



## REQUEST FOR SAAS TRACE ELEMENTS TESTING

<b>SURNAME</b>		<b>FORENAME</b>		<b>KING'S LAB NUMBER</b>	
<b>CLIENT CODE &amp; UNIT NUMBER</b> (        ) _____		<b>D.O.B</b>	<b>GENDER</b>	<b>INITIATING LAB NUMBER</b>	
<b>NAME &amp; ADDRESS OF SENDER</b>		<b>CLINICAL DETAILS - Check tests required</b>			
		<input type="checkbox"/> Aluminium (serum/plasma) <input type="checkbox"/> Arsenic (blood) <input type="checkbox"/> Cadmium (blood) <input type="checkbox"/> Cadmium (urine) <input type="checkbox"/> Chromium (blood) <input type="checkbox"/> Chromium (serum) <input type="checkbox"/> Copper (serum/plasma) <input type="checkbox"/> Copper (tissue) <input type="checkbox"/> Copper (urine) <input type="checkbox"/> Copper/Caer.(serum) <input type="checkbox"/> Iron (tissue) <input type="checkbox"/> Iron (urine) <input type="checkbox"/> Iron & Copper (Tissue) <input type="checkbox"/> Lead (blood) <input type="checkbox"/> Lead (urine) <input type="checkbox"/> Manganese (blood) <input type="checkbox"/> Manganese (serum) <input type="checkbox"/> Mercury (blood) <input type="checkbox"/> Mercury (urine) <input type="checkbox"/> Selenium (serum) <input type="checkbox"/> Strontium (serum) <input type="checkbox"/> Zinc & Copper (serum) <input type="checkbox"/> Zinc (blood) <input type="checkbox"/> Zinc (urine)			
		<b>OTHER TESTS:</b>			
		<b>CLINICAL/TREATMENT INFORMATION</b>			
<b>SPECIMEN DATE</b>	<b>PLEASE TICK AS APPROPRIATE (URINE)</b>		<b>URINE VOLUME (L) (TIMES IF KNOWN)</b>	<b>SIGNATURE OF SENDER</b>	<b>CONTACT NUMBER</b>
	<input type="checkbox"/> 4 hour <input type="checkbox"/> 24 hour <input type="checkbox"/> Random				



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