

Please place
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Laboratory Tests Order Form

Patient's last name, first name <small>Please write in CAPITAL LETTERS</small>		Date of birth Male <input type="checkbox"/> Female <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	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"/>	Immune Status (Heparin+EDTA)	315,66	<input type="checkbox"/>	EBV Elispot (CPDA)	134,65
<input type="checkbox"/>	Borrelia IgG- und IgM-EIA (Serum)	69,07	<input type="checkbox"/>	EBV-Antibodies (Serum)	110,17
<input type="checkbox"/>	Borrelia IgG- und IgM-Blot (Serum)	139,88	<input type="checkbox"/>	HSV-Antibodies (Serum)	41,97
<input type="checkbox"/>	Anaplasma Elispot (CPDA)	84,81	<input type="checkbox"/>	CMV-Elispot (CPDA)	84,81
<input type="checkbox"/>	Anaplasma-IgM- u. IgG-Antibodies (Serum)	89,19	<input type="checkbox"/>	CMV-Antibodies (Serum)	78,69
<input type="checkbox"/>	Bartonella Elispot (CPDA)	84,81	<input type="checkbox"/>	Toxoplasmosis-Antibodies (Serum)	82,19
<input type="checkbox"/>	Bartonella-IgG-Antibodies (Serum)	89,19	<input type="checkbox"/>	Coxsacki-Antibodies (Serum)	120,67
<input type="checkbox"/>	Babesia Elispot (CPDA)	84,81	<input type="checkbox"/>	CCP- Antibodies (Serum)(1)	39,34
<input type="checkbox"/>	Babesien-IgG-Antibodies (Serum)	44,60	<input type="checkbox"/>	ANA-Titer (Serum) (1)	44,60
<input type="checkbox"/>	Chlamydia pneumoniae Elispot (CPDA)	84,81	<input type="checkbox"/>	ENA-Screening (Serum) (1)	157,38
<input type="checkbox"/>	Chlamydia pneumoniae-Antibodies (Serum)	61,20	<input type="checkbox"/>	ds-DNS- Antibodies (Serum) (1)	44,60
<input type="checkbox"/>	Chlamydia trachomatis Elispot (CPDA)	84,81	<input type="checkbox"/>	c- und p-ANCA (Serum) (1)	89,19
<input type="checkbox"/>	Chlamydia trachomatis-Antibodies (Serum)	61,20	<input type="checkbox"/>	CRP (Serum) (1)	17,49
			<input type="checkbox"/>	„Diarrhoea/Coeliac Profile“ (1) (Gliadin-IgA-Antibodies, Tissue transglutaminase-IgG-Antibodies, total IgA)	97,04
			<input type="checkbox"/>	Clindamycin level (Serum) (1)	80,43
			<input type="checkbox"/>	Minocyclin level (Serum) (1)	80,43
			<input type="checkbox"/>	Doxycyclin level (Serum) (1)	80,43
			<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"/>	„Small Organ-Profile“ (EDTA+Serum) (full blood count, GOT,GPT,y-GT, Crea, Potassium, Sodium,Ca,Mg) (1)	33,24
			<input type="checkbox"/>	Protein (Serum) (1) (Total, Electrophoresis)	20,11
			<input type="checkbox"/>	Lipids (test on empty stomach) (1) (Cholesterol, Triglyceride, HDL, LDL)	14,00
			<input type="checkbox"/>	Thyroid Gland (Serum) (1) (TSH basal, fT3, fT4)	65,58
			<input type="checkbox"/>	Thyroid-Antibodies (1) (Serum) (MAK,TAK,TRAK)	126,77
			<input type="checkbox"/>	Heavy-Metals-Testing From Urine in case of Lyme (1) (Aluminium,Cadmium, Lead, Mercury, Copper, Creatinine)	186,25
			<input type="checkbox"/>	Vitamin D (1) (Serum)	41,97
			<input type="checkbox"/>	Vitamin B6 (1) (EDTA)	49,84
			<input type="checkbox"/>	Vitamin B12 (1) (Serum)	21,86
				Vitamins:please cover tube with alu foil	
				Please use separate form! Available by BCA-lab (2)	
				DNA-PCR Borrelia	↑
				DNA-PCR Bartonella	
				DNA-PCR Babesia	
				DNA-PCR Chlamydia pneumoniae	
				DNA-PCR Chlamydia trachomatis	
				Material for blood analysis:	
				4 big EDTA-tubes	
				notice:	
				(1) Performance produce by an externe laboratory	
				(2) Inhouse-PCR	
				Please always take 2 CPDA tubes of blood for the Elispot	

Other Tests:

Please not back site!

17b1a Stand: 19.07.2018

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BCA
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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.

If an English laboratory order form is being used, the results can only be sent in English language.

Declaration of consent third party laboratory:

Herewith I agree that my blood specimen can be passed onto a third party laboratory for examination of the test marked (1)

- I agree
- I do not agree

Please note: The test cannot be examined if you do not give your consent.

Declaration of consent information material:

Yes, I agree that BCA-lab or BCA-clinic Betriebs GmbH & Co. KG can store my contact details in order to occasionally send me updates on tests, products, conferences, or surveys and other news.

I am aware that I can revoke my consent fully or partially at any time without giving reasons.

- I agree
- I do not agree

Date, Patients Signature:

Please send results to: myself above mentioned physician

Patients Signature

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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**

- | | |
|---|--|
| <input type="checkbox"/> Visa (0%) | <input type="checkbox"/> AMEX (2,27%) |
| <input type="checkbox"/> Mastercard (0%) | <input type="checkbox"/> 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:

17b3a Stand: 19.07.2018