____	Signature: _____
valid thru (MM/YY):	3-digit code: _____	_____	
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.			

Barcode UB

Barcode UA/UE/UPx/UZx

Barcode UR



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