

Name, First Name of Patient
Address D.o.B.

Pat.Nr (LABOR)

Marital Status

Date

PATIENT CONSENT

I have read, understood and accept the declaration on page 5 (Stand 08/2017_V1)

I hereby give my consent to the requested tests. The invoicing for these tests is based on the GOÄ for doctors plus a material and postal charge according to §10 of the GOÄ.

I have been informed that my insurance provider may not completely cover the cost of all the tests requested and that I am liable for the payment of the entire cost of such tests.

Date : _____ Signature Patient: _____

Signature available in the practice Tel.Nr. Patient: _____

REQUESTS WITHOUT A SIGNATURE CANNOT BE PROCESSED

PRACTICE STAMP

AP -

INVOICE TO

- Private patient (64)
 Self payer (1,0 GOÄ)(50)

- Alternatively to
 Practice (70)
 Invoice with VAT
If tests are not therapeutically indicated!

Diagnosis / Important information

Additional tests

Additional material for following Request:

First Visit (181)

Control (182)

No report interpretation (183)

Male Female

Größe (cm) 171

Gewicht (kg) 172

Date of Collection

Time

Medication Yes No (184)

for Hormone test please enter

..... Day of cycle * (176)

..... Average length of cycle (177)

Post-/Menopause (180)

..... Pregnancy (week) (87)

* 1st Day of cycle = 1st day der period.
 Oestrogens and Progesterone preferably on 22nd-23rd day of cycle

Medication/Hormones (oral/dermal)/Amino acids/Food supplements

SYMPTOMS (by control)

- Improvement Worsening No change

Comments:

Please mark all symptoms and grade them according to severity

① light/rarely ② medium/moderate ③ strong/regular

LIFESTYLE

- ① ② ③ Smoker
 ① ② ③ Endurance training
 ① ② ③ Power Training
 ① ② ③ Vegetarian

NEUROSTRESS

- ① ② ③ Stress
 ① ② ③ Burn-Out
 ① ② ③ Tiredness/Fatigue
 ① ② ③ Lethargy/
 lack of motivation
 ① ② ③ Sleep disorders
 ① ② ③ Fear
 ① ② ③ Panic attacks
 ① ② ③ Depression
 ① ② ③ Depressive moods
 ① ② ③ Psychoses
 ① ② ③ Nervousness
 ① ② ③ ADS/ADHS
 ① ② ③ Headaches
 ① ② ③ Migraine
 ① ② ③ Tinnitus

- ① ② ③ Concentration/
 Memory disorders
 ① ② ③ Overweight/Adipositas
 ① ② ③ Cravings
 ① ② ③ Irritable Bowel Syndrome
 ① ② ③ Fibromyalgia
 ① ② ③ MCS/CFS
 ① ② ③ Restless Legs Syndrome
 ① ② ③ Parkinson's Disease

HORMONAL DYSBALANCE

- PMS
 Menstrual disorders, which?

 Painful Periods
 Myome
 PCO (Polycystic ovaries)
 Endometriosis
 Hysterectomy
 Oophorectomy
 Menopausal problems

- Hot flushes
 Nocturnal sweating
 Oedema
 Dry skin
 Hair loss
 Increased body hair
 Acne
 Loss of Libido
 Hypothyroidism
 Hyperthyroidism

IMMUNE SYSTEM

- Recurrent Infections
 chronic Infections
 Herpes
 Wound healing disorders
 Autoimmune diseases

INTESTINE

- Irritable bowel syndrome
 Constipation
 Diarrhoea
 Meteorism / Flatulence

- Fructose intolerance
 Lactose intolerance
 Gluten intolerance

METABOLISM/CARDIOVASCULAR

- Hypertension
 Arteriosclerosis
 Cardiac Infarct (Heart attack)
 Stroke
 Overweight / Adipositas
 Diabetes Type I
 Diabetes Type II
 Lipid metabolism disorders
 Metabolic Syndrome

LOCOMOTORY DISORDERS

- Cervical Spine Syndrome

OTHER DISORDERS

.....

CONSENT TO DATA TRANSFER (Status 08/2017_V1)

In the course of its medical provision Lab4more and its associated companies work with external providers. For this reason it may be necessary to forward the required data to the external provider or laboratory for the sole purpose of medical care. After the necessary tests have been performed this data will be deleted or destroyed in compliance with the Federal Data Protection Act.

With this declaration you allow MVZ Labor Bavariahaus and its operating company Lab4more to forward your information (Name, Christian Name, date of birth, Address, Request Number) and associated samples to external laboratories for the purpose of performing laboratory tests. The contracted laboratory is primarily the Medizinische Laboratorien Düsseldorf, Nordstrasse 44, 40477 Düsseldorf. In rare cases samples may be sent to other reference laboratories for analysis. The most frequently used laboratories are Labor München Zentrum, Bayerstrasse 53, 80335 München; Praxis Prof. Dr. med. Michael Kramer, Mönchhofstr. 52, 69120 Heidelberg.

The tests performed are invoiced directly form the relevant service provider. The dgpar GmbH, Bernauer Strasse 21, 83209 Priem am Chiemsee is the contracted accounting center for the above listed laboratories, and therefore requires the transfer of invoice specific data (Christian Name, Surname, Date of Birth, Address, diagnosis and invoicing codes), and where necessary "special types of personal data" as stipulated in Article 3, paragraph 9 of the Federal Data Protection Act.

Existing charges from your treatment can be transferred to the designated MVZ Labor Bavariahaus collection agency (Inkassum GmbH, Bernauer Str. 21, 83209 Priem am Chiemsee). Once the amount receivable has been transferred the debt becomes the property of the Inkassum GmbH and they may claim it from you if necessary by legal means. Objections to the invoices as long as they relate to treatment and the medical history should be directed to the Inkassum GmbH. Based on this information you declare your agreement to the transfer, processing, transmission and use of personal data and information (name, address, date of Birth, accounting information, invoice amounts, treatment documentation, laboratory invoices and results etc.) to Inkassum GmbH. You also consent to the transfer of the claim and the above mentioned information from the MVZ Labor Bavariahaus to the Inkassum GmbH.

You also release your treating practitioner/Doctor from their obligation to medical confidentiality for the purposes described above. You agree to the Inkassum GmbH receiving information regarding clinical findings and tests performed. You have also been informed that you may withdraw this consent to relinquishment of medical confidentiality at any time in the future.

With your signature you agree to the transmission of your data for the above mentioned purposes. You have been informed that you may withdraw this consent to relinquishment of medical confidentiality at any time in the future without reason.

NEUROSTRESS

<input type="checkbox"/> SPZ	NEUROSTRESS Profile	4583
(2.MU 3xSPW)	Nor-/Adrenaline, Dopamine, Serotonin, Glutamate, GABA, Cortisol (F,M,A), DHEA (F,A)	
	3 Saliva tubes (Tubes with white cap): 0/4/12 hrs after getting up	
<input type="checkbox"/> SPZ	NEUROSTRESS basis	992
(2.MU 3xSPW)	Nor-/Adrenaline, Dopamine, Serotonin, Cortisol (F,M,A), DHEA (F,A)	
	3 Saliva tubes (Tubes with white cap): 0/4/12 hrs after getting up	
<input type="checkbox"/> SPZ	Stress-Check	3490
(2.MU 2xSPW)	Serotonin, Cortisol (F,A)	
	2 Saliva tubes (Tubes with white cap): 0/12 hrs after getting up	
<input type="checkbox"/> SPZ	Neurotransmitter I	4516
(2.MU)	i.e. Therapy monitoring	
	Nor-/Adrenaline, Dopamine, Serotonin	
<input type="checkbox"/> SPZ	Neurotransmitter II	4517
(2.MU)	i.e. Therapy monitoring	
	Nor-/Adrenaline, Dopamine, Serotonin, Glutamate, GABA	
<input type="checkbox"/> SPZ	24h Cortisol Profile	4663
(4xSPW)	Cortisol (F,M,A,N), 4 Saliva tubes (Tubes with white cap): 0/4/12/16 hrs after getting up	
<input type="checkbox"/> SPZ	Adrenal Stress Index	4664
(4xSPW)	Cortisol (F,M,A,N), DHEA (F,A)	
	4 Saliva tubes (Tubes with white cap): 0/4/12/16 hrs after getting up	
<input type="checkbox"/> SPZ	Neurohormone Profile	4667
(2.MU 3xSPW 1xSPR)	Nor-/Adrenaline, Dopamine, Serotonin, GABA, Glutamate, Cortisol (F,M,A), DHEA (F,A), Oestradiol (F), Progesterone (F), Testosterone (F)	
	3 Saliva tubes (Tubes with white cap): 0/4/12 hrs after getting up, 1 Saliva Tube (Tube with red cap): Immediately after getting up (collect 3 samples within one hour in saliva collection tube)	
<input type="checkbox"/> SPZ	Tryptophan Metabolism	3588
(2.MU 2S)	Serotonin (2.MU), Tryptophan, Kynurenin, Tryptophan:Kynurenin Ratio, 5HIES	
<input type="checkbox"/> SPZ	Neurotransmitter Metabolism	3589
(2x2.MU)	Serotonin, Dopamine, Noradrenaline, Adrenaline, 5HIES, DOPAC, Vanillylmandelic acid (VMS)	
	2 Urine tubes with second morning urine Catecholamine metabolism	

INDIVIDUAL TESTS : NEUROSTRESS

Catecholamine Metabolism		
<input type="checkbox"/> 2.MU	Nor-/Adrenaline, Dopamine	1844
<input type="checkbox"/> 2.MU	DOPAC (Dihydroxyphenylacetate)	2893
	Dopamine metabolite	
<input type="checkbox"/> 2.MU	VMS (Vanillylmandelic acid)	3420
	Noradrenaline/Adrenaline metabolite	
<input type="checkbox"/> 2.MU	HVM (Homovanillylmandelic acid)	3144
Serotoninstoffwechsel		
<input type="checkbox"/> 2.MU	Serotonin	4923
	1 urine tube with second morning urine	
<input type="checkbox"/> 2.MU	5-HIES (5-Hydroxyindolacetic acid)	2935
	Serotonin metabolite 1 urine tube with second morning urinen	
Melatonin		
<input type="checkbox"/> 1.MU	Melatonin total nocturnal production	935
	1 urine tube with first morning urine	
<input type="checkbox"/> SPW	Melatonin (2 Uhr)	936
	Point of the highest Melatonin- Production. 1 saliva sample (Tube with white cap) at 2 a.m.	
<input type="checkbox"/> 4xSPW	Melatonin Profile (F,A,N,2 Uhr)	941
	4 Saliva samples (Tube with white cap): 0,5/12 and 16 hrs after getting up and at 2 a.m.	
Other Neurotransmitters and Amino acids		
<input type="checkbox"/> 2.MU	GABA (Gamma-Aminobutyric)	2139
<input type="checkbox"/> 2.MU	Glutamate	2646
<input type="checkbox"/> 2.MU	Histamine	2653
	biogenic Amine, Neurotransmitter	
<input type="checkbox"/> 2.MU	Taurine	2852
<input type="checkbox"/> 2.MU	Glycine	2693
	Amino acids and dampening Neurotransmitters	

SPECIAL PROFILES : NEUROSTRESS

<input type="checkbox"/> SPZ	ADIPOSITAS	4543
(2x2.MU 3xSPW)	Cortisol (F,M,A), DHEA (FA), Nor-/ Adrenaline, Dopamine, Serotonin, GABA, Glutamate, Histamine. 3 Saliva samples (Tube with white caps): 0/ 4/ 12 hrs after getting up, 2 urine tubes with second morning urine.	

<input type="checkbox"/> SPZ	ADIPOSITAS plus	4544
(2x2.MU F,3xSPW)	Cortisol (F,M,A), DHEA (F,A), Nor-/Adrenaline, Dopamine, Serotonin, SN/8Uhr) GABA, Glutamate, Histamine,Leptin, nBz, Insulin, CRPs, Adiponectin	
	3 saliva samples (Tube with white cap): 0/4/12 hrs after getting up, 2 urine tubes with second morning urine additional blood collection: 1 sodium fluoride tube, 1 Serum fasting (8.00 a.m.)	
<input type="checkbox"/> SPZ	ADS/ADHS	4589
(2.MU 2xSPW)	Cortisol (F,A), Nor-/Adrenaline, Dopamine, Serotonin, GABA, Glutamate	
	1 Urine tube with second morning urine, 2 saliva samples (Tube with white cap): 0 +12 hrs after getting up	
<input type="checkbox"/> SPZ	ADS/ADHS plus	4590
(2.MU 1.MU 2xSPW E,NH, SPZ)	Cortisol (F,A), Nor-/Adrenaline, Dopamine, Serotonin, GABA, Glutamate, Gliado- morphin, Casomorphin, Vit. B6 (E), Magnesium(NH), Zinc(NH), Kryptopyrrol	
	1 urine tube with second morning urine, 1 urine tube with the first morning urine, 1 special urine tube with the first morning urine, additional blood collection: 1x EDTA-, 1x sodium heparin tube. 2 saliva samples (Tube with white cap): 0 +12 hrs after getting up	
<input type="checkbox"/> SPZ	CFS I (Chronic Fatigue Syndrom)	4661
(2.MU 3xSPW)	Cortisol (F,M,A), DHEA (F,A), Nor-/Adrenaline, Dopamine, Serotonin, GABA, Glutamate	
	3 saliva samples (Tube with white cap): 0/4/12 hrs after getting up, 1 urine tube with second morning urine	
<input type="checkbox"/> SPZ	MCS I /FIBROMYALGIA	2712
(2x2.MU 3xSPW)	Cortisol (F,M,A), DHEA (F,A), Nor-/Adrenaline, Dopamine, Serotonin, GABA, Taurine, Glycine	
	3 saliva samples (Tube with white cap): 0/4/12 hrs after getting up 2 urine tubes with second morning urine	
<input type="checkbox"/> SPZ	DEPRESSION	4519
(2x2.MU 3xSPW)	Cortisol (F,M,A), DHEA (F,A), Nor-/ Adrenaline, Dopamine, Serotonin, GABA, Glutamate, Glycine	
	3 saliva samples (Tube with white cap) : 0/4/12 hours after getting up, 2 urine tubes with second morning urine	
<input type="checkbox"/> SPZ	SLEEP DISORDERS	4658
(2x2.MU 5xSPW)	Cortisol(F,M,A,N), Melatonin (2 Uhr), Serotonin, GABA, Glutamate, Glycine	
	5 saliva samples (Tube with white cap): 0/4/12/16 hrs after getting up and 2 a.m., 2 urine tubes with the second morning urine	

HORMONES IN SALIVA

<input type="checkbox"/> SPZ	HORMONE PROFILE FEMALE	4513
(2xSPW SPR)	Oestradiol, Progesterone, Testosterone, DHEA, Cortisol (F,A)	
	Day of Cycle: * 2 saliva samples (Tube with white cap): 0/12 hrs after getting up, 1 saliva sample (Tube with red cap): from 30 minutes after getting up (Collect 3 samples within one hour in the saliva collection tube)	
<input type="checkbox"/> SPZ	HORMONE PROFILE MALE	4514
(2xSPW SPR)	Oestradiol, Testosterone, DHEA, Cortisol (F,A)	
	2 Saliva samples (Tube with white cap): 0/12 hrs after getting up, 1 Saliva sample (Tube with red cap): At least 30 minutes after getting up. (Collect 3 samples within one hour in the saliva collection tube)	
<input type="checkbox"/> SPZ	MENOPAUSE BASIS	4662
(SPR)	Progesterone, Oestradiol (F)	
	1 Saliva sample (Tube with red cap): Immediately after getting up (Collect 3 samples within one hour in the saliva collection tube)	
<input type="checkbox"/> SPZ	MENOPAUSE PROFILE	4885
(SPR,2.MU SPW)	Oestradiol,Oestron,Testosterone, Progesterone, DHEA, Cortisol (2xF), Serotonin (2MU)	
	1 Saliva sample (Tube with white cap): Immediately after getting up, 1 Saliva sample (Tube with red cap): At least 30 minutes after getting up (Collect 3 samples within one hour in the saliva collection tube), 1 urine sample with second morning urine.	

INDIVIDUAL TESTS : HORMONE

1 Saliva sample (Tube with red cap): at least 30 minutes after getting up (Collect 3 samples within one hour in the saliva collection tube) . Maximum 3 hormone tests can be performed from one tube!		
	Day of Cycle: *	176
<input type="checkbox"/> SPR	E2 - Oestradiol (F)	910
<input type="checkbox"/> SPR	E1 - Oestron (F)	912
<input type="checkbox"/> SPR	E3 - Oestriol (F)	913
<input type="checkbox"/> SPR	Progesterone (F)	915
<input type="checkbox"/> SPR	Testosterone (F)	925
<input type="checkbox"/> SPW	DHEA (F)	3020
<input type="checkbox"/> SPW	Cortisol in Saliva	variabel
 (Enter time of collection)	
<input type="checkbox"/> 24hU (NATIV)	Cortisol in 24h urine	variabel
	24h Collection volume ml Pour 10ml from collection into the urine (yellow) and forward to laboratory	

FURTHER TESTS

Oestrogen metabolites		
<input type="checkbox"/> 1.MU	E2:E16-Quotient	2937
Kryptopyrroluria/KPU		
<input type="checkbox"/> SPZ*	Kryptopyrrol	1422
	1 Special urine tube with the first morning urine	
Opioid Peptides im Urine		
<input type="checkbox"/> SPZ	Gliadomorphin, Casomorphin	5260,5262
(1.MU)	Milk/Gluten sensitivity	
Histamine-Intolerance		
<input type="checkbox"/> 1.MU	Histamine (U/Krea)	2653
<input type="checkbox"/> 1.MU	Methylhistamine (U/Krea)	2855
<input type="checkbox"/> 1.MU	Ratio Methylhistamine/Histamine	3735
Mitochondriopathy/Vit. B12 Deficiency		
<input type="checkbox"/> U	Lactate/Pyruvate im Urine NEW	3769
<input type="checkbox"/> 1.MU	Citrullin, Methylmalonic acid	2330,1492
2.MU	first and second morning urine	
<input type="checkbox"/> 2.MU	Citrullin	2330
<input type="checkbox"/> 1.MU	Methylmalonic acid (B12 metabolism)	1492
<input type="checkbox"/> 1.MU	Cystathionin (B6 metabolism)	1257
Detoxification		
<input type="checkbox"/> SPZ	DETOX Plus	1773
	funktional analysis of Phase I and II Detoxification by the breakdown of Coffein and Paracetamol	
<input type="checkbox"/> 2U	Chelate-Detox-Test	3574
	(before/after EDTA/DMSA) Hg, Cd, As, Cu, Pb, Al	
<input type="checkbox"/> U	Chelate-Detox-Test small	3575
	(after EDTA/DMSA) Hg, Cd, As, Cu, Pb, Al	
Infection		
<input type="checkbox"/> SPW	EBV Viral load	2308
	1 Saliva sample (Tube with white cap)	
<input type="checkbox"/> SP	Herpes Virus Reactivation	4527
	HSV1, HSV2, HHV6, CMV, VZV, EBV	
Mucosal Immunity		
<input type="checkbox"/> SPW	secretory IgA	1617
	1 Saliva sample (Tube with white cap)	

General Information to collection times

Saliva samples	
Please fill the saliva tubes to at least the ,3' mark	
SPW	Tube with white cap
SPR	Tube with red cap (saliva samples collected within one hour)
Früh (F)	0 - max 30 min after getting up
Mittag (M)	4h after getting up
Abend (A)	12h after getting up
Nacht (N) (2 Uhr)	16h after getting up 2 a.m.
Urine Samples	
1.MU	1 urine tube with first morning urine, after getting up (large yellow tube)
2.MU	1 urine tube with second morning urine (small white tube with stabilisator bead) Discard first morning urine after getting up, Important is the NEXT urine sample
24hU NATIV	24 hr urine collection, sample of collected urine in the tube provided, enter total urine volume
2U	1x urine 1 before Infusion 1x urine 2 after Infusion MARK CLEARLY
1U	1x urine 2 after Infusion
Blood samples	
E	EDTA
SN	Serum fasting
S	Serum
NH	Sodium Heparin
F	Sodium fluoride
Special material	
SPZ	Request special set
*	1 st Day of cycle = 1 st day of period. Oestrogens and Progesterone preferably on the 22 nd -23 rd day of cycle.