

Please place  
barcode here



## Laboratory Tests Order Form

Patient's last name, first name		Date of birth	GP / physician (name, address of doctor's practice)	
Please write in CAPITAL LETTERS		Male <input type="checkbox"/> Female <input type="checkbox"/>		
House No., Street		House No., Street		
Post Code/ZIP	City	Country/State	Post Code/ZIP	City Country/State
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"/>	Mykoplasmen Elispot (CPDA)	84,81
<input type="checkbox"/>	LymeSpot revised for borrelia and Chlamydia pneumoniae (CPDA)	347,90	<input type="checkbox"/>	Mykoplasmen-Antibodies (Serum)	123,27
<input type="checkbox"/>	Borrelia Elispot (CPDA)	184,49	<input type="checkbox"/>	Yersinia Elispot (CPDA)	84,81
<input type="checkbox"/>	Borrelia miyamotoi Elispot (CPDA)	84,81	<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- und IgM-EIA (Serum)	69,07	<input type="checkbox"/>	EBV Elispot (CPDA)	134,65
<input type="checkbox"/>	Borrelia IgG- und IgM-Blot (Serum)	139,88	<input type="checkbox"/>	EBV-Antibodies (Serum)	110,17
<input type="checkbox"/>	Anaplasma Elispot (CPDA)	84,81	<input type="checkbox"/>	HSV-Antibodies (Serum)	41,97
<input type="checkbox"/>	Anaplasma-IgM- u. IgG-Antibodies (Serum)	89,19	<input type="checkbox"/>	CMV-Elispot (CPDA)	84,81
<input type="checkbox"/>	Bartonella Elispot (CPDA)	84,81	<input type="checkbox"/>	CMV-Antibodies (Serum)	78,69
<input type="checkbox"/>	Bartonella-IgG-Antibodies (CPDA)	89,19	<input type="checkbox"/>	Toxoplasmosis-Antibodies (Serum)	82,19
<input type="checkbox"/>	Babesia Elispot (CPDA)	84,81	<input type="checkbox"/>	Coxsacki-Antibodies (Serum)	120,67
<input type="checkbox"/>	Babesien-IgG-Antibodies (Serum)	44,60	<input type="checkbox"/>	CCP- Antibodies (Serum)(1)	39,34
<input type="checkbox"/>	Chlamydia pneumoniae Elispot (CPDA)	84,81	<input type="checkbox"/>	ANA-Titer (Serum) (1)	44,60
<input type="checkbox"/>	Chlamydia pneumoniae-Antibodies (Serum)	61,20	<input type="checkbox"/>	ENA-Screening (Serum) (1)	157,38
<input type="checkbox"/>	Chlamydia trachomatis Elispot (CPDA)	84,81	<input type="checkbox"/>	ds-DNS- Antibodies (Serum) (1)	44,60
<input type="checkbox"/>	Chlamydia trachomatis-Antibodies (Serum)	61,20	<input type="checkbox"/>	c- und p-ANCA (Serum) (1)	89,19
<input type="checkbox"/>			<input type="checkbox"/>	CRP (Serum) (1)	17,49
<input type="checkbox"/>			<input type="checkbox"/>	„Diarrhoea/Coeliac Profile“ (1) (Gliadin-IgA-Antibodies, Tissue transglutaminase-IgG-Antibodies, total IgA)	97,04
<input type="checkbox"/>			<input type="checkbox"/>	Clindamycin level (Serum) (1)	80,43
<input type="checkbox"/>			<input type="checkbox"/>	Minocyclin level (Serum) (1)	80,43
<input type="checkbox"/>			<input type="checkbox"/>	Doxycyclin level (Serum) (1)	80,43
<input type="checkbox"/>			<input type="checkbox"/>	„Big Organ Profile“ (1)(EDTA+Serum) (full blood count, GOT, GPT, y-GT, LDH, Che, Bilir. tot. Amyl., Lipase, CK, Crea, Uric acid, Potassium, Sodium, TSH)	77,84
<input type="checkbox"/>			<input type="checkbox"/>	„Small Organ-Profile“ (EDTA+Serum) (full blood count, GOT, GPT, y-GT, Crea, Potassium, Sodium, Ca, Mg) (1)	33,24
<input type="checkbox"/>			<input type="checkbox"/>	Protein (Serum) (1) (Total, Electrophoresis)	20,11
<input type="checkbox"/>			<input type="checkbox"/>	Lipids (test on empty stomach) (1) (Cholesterol, Triglyceride, HDL, LDL)	14,00
<input type="checkbox"/>			<input type="checkbox"/>	Thyroid Gland (Serum) (1) (TSH basal, fT3, fT4)	65,58
<input type="checkbox"/>			<input type="checkbox"/>	Thyroid-Antibodies (1) (Serum) (MAK, TAK, TRAK)	126,77
<input type="checkbox"/>			<input type="checkbox"/>	Heavy-Metals-Testing (From Urine in case of Lyme (1) (Aluminium, Cadmium, Lead, Mercury, Copper, Creatinine))	186,25
<input type="checkbox"/>			<input type="checkbox"/>	Vitamin D (1) (Serum)	41,97
<input type="checkbox"/>			<input type="checkbox"/>	Vitamin B6 (1) (EDTA)	49,84
<input type="checkbox"/>			<input type="checkbox"/>	Vitamin B12 (1) (Serum)	21,86
<b>Vitamins: please cover tube with alu foil</b>					
<b>Please use separate form!</b> Available by BCA-lab. (2) DNA-PCR Borrelia DNA-PCR Bartonella DNA-PCR Chlamydia tracho. DNA-PCR Chlamydia pneum. <b>Material for blood analysis:</b> 4 EDTA-tubes + 1 Serum-tube					
notice: (1) Performance produce by an externe laboratory (2) Inhouse-PCR					
<b>Please always take 2 CPDA tubes of blood for the Elispot</b>					

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 .....

17b1a Stand: 23.11.2017

Patients Signature