

Please place
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BCA
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Laboratory Order Form for individual health services

Dear Patient,

We would like to notify you about our collaboration with the "Diagnostikzentrum Ulm, PD Dr. M Susa, in Ulm, Germany. Enabled by the collaboration we can offer a thorough diagnostic by Chronic Fatigue Syndrome, CFS. This test provides your GP valuable information to develop a detailed therapy plan.

Patient's Last Name and First Name Please use CAPITAL LETTERS! Street Zip Code City Country Telephone Email	<i>Please send my results to my local family doctor</i> Name of medical office: Street Zip Code City Country Telephone and FAX or Email
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<input type="checkbox"/>	cortisol diurnal profile (saliva)	3 x 21,86 EUR	3 x Ziffer 4020 GOÄ	65,58 EUR
<input type="checkbox"/>	DHEA diurnal profile (saliva)	2 x 30,60 EUR	2 x Ziffer 4044 GOÄ	61,20 EUR
<input type="checkbox"/>	melatonin night profile (saliva)	3 x 30,60 EUR	3 x Ziffer 4044 GOÄ	91,80 EUR

<input type="checkbox"/>	oxidative stress (EDTA-blood)			199,36 EUR
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total antioxidant capacity (TAC)	49,84 EUR	Ziffer 3693 GOÄ
total oxidant capacity (TOC)	49,84 EUR	Ziffer 3693 GOÄ
citrullin	49,84 EUR	Ziffer 3737 GOÄ
nitrotyrosin	49,84 EUR	Ziffer 3737 GOÄ

<input type="checkbox"/>	catecholamines (urine)			202,86 EUR
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creatinine	3,50 EUR	Ziffer 3585H1 GOÄ
noradrenaline	49,84 EUR	Ziffer 4072 GOÄ
adrenaline	49,84 EUR	Ziffer 4072 GOÄ
dopamine	49,84 EUR	Ziffer 4072 GOÄ
serotonin	49,84 EUR	Ziffer 4072 GOÄ

<input type="checkbox"/>	supplementary tests (urine):			
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gamma aminobutyric acid	49,84 EUR	Ziffer 3737 GOÄ
glutamate	49,84 EUR	Ziffer 3737 GOÄ
histamine	41,97 EUR	Ziffer 4062 GOÄ

Laboratory Order and Declaration of Consent of the Patient

I give permission to the BCA Laboratory to send my samples to the Diagnostikzentrum Ulm to examination. I have read, understood and accepted the BCA terms and conditions to conduct the selected tests at Diagnostikzentrum Ulm.

I am aware that I have to fully pay the costs myself and I accept to pre-pay these costs (Kreissparkasse Augsburg, account no 19901, BLZ 720 501 01, IBAN: DE04 7205 0101 0000 019901, Swift-BIC: BYLADEM1AUG).

Date: Augsburg, _____

Patient's Signature

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Dear Patient;

Your doctor would like to perform various tests on your urine sample and possibly also on your saliva. The shipping carton sent to you contains 2 transport bags with 3 small saliva collection vials each with attached lids. Additionally included are 3 urine specimen containers (yellow lid), 6 straws and labels for marking them.

Morning urine (middle of urine stream): **Do not** collect the first urine you pass in the morning (=directly after waking up). Collect the 2nd urine you pass in the morning (=2nd trip to the toilet that day) in a suitable container and pour into the three containers provided for that purpose (= urine specimen containers with yellow lid). Eating and drinking do not influence the results of the tests.

Daily Cortisol Profile: Saliva samples for the daily cortisol profile must be collected around 8:00, 14:00 and 20:00. The saliva test at these times of day is diagnostically significant and absolutely must be observed. You may not eat or drink anything, chew gum or brush your teeth around 30 minutes prior to collecting the sample. In the case of illness, inflammation or injuries to the oral cavity, samples should be taken under consultation with the doctor in charge of the lab. Please fill the specimen containers **as completely as possible** using the straws enclosed.

DHEA collection: The saliva samples for the DHEA determination must be collected around 8:00 and around 20:00. The saliva test at these times of day is diagnostically significant and absolutely must be observed. Please fill the specimen containers **as completely as possible** using the straws enclosed.

Night-time Melatonin Profile: The saliva samples for the night-time melatonin profile must be collected around 22:00, 24:00 and 02:00. The saliva test at these times of day is diagnostically significant and absolutely must be observed. Please fill the specimen containers **as completely as possible** using the straws enclosed.

ATTENTION: Melatonin production is **light-dependent!** When collecting samples for the night-time profile make sure that no light is turned on between sample collections!

Please use a water-proof marker to label all the specimen containers with your last name, first name, date of birth and collection time! Make sure that all sample containers are properly closed. For the saliva samples used the sleeves provided!