

Before visiting your doctor, make sure you make a list of the questions that you want to discuss.

These questions are some examples that may help guide your discussion:	
<input type="checkbox"/> Are my symptoms consistent with metal hypersensitivity? <input type="checkbox"/> Can it be another condition? <input type="checkbox"/> Is there any treatment available for my hypersensitivity? <input type="checkbox"/> What are the benefits and risks of treatment? <input type="checkbox"/> Is the MELISA® test right for me? <input type="checkbox"/> How is the MELISA® test conducted?	Other questions: <hr/> <hr/> <hr/> <hr/>

Be sure to inform your doctor of:	
Any medical conditions <hr/> Any allergies you may have <hr/>	Any prescription medications, over-the-counter products, or supplements you're using (these could have an effect on your MELISA® metal hypersensitivity test) <hr/> <hr/>

Check off everything that applies to you (past or present)	
Which of the following types of dental work have you had (if any)? <input type="checkbox"/> Implants <input type="checkbox"/> Braces <input type="checkbox"/> Dentures <input type="checkbox"/> Crowns <input type="checkbox"/> Dental and/or root fillings <input type="checkbox"/> Amalgam fillings <input type="checkbox"/> Dental fillings replaced <input type="checkbox"/> I have had an artificial knee or hip replacement or other metal implants in my body (e.g., screws, pins, staples, pins, pacemakers) <input type="checkbox"/> I have been exposed to metals in my workplace (e.g., factory, mine) or have lived near a factory, highway, or airport <input type="checkbox"/> I have had sensitivity to eye drops, nose drops, contact lenses, and/or cosmetics	<input type="checkbox"/> I have had skin irritation when I came in contact with metallic objects (e.g., jean buttons, wristwatches, rings, jewellery) <input type="checkbox"/> (If you're female) I have had a copper intrauterine device (IUD) <input type="checkbox"/> I have (an) autoimmune condition(s) (e.g., lupus, rheumatoid arthritis) <input type="checkbox"/> I have tested positive for an allergy patch test Which of the following types of dental work have you had (if any)? <input type="checkbox"/> Chronic fatigue <input type="checkbox"/> Chronic muscle/joint pain <input type="checkbox"/> Dermatitis <input type="checkbox"/> Flu-like symptoms <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Gum pain/inflammation/bleeding <input type="checkbox"/> Skin irritation (itching, redness)

**MELISA - Metal Hypersensitivity Test Requisition**



Test kits can be ordered from RMA healthcare providers, and naturopathic doctors. [Find Naturopathic Doctor](#)

First, get a signed MELISA requisition form from your healthcare provider then contact RMA to book your appointment and sample collection. Appointments are required for MELISA testing. Please call 1-866-370-5227 (8am - 4pm MST) or email [info@rmaalab.com](mailto:info@rmaalab.com).

Your naturopathic doctor will direct you to a convenient location for the sample collection. Please take the MELISA kit the doctor will give you to this location, and they will mail it to RMA at no additional cost to you.

PATIENT: Please complete all information below. Recollection fees may apply if requisition is incomplete. Read all collection instructions.							
Last Name				First Name			
Date of Birth	year	month	day	Date of Blood Collection	year	month	day
	Address						
City	Province			Postal Code			
Home Phone	area code				Please circle one answer for each question below.		
				Do you have any dental implants in your mouth?			Yes

Cell Phone	area code		
Gender (circle)	Female		Male
Date Lab Booked			
	year	month	day

Contact customer service at **1-866-370-5227** (8am - 4pm MST) to book a day for your sample processing and confirm your date for blood draw is acceptable.

You can also email your questions to [melisa@rmlab.com](mailto:melisa@rmlab.com)

Do you wear dentures or braces?	Yes	No
Have you ever worn dentures or braces?	Yes	No
Have you had your dental fillings replaced?	Yes	No
Have you ever had metal implants in your body (implants, screws, pins, staples, pacemakers etc)?	Yes	No
Do you have any tattoos?	Yes	No
Do you smoke?	Yes	No
Do you wear earrings?	Yes	No
Are you now, or have you ever, regularly been exposed to metal or metal vapour?	Yes	No

**FOR WOMEN**

Have you ever had breast implants?	Yes	No
Have you ever used an IUD (intrauterine device)?	Yes	No

**INFORMATION BELOW TO BE COMPLETED BY HEALTHCARE PROFESSIONAL (clinician) ONLY**

Check ✓ the panel you want tested. (See special request options below. Remember to check billing option and instruct patient how to complete requisition above.

<input type="checkbox"/> <b>Panel 1: Mercury &amp; Amalgam</b> (4 ACD Tubes required)	<input type="checkbox"/> <b>Panel 2: Implants</b> (4 ACD Tubes required)	<input type="checkbox"/> <b>Panel 3: Autoimmune/Dental/Fertility</b> (6 ACD Tubes required)
Copper Ethylmercury Inorganic Mercury Methylmercury Nickel Phenyl mercury Silver Thimerosal Tin Titanium Sulphate	Aluminium Calcium Titanate Chromium Cobalt Manganese Molybdenum Nickel Titanium Dioxide Titanium Sulphate Vanadium	Aluminium Beryllium Cadmium Chromium Cobalt Copper Gold Indium Inorganic Mercury Lead Methylmercury Molybdenum Nickel Palladium Phenyl mercury Platinum Silver Thimerosal Titanium Dioxide Tin Titanium Sulphate Zirconia

**SERUM COLLECTED** - check ✓ appropriate box below

<input type="checkbox"/> In Office	<input type="checkbox"/> Valley Medical Labs
<input type="checkbox"/> CML	<input type="checkbox"/> Calgary Laboratory Services
<input type="checkbox"/> LifeLabs	

**BILLING:** Bill Healthcare Professional  or Patient Payment Attached   
*credit card only accepted*

**HEALTHCARE PROFESSIONAL ONLY** - Print, sign and apply bar code label below. *Test cannot be performed without this information.*

**APPLY BAR CODE LABEL HERE**

**Clinician PRINT name:** \_\_\_\_\_

**Clinician signature:** \_\_\_\_\_