

Requisition form: MELISA[®] metal allergy testing



Complete and include with blood sample. See previous page for guide to testing.

Patient	Name _____	Date of birth _____
	Address _____	
	Post code _____	
	Email _____	Tel _____

Clinic	Prescriber AvoVita Wellness	Clinic AvoVita Wellness
	Address Calgary, AB	Post code T3H 0B2
	Email results@avovita.ca	Tel 1855-286-8482

Sample	Date of blood draw _____	Collection time _____	Send results to
			<input checked="" type="checkbox"/> Clinic <input checked="" type="checkbox"/> Patient (provide email above)
Please check to confirm that you understand:			
1) Immuno suppressants, such as steroids, must be avoided for 3 weeks to ensure accurate results. Systemic infection may also affect the results.			
2) After blood is collected, it must be delivered to the lab within 48 hours, or cells will not be viable. <input type="checkbox"/>			
3) If not enough blood is sent, it's possible that not all substances requested can be tested. Priority will be given to metals mentioned in the box below.			

Health	Reason for testing and/or current metal exposure:
	_____ _____

Panels	<i>Examples of common panels — your final selection is made in the Individual testing box below.</i>	
	<input type="checkbox"/> A Amalgam fillings - 5 metals Copper, Inorganic mercury, Nickel, Silver, Tin	<input type="checkbox"/> G Titanium alloy / Nitinol - 5 metals Aluminum, Nickel, Titanium dioxide, Titanium sulphate, Vanadium

Individual	Select up to 5 (check the boxes below for the substances you want tested)			
	<input type="checkbox"/> Aluminum (Al)	<input type="checkbox"/> Ethylmercury	<input type="checkbox"/> Molybdenum (Mo)	<input type="checkbox"/> Tantalum (Ta)
	<input type="checkbox"/> Antimony (Sb)	<input type="checkbox"/> Gallium (Ga)	<input type="checkbox"/> Nickel (Ni)	<input type="checkbox"/> Thimerosal
	<input type="checkbox"/> Beryllium (Be)	<input type="checkbox"/> Gold (Au)	<input type="checkbox"/> Niobium (Nb)	<input type="checkbox"/> Tin (Sn)
	<input type="checkbox"/> Bismuth (Bi)	<input type="checkbox"/> Indium (In)	<input type="checkbox"/> Palladium (Pd)	<input type="checkbox"/> Titanium dioxide
	<input type="checkbox"/> Cadmium (Cd)	<input type="checkbox"/> Inorganic mercury (Hg)	<input type="checkbox"/> Phenyl mercury	<input type="checkbox"/> Titanium sulphate
	<input type="checkbox"/> Calcium titanate	<input type="checkbox"/> Iridium (Ir)	<input type="checkbox"/> Platinum (Pt)	<input type="checkbox"/> Tungsten (W)
	<input type="checkbox"/> Chromium (Cr)	<input type="checkbox"/> Lead (Pb)	<input type="checkbox"/> Ruthenium (Ru)	<input type="checkbox"/> Vanadium (V)
	<input type="checkbox"/> Cobalt (Co)	<input type="checkbox"/> Manganese (Mn)	<input type="checkbox"/> Silicon dioxide	<input type="checkbox"/> Zirconia (ZrO2)*
	<input type="checkbox"/> Copper (Cu)	<input type="checkbox"/> Methylmercury	<input type="checkbox"/> Silver (Ag)	
* Clinical relevance of positive tests not established.				
For more than 5 metals please contact AvoVita to arrange.				