

Name, Christian name \_\_\_\_\_  
 Address \_\_\_\_\_ D.o.B. \_\_\_\_\_  
 Pat.Nr (LABOR) \_\_\_\_\_  
 Marital Status \_\_\_\_\_  
 Date \_\_\_\_\_

### PATIENT CONSENT

I have read, understood and accept the declaration on page 2 (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: \_\_\_\_\_ Patient's Signature: \_\_\_\_\_

Patient signed in the practice Tel.No. Patient: \_\_\_\_\_

**REQUESTS WITHOUT A SIGNATURE CANNOT BE PROCESSED**

PRACTICE STAMP AP - [ ] [ ] [ ] [ ] [ ]

### INVOICE TO

Not insured (1,0 GOÄ) (50)

Alternatively to  
 Practice (70)

Diagnosis/Important Information

Additional Test requests

First visit (181)  Collection Date .....  
 Control (182) Time .....  
 No report interpretation (183) Medications .....  
 Male  yes  no  
 Female Height ..... (cm)171  
 Weight ..... (kg)172  
 Pregnant

### Which medications/preparations are you taking at the moment or regularly?

#### MEDICATIONS

Antibiotics, which? .....

#### FOOD SUPPLEMENTS

Pre-/Probiotics, which? .....

### PERSONAL INFORMATION

Please mark all symptoms with the severity (any symptom not marked will be regarded as not relevant)

① light/rarely ② middle/moderate ③ strong/regularly

#### LIFESTYLE / NUTRITIONAL HABITS

- ① ② ③ Sport
- ① ② ③ Smoking
- ① ② ③ Alcohol
- ① ② ③ Energy drinks
- ① ② ③ Coffee
- Mixed diet
- Nutritionally complete diet
- Meat rich diet
- Low Carb diet
- Vegetarian diet
- Vegan diet
- other diet : .....

#### INTESTINAL DISORDERS

- ① ② ③ Constipation
- ① ② ③ Diarrhoea
- Stools/Day .....
- ① ② ③ Flatulence
- Bloating feeling after eating
- Colic
- Stomach ache
- Loss of appetite
- Haemorrhoids
- Irritable Bowel
- Chronic inflammatory intestinal disease
- which? .....

#### METABOLIC SYNDROME

- Over weight/Adiposity (BMI>30)
- Metabolic syndrome

#### CARDIOVASCULAR

- Hypertension
- Arteriosclerosis
- Heart attack, when? .....
- Stroke, when? .....

#### DIABETES

- Diabetes Type I
- Diabetes Type II

#### LIVER DISEASES

- Lipid metabolism disorder
- Fatty liver
- Hepatitis
- which Form? .....
- Liver fibrosis
- Liver cirrhosis

#### NEUROSTRESS

- ① ② ③ Stress
- ① ② ③ Burn-Out
- ① ② ③ Tiredness/Fatigue
- ① ② ③ CFS/Chronic Fatigue Syndrome
- ① ② ③ Fear/Panic attacks
- ① ② ③ Depression
- ① ② ③ Sleep disorders
- ① ② ③ ADS/ADHS
- ① ② ③ Cravings
- ① ② ③ Fibromyalgia
- ① ② ③ Headaches/Migraine

#### LOCOMOTORY SYSTEM

- ① ② ③ Arthritis
- ① ② ③ Arthrosis
- ① ② ③ Rheuma
- ① ② ③ Osteoporosis
- ① ② ③ other inflammatory disorder of the locomotory system
- which? .....

#### IMMUNE SYSTEM

- ① ② ③ Frequent infections
- ① ② ③ chronic infections
- which? .....
- Wound healing disorders
- Autoimmune diseases
- which? .....
- Skin
- Neurodermitis
- Psoriasis
- Urticaria
- other skin diseases
- which? .....

#### ALLERGIES/INTOLERANCES

- ① ② ③ Food allergies (IgE) which? .....
- ① ② ③ Food Intolerances (IgG) which? .....
- .....
- .....
- .....
- Gluten intolerance
- Coeliac
- Histamine intolerance
- Asthma
- Fructose intolerance
- Lactose intolerance
- Inhalative Allergies/Rhinitis .....

#### TUMOR DISEASES

- Tumor diseases
- which? .....
- when? .....
- Treatment (currently or in the last 4 - 6 Wo.)
- yes  no  planned
- which Treatment? .....
- .....

#### OTHER DISORDERS

- THYROID
- Hyperthyroidism
- Hypothyroidism
- KIDNEYS/BLADDER
- Renal disorders
- which? .....
- ① ② ③ Incontinence
- OTHER DISORDERS
- .....
- .....
- .....

## MOL. BIOL. MICROBIOM ANALYSIS

<input type="checkbox"/> ST	<b>Lab4gut basis</b> 6560
	7 key bacteria + Diversity Quantitative key bacteria analysis: Akterm. muciniphila, Faecalib. prausnitzii, Ruminoc. gnavus, Eub. rectale, Bacter. vulgatus, Prev. copri, Desulfov. piger unclear well-being disorders, metabolic Dysbalance
<input type="checkbox"/> ST	<b>Intest. mikrobial Phenotype (IMP)</b> 4181
	Ratio Firmicutes / Bacteroidetes metabolic Dysbalance, overweight
<input type="checkbox"/> ST	<b>Lab4gut basis + IMP</b> 6560,4181
	Quantitative key bacteria analysis + Diversity + Ratio Firmicutes / Bacteroidetes unclear well-being disorders, metabolic Dysbalance, weight problems
<input type="checkbox"/> ST	<b>Lab4gut advance</b> 6572
	Quantitative key bacteria analysis + Diversity + Ratio Firmicutes / Bacteroidetes (IMP), $\alpha$ -1-Antitrypsin, Beta-Defensin 2, Zonulin unclear well-being disorders, inflammatory indicators
<input type="checkbox"/> ST	<b>Lab4gut complete</b> 6571
	Quantitative key bacteria analysis + Diversity + Ratio Firmicutes / Bacteroidetes (IMP), Intestinal Ecogramm, $\alpha$ -1-Anti- trypsin, Calprotectin, Beta-Defensin 2, Zonulin, bile acid, Pancreatic elastase unclear intest. disorders, inflammation, digestive disorders
<input type="checkbox"/> ST,SPZ	<b>Lab4gut - Brain</b> 6570
	Quantitative key bacteria analysis + Diversity and Neurotransmitter I Intestinal & neurogenic disorders (fear, depressive moods)
<input type="checkbox"/> ST	<b>Akkermansia Group</b> 3334
	Intestinal marker for mucosal integrity
<input type="checkbox"/> ST	<b>Faecalibacterium Group</b> 3669
	Butyric acid forming, Mucosal protection

## MICROBIOLOGICAL STOOL TESTS

<input type="checkbox"/> ST	<b>Intestinal Ecogramm</b> 4101
	Half quantitative microbiological analysis of the physiological and commensal intestinal flora, fungi, Clostridia, Enterobacteriaceae, Lactobacilli, Bifidobakteria etc., Digestive disorders, intestinal cleansing
<input type="checkbox"/> ST	<b>Digestive Disorders</b> 2522
	Quantitative determination of digestive remains (starch, fat, protein)

<input type="checkbox"/> ST	<b>Enteritis pathogens</b> 10064
	Salmonella, Shigella, Yersinia, Campylobacter etc.
<input type="checkbox"/> ST	<b>Helicobacter pylori Ag</b> 10053
<input type="checkbox"/> ST	<b>Clostridium difficile Toxin</b> 10030
<input type="checkbox"/> ST	<b>Rotavirus(Elisa)</b> 10035
<input type="checkbox"/> ST	<b>Adenovirus (Elisa)</b> 10036
<input type="checkbox"/> ST	<b>Norovirus (Elisa)</b> 10038
<input type="checkbox"/> ST	<b>Fungi</b> 4697
	Cand. spp, moulds, yeasts, Candida albicans
<input type="checkbox"/> SPZ	<b>ParasiteTFT-Method NEU</b> 6676
	Mikroskopy of fixed Material + Immunological investigation
<input type="checkbox"/> ST	<b>Parasites/Worms (Direct testing)</b> 10031
	Mikroskopy, Antigen determination Giardia lamblia, Entamoeba histolytica

## MUCOSAL BARRIER / IMMUNITY

<b>MUCOSAL IMMUNITY</b>	
<input type="checkbox"/> ST	<b>Secretory IgA</b> 1618
	Protective barrier against pathogens, inflammation, mucosal competence, Coeliac
<b>INFLAMMATION</b>	
<input type="checkbox"/> ST	<b>Calprotectin (Granulocyte protein)</b> 2241
	Inflammation marker in chronic inflammatory intestinal diseases, invasive mucosal inflammation
<input type="checkbox"/> ST	<b><math>\alpha</math>-1-Antitrypsin</b> 10068
	First Line Marker for intestinal inflammatory activity and the related increased intestinal permeability
<input type="checkbox"/> ST	<b>Beta-Defensin 2</b> 3520
	Marker für chronische entzündliche Darm- erkrankungen, lokale Entzündungen der Darmmukosa, Leaky Gut
<b>PERMEABILITY</b>	
<input type="checkbox"/> ST	<b>Zonulin</b> 3510
	Regulator protein between blood stream intestinal lumen
<input type="checkbox"/> ST	<b>Leaky Gut</b> 10068,3510
	$\alpha$ -1-Antitrypsin, Zonulin
<b>MALDIGESTION</b>	
<input type="checkbox"/> ST	<b>Pancreatic Elastase</b> 10048
	Digestive enzyme of the pancreas, unclear diarrhoea, constipation, fatty stool, flatulence
<input type="checkbox"/> ST	<b>Biliary Acids</b> 3748
	Biliary acid deficiency in bacterial

Overgrowth, Bile Loss Syndrome

## FOOD INTOLERANCES

<input type="checkbox"/> ST	<b>Histamin</b> 3177
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## PREVENTION

## INTEST. CANCER EARLY DIAGNOSIS

<input type="checkbox"/> ST	<b>Haemoglobin/Haptoglobin</b> 4686
	sensitive marker for blood in stool
<input type="checkbox"/> ST	<b>M2PK</b> 4695

## SPECIAL\*

<input type="checkbox"/> SPZ	<b>Lab4gut NGS</b>
on request	Complete molecular biological Characterisation of the intestinal microbioms by „Next Generation Sequencing“ in collaboration with the University of Regensburg This test is subject to VAT!

## GUT ASSOCIATED BLOOD TESTS

These test can also be found on the main request form  
(Bogen1): To order these additional blood tests a separate  
request form is required!

## PERMEABILITY DISORDERS

**Profile Leaky Gut (Serum)**  
Anti F-Aktin IgA, LBP, Anti-GP2-AK  
Marker for intestinal permeability disorder  
**Profile Bacterial Translocation/Leaky Gut**  
LBP, sCD14, TNF $\alpha$ , IL10, Endotoxin-Ab,  
F-Aktin-Ab IgA

**LBP (LPS-binding Protein)**  
Mucosal dysfunction antigen -  
Translocation through the intestinal mucosa

**GP2-AK**  
Marker for mucosal inflammation in the  
small intestine

**Anti-F-Aktin IgA (Activity marker)**

Mucosa associated diseases, coeliac

## FOOD ALLERGIES

**Histamine**

**Diaminoxidase**

Marker for Histamine intolerance

**VictuAlis - VictuScreen IgG<sub>3</sub>**

IgG mediated reactions to foods

in patients with chronic

symptoms

**VictuAlis - VictuScreen IgG<sub>4</sub>**

**Coeliac (Serum)**

Transglutaminase2, Gliadin-Ab, total IgA

**NCGS (Non Coeliac Gluten Sensitivity)**

ST = Stool

SPZ = Special Test Kit

\* no GOÄ invoice

## 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 from the relevant service provider. The dgpar GmbH, Bernauer Strasse 21, 83209 Prien 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 Prien 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.