

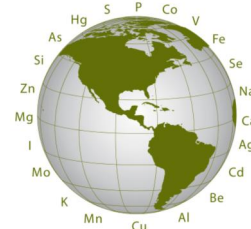
TMI Trace Minerals International Laboratory

good chemistry for better health

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<http://www.tracemin.com>



Submission Form: Metal testing in other samples

Requesting Clinic/Doctor:

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

Sender 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: _____ Sender Signature: _____

(please do not forget)

METAL TESTING OF PHARMACEUTICALS, COSMETIC, FOOD, SUPPLEMENTS ETC.

Standard Profile (P6)

35 Elements

Tested Elements:

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

Important Note: We request the right to limit the number of elements tested, if necessary due to sample limitations.

Test material: 10 grams of sample

Type of sample (i. e. type of pharmaceutical etc.): _____

Product description: _____

Send original product information, if available in English, Spanish, French, Portuguese, Italian or German.

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

Send Report via: Post E-Mail Fax

Payment via: Invoice to: Doctor Sender address

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 ***

Additional Elements can be against surcharge tested. Please contact us.

Additional elements requested or Remarks. Please list:

New Customer or if contact information has changed,

Address: _____

Phone: _____

Fax: _____

E-mail: _____

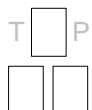
or

Clinic/Doctor Stamp

Barcode X 1

Barcode X 2

Barcode X 3



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

