

TMI Trace Minerals International Laboratory

good chemistry for better health

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<http://www.tracemin.com>



Submission Form: GENETIC TESTING

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)

Order for Genetic Testing:

GSTM1

GSTT1

GSTP1

CYP1A1

NAT2

SOD1

SOD2

ApoE

Test material: 1ml EDTA blood or 5 drops of whole blood on filter paper

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

Blank area for Clinic/Doctor Stamp

Barcode GST Barcode CYP / NAT Barcode SOD / ApoE