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## Laboratory Tests Order Form

Patient's last name, first name <b>Please write in CAPITAL LETTERS</b>		Date of birth <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>	GP / physician (name, address of doctor's practice)	
House No., Street		House No., Street		
Post Code/ZIP	City	Country/State	Post Code/ZIP	City
Phone		Email	Phone and Fax	
			Email	

Date of taking blood sample: .....

I would like the following laboratory parameters (diagnostics) to be tested (Price in €):					
<input type="checkbox"/>	LymeSpot revised (CPDA)	217,86	<input type="checkbox"/>	Mycoplasma-Antibodies (Serum)	123,27
<input type="checkbox"/>	LymeSpot revised for borrelia and chlamydia pneumoniae (CPDA)	347,90	<input type="checkbox"/>	Yersinia Elispot (CPDA)	84,81
<input type="checkbox"/>	Borrelia Elispot (CPDA)	184,49	<input type="checkbox"/>	Yersinia IgG- und IgA-Antibodies (Serum)	89,19
<input type="checkbox"/>	CD3-/CD57+ Cells (Heparin+EDTA)	106,68	<input type="checkbox"/>	Rickettsia-IgG-Antibodies (Serum)	89,19
<input type="checkbox"/>	Borrelia IgG- and IgM-EIA (Serum)	69,07	<input type="checkbox"/>	EBV Elispot (CPDA)	134,65
<input type="checkbox"/>	Borrelia IgG- and IgM-Blot (Serum)	139,88	<input type="checkbox"/>	EBV-Antibodies (Serum)	110,17
<input type="checkbox"/>	Ehrlichia Elispot (CPDA)	84,81	<input type="checkbox"/>	HSV- Antibodies (Serum)	41,97
<input type="checkbox"/>	Ehrlichia-IgM- and IgG Antibodies (Serum)	89,19	<input type="checkbox"/>	CMV Elispot- (CPDA)	84,81
<input type="checkbox"/>	Bartonella-IgG-Antibodies (Serum)	89,19	<input type="checkbox"/>	CMV- Antibodies (Serum)	78,69
<input type="checkbox"/>	Babesia-IgG-Antibodies (Serum)	44,60	<input type="checkbox"/>	Toxoplasmosis- Antibodies (Serum)	82,19
<input type="checkbox"/>	Chlamydia pneumoniae Elispot (CPDA)	84,81	<input type="checkbox"/>	Coxsackie- Antibodies (Serum)	120,67
<input type="checkbox"/>	Chlamydia pneumoniae-Antibodies (Serum)	61,20	<input type="checkbox"/>	CCP- Antibodies (Serum)	39,34
<input type="checkbox"/>	Chlamydia trachomatis Elispot (CPDA)	84,81	<input type="checkbox"/>	ANA-Titer (Serum)	44,60
<input type="checkbox"/>	Chlamydia trachomatis-Antibodies (Serum)	61,20	<input type="checkbox"/>	ENA-Screening (Serum)	157,38
			<input type="checkbox"/>	ds-DNS- Antib. (Serum)	44,60
			<input type="checkbox"/>	c- und p-ANCA (Serum)	89,19
			<input type="checkbox"/>	CRP (Serum)	17,49
			<input type="checkbox"/>	"Diarrhoea/Coeliac Profile" (Gliadin-IgA-Antibodies, Tissue transglutaminase-IgG-Antibodies, total IgA)	97,04
			<input type="checkbox"/>	Clindamycin level (Serum)	80,43
			<input type="checkbox"/>	Minocyclin level (Serum)	80,43
			<input type="checkbox"/>	Doxycyclin level (Serum)	80,43
			<input type="checkbox"/>	"Big Organ Profile" (Full Blood Count, GOT, GPT, GT, LDH, Che, Bilir., tot. Amyl., Lipase, CK, Creat., Uric acid, Potassium, Sodium, TSH)	77,84
			<input type="checkbox"/>	„Small Organ-Profile“ (Full Blood Count, GOT, GPT, y-GT, Crea, Potassium, Sodium, Ca, Mg)	33,24
			<input type="checkbox"/>	Protein (Serum) (Total + Electrophoresis)	20,11
			<input type="checkbox"/>	Lipids (test on empty stomach) (Cholesterol, Triglyceride, HDL, LDL)	14,00
			<input type="checkbox"/>	Thyroid Gland (Serum) (TSH basal (1), fT3 (2), fT4)	65,58
			<input type="checkbox"/>	Thyroid-Antibodies (Serum) (MAK, TAK, TRAK)	126,77
			<input type="checkbox"/>	Heavy-Metals-Testing From Urine in case of Lyme (Aluminium, Cadmium, Lead, Mercury, Copper, Creatinine)	186,25
			<input type="checkbox"/>	Vitamin D (Serum)	41,97
			<input type="checkbox"/>	Vitamin B6 (EDTA)	49,84
			<input type="checkbox"/>	Vitamin B12 (Serum)	21,86
			<b>Vitamins: please cover tube with alu foil</b>		
			<b>Please use separate form!</b>		
			<b>Available by infectolab.</b>		
			Borrelia-DNS-PCR		
			Ehrlichia-DNS-PCR		
			Bartonella-DNS-PCR		
			Chlam. Pneum.-DNS-PCR		
			Rickettsia-DNS-PCR		
			Mycoplasma spp.-DNS-PCR		
			Babesia-DNS-PCR		
			(1 EDTA-tube for each test)		

Other Tests: .....

### Declaration of Consent:

I herewith declare that I am fully insured by a medical health insurance company. I also acknowledge that the insurance company, which I am insured with, provides sufficient cover for medical treatment and diagnostics. I wish to receive further medical services, which might not be included in my insurance cover, and accept laboratory services with factor 1.5. I am aware that I have to pay the costs for laboratory tests myself, and that I will receive an invoice from the BCA-clinic for any undertaken laboratory tests. I am aware of the costs for all laboratory parameters I wish to be tested. I agree that all laboratory parameters will be tested in and invoiced by the BCA-clinic according to the German Medical Fee Schedule (GOÄ 3500-4787, factor 1.5). Furthermore, I agree to send a **pre-payment** for all laboratory tests in advance. Results will not be sent out until the full invoice is paid.

Date, Patients Signature: .....

Please send results to:  myself  above mentioned physician .....

Signature

Please place  
barcode here



Patient name: \_\_\_\_\_

Material+ Logistic (DHL)  60.00 EUR

Laboratory Tests: ..... EUR (Please calculate the costs for all the tests you like together)

**Total:** ..... **EUR**

Prepayment to account: bank: BCA-clinic, Kreissparkasse Augsburg  
BLZ 720 501 01 • Account-No. 19901 •  
IBAN: DE04 7205 0101 0000 0199 01 • BIC: BYLADEM1AUG

- Visa (3,5%)  AMEX (2,27%)
- Mastercard (3,15%)  JCB (3,4%)

Name as appears on credit card:

Credit Card Number:

CVV: Card Validation Code:

Expiration Date:

Amount:

I agree that the full amount will be charged to my given credit card information above.

Date, Signature: .....