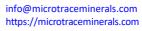


Micro Trace Minerals Laboratory

40+ years of clinical & environmental laboratory diagnostics

Röhrenstrasse 20 91217 Hersbruck Germany

Phone: +49 (0) 9151/4332 Facsimile: +49 (0) 9151/2306





Submission Form:	G	ENETIC TE	STING			
Requesting Clinic/Doc	tor:					
	_	New Customer	or if contact info	rmation has ch	anged, please fill out th	ne fields on page 2.
Patient Name:						
Street:	_		ZIP:	С	ity:	
State:			Country:			
Phone:			Fax:			
E-mail:						·
please	fill out if report is to	be mailed to th	e patient (plea	se complete i	in block capitals)	
Date of Birth:			Sex:	m	f	
Order for Genetic	<u>Γesting:</u>					
GSTM1	82.00 €	GSTP1		82.00 €	GSTT1	82.00 €
ApoE	93.00 €	NAT2		195.00 €	SOD2	93.00 €
Profiles						
Genetics Profile 1	APOE, G	STM1, GSTP1,	GSTT1			250.00 €
Genetics Profile 2	Paramete	r as Genetics P	rofile 1 plus: N	AT2, SOD2		499.00 €
Test material:	1ml EDTA blood o	or 5 drops of wh	ole blood on fil	ter paper		
Send Report to:	Doctor	Patier	nt	both ac	ddresses (€9,95 sur	charge)
Send Report via:	Post E-Ma	ail Fax				
Payment via:	Invoice to:		Doctor		Patient	
Credit Card	VISA	Mastercard	Card Number	:		
valid thru (MM/YY):		3-digit code	e:			
Bank transfer done at:			 for €			
	Payment wa	s made to add	- ress: service@	omicrotrace	de	
	-				d until payment is	

Declaration of Consent in Accordance with the Gene Diagnostic Act (GenDG)

(Name, first name of the patient in block capitals) to the testing of genetic tests performed on my sample as requested on the attached remittance sheet. Furthermore, I agree that for the purpose of laboratory medical diagnostics my sample and personal data may be orwarded to the laboratory performing the tests. I am aware that laboratory results are only available to the requesting clinician. Voluntary addition, please delete if not applicable]: The GenDG asks for the immediate destruction of the sample material after the test. I herewith agree that sample and data are kept for research purposes, incl. the publication of data in anonymized form. New Customer or if contact information has changed, Address: Phone: Fax: E-mail: Commed consent for data protection meet to my sample being collected by the responsible medical practitioner or alternative therapist, and being transmitted to Moo Trace Minerials GmbH (MTM) to purpose of proteins and performing the assay have requested. Furthermore, largee that MTM will send my sample mented on Moo Trace Minerials GmbH (MTM) to purpose of proteins and performing the assay have requested. Furthermore, largee that MTM will send my sample mented and the MTM will be noted for the responsibility to the facility proceed and the MTM will be noted for the responsibility to the facility processing of my personal data will remain legal. alls can be found in our privacy policy at: https://microtraceminerals.com/en/contact/data-protection/laboratory-order signing below, I certify that all information provided is correct. Barcode SST Barcode SST Barcode NAT2 Barcode SSD 2 / ApoE	I herewith agree			
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New Customer or if contact information has changed, Address: Phone: Fax: E-mail: Signature of patient/or legal representative Ormed consent for data protection are in large legals being collected by the responsible medical protection role that protection is common to the formation and protection and the result in level to the responsible physician related to the formation and protection and the state of the formation and protection. Parameter or in the content of the responsible medical protection are in large to the late of the required and the formation and protection and the formation and	to the testing of gene	etic tests performed on my sample as reque	ested on the atta	ached remittance sheet.
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