

TMI Trace Minerals International Laboratory

good chemistry for better health

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Submission Form: DENTAL / SALIVA AMALGAM TEST

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)

Spectroscopic analysis of saliva / dental metal test / amalgam test:

Dental Profile (P3)

14 Elements

Tested Elements:

Cadmium, Chromium, Cobalt, Copper, Gallium, Iridium, Mercury, Molybdenum, Nickel, Palladium, Platinum, Rhodium, Silver, Tin

Dental Profile + Gold (P5)

15 Elements

Test material: 3ml Saliva in metal free tube

Tested Elements Parameter as profile 3 plus:

Gold

Extended Dental Profile (P43)

30 Elements

Tested Elements Parameter as profile 3 plus:

Aluminum, Beryllium, Boron, Cerium, Iron, Lanthanum, Manganese, Niobium, Rhenium, Ruthenium, Tantalum, Titanium, Tungsten, Vanadium, Zinc, Zirconium

Extended Dental Profile + Gold (P45)

31 Elements

Tested Elements Parameter as profile 43 plus:

Gold

Saliva Test: before chewing

Amalgam Test

Symptoms (if known): _____

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

Send Report via: Post E-Mail Fax

*** please turn over ***

Saliva - Amalgam Sampling Instruction

Saliva Test before Chewing

- This test is only useful as a comparison to the Saliva Amalgam Test. Results are generally negative, provided the patient has not consumed food or drink for at least 20 minutes, and has abstained from smoking for at least an hour.


Saliva Amalgam Test

- For at least one hour, the patient should not smoke
- For 20 Minutes before the chewing period, the patient should not eat or drink.
- The saliva produced during the time of chewing gum is collected and saved in the tube provided by the laboratory.
- Write patient name on tube, fill out this patient submission sheet and ship to TMI

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 |
|---|----|----------------------------|

| | | | |
|--|--|-----------------------------------|------------------------------------|
| Payment via: Credit Card valid thru (MM/YY): Bank transfer done at: | Invoice to: VISA Mastercard Card Number: _____ 3-digit code: _____ for \$: _____ | Doctor Signature: _____ | Patient Signature: _____ |
|  | | | |
| 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 SA | Barcode SA before | Barcode SA after | |