

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 below (Stand 01/2021_V3)

I hereby give my consent to the examinations that have been requested, as well as to the preparation of a special report of these laboratory values (without additional costs) by Lab4more GmbH. The liquidation for these services will be based on the Gebührenordnung für Ärzte (GOÄ) plus a charge for materials and shipping costs in accordance with § 10 GOÄ.

I have been informed that my health 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

INVOICE TO

- Private patient (64)
 Not Insured (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)

Sex

- Male
 Female
 Other

Height (cm) (171)

Weight (kg) (172)

Date of collection

Time

Medication Yes No (184)

For hormone Tests please enter

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

..... Avg. Cycle duration (177)

Post-/Menopause (180)

..... Week of pregnancy (87)

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

- 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

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

- 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

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

HORMONAL DYSBALANCE

- PMS
 Menstrual disorders, which?

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

IMMUNE SYSTEM

- Recurrent Infections
 chronic Infections
 Herpes
 Wound healing disorders
 Autoimmune diseases

LOCOMOTORY DISORDERS

- Cervical Spine Syndrome

INTESTINE

- Irritable bowel syndrome
 Constipation
 Diarrhoea
 Meteorism / Flatulence

OTHER DISORDERS

.....

CONSENT TO COLLECTION/TRANSFER OF MY PATIENT DATA (Status 01/2021_V3)

I have been informed and agree that the MVZ Labor Bavariahaus and its operating company Lab4more may collect, process and use personal data, in particular name, address, date of birth, treatment data, invoice amounts, cost units, diagnoses and findings from the treatment in compliance with the EU General Data Protection Regulation, the Federal Data Protection Act, Section 203 of the German Criminal Code and Section 73 (1b) of the German Social Code for the purpose of fulfilling the contract.

For the examination of special analyses, the MVZ Labor Bavariahaus and its operating company Lab4more transmit my patient data (first and last name, date of birth, address, order number) and medical samples to affiliated and external laboratories. Externally, the Medical Laboratories Düsseldorf, Nordstr. 44, 40477 Düsseldorf are primarily commissioned. In rare cases, laboratory services are sent to other special laboratories for analysis. Frequently used special laboratories are: Laboratory Munich Centre, Bayerstr. 53, 80335 Munich; Practice Prof. Dr. med. Michael Kramer, Mönchhofstr. 52, 69120 Heidelberg.

Billing for the laboratory tests carried out is done via the respective above-mentioned service provider. For the aforementioned laboratories, dgpar GmbH, Mainzer Straße 97, 65189 Wiesbaden, is the commissioned billing office, which receives the treatment data essential for billing (first name, surname, date of birth, address, diagnosis, service numbers for the examinations), also insofar as these are "special types of personal data" as defined in Art. 9 Para. 1 of the EU General Data Protection Regulation. In addition, existing fee claims arising from my medical treatment may be passed on to the collection company Eurincasso GmbH, Mainzer Straße 97, 65189 Wiesbaden (name, address, date of birth, service numbers, invoice amount, treatment documents, laboratory invoices and results, etc.). Should it be necessary to forward findings and examinations of this order to the debt collection company Eurincasso GmbH, I release my doctor/therapist from his medical confidentiality obligation in this respect. All employees of Eurincasso GmbH, but also of dgpar GmbH, are subject to the rules of the data protection law and are bound to secrecy under the threat of punishment in accordance with § 203 StGB (German Penal Code). I am aware that I can revoke this declaration of release from the duty of confidentiality at any time with effect for the future.

I have been informed that

- the collection, processing and use of my data is voluntary and that I can refuse my consent or revoke it at any time with effect for the future. with the consequence that the treatment contract will not be concluded.
- in the event of a revocation, this must be sent in writing to MVZ Labor Bavariahaus, c/o Lab4more GmbH, Augustenstraße 10, 80333 Munich or by e-mail to geschaeftsfuehrung@lab4more.de.
- I am entitled to request information about my stored personal data at any time.
- I am entitled to request the correction, deletion or blocking of individual data at any time.

I have viewed the information on data protection in accordance with Art. 13 DSGVO on the website www.lab4more.de/datenschutz or I have received a printed copy on request at info@lab4more.de. With my signature on the laboratory order, I agree exclusively to the collection, processing and forwarding of my data for the above-mentioned purposes.

NEUROSTRESS

□ 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. 1 urine tube with <u>second</u> morning urine	
□ SPZ	NEUROSTRESS Basic	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. 1 urine tube with <u>second</u> morning urine	
□ SPZ	Stress-Check	3490
(2.MU 2xSPW)	Serotonin, Cortisol (F,A)	
	2 Saliva tubes (Tubes with white cap): 0/12 hrs after getting up	
□ SPZ	Neurotransmitter I	4516
(2.MU)	i.e. Therapy monitoring	
	Nor-/Adrenaline, Dopamine, Serotonin	
□ SPZ	Neurotransmitter II	4517
(2.MU)	i.e. Therapy monitoring	
	Nor-/Adrenaline, Dopamine, Serotonin, Glutamate, GABA	
□ 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	
□ 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	
□ 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)	
□ SPZ	Tryptophan Metabolism	3588
(2.MU 2S)	Serotonin (2.MU), Tryptophan, Kynurenine, Tryptophan:Kynurenine Ratio, 5HIES	
□ SPZ	Neurotransmitter Metabolism	3589
(2x2.MU)	Serotonin, Dopamine, Noradrenaline, Adrenaline, 5HIES, DOPAC, Vanillylmandelic acid (VMS)	
	2 Urine tubes with <u>second</u> morning urine Catecholamine metabolism	

INDIVIDUAL TESTS : NEUROSTRESS

Catecholamine Metabolism		
□ 2.MU	Nor-/Adrenaline, Dopamine	1844
□ 2.MU	DOPAC (Dihydroxyphenylacetate)	2893
	Dopamine metabolite	
□ 2.MU	VMS (Vanillylmandelic acid)	3420
	Noradrenaline/Adrenaline metabolite	
□ 2.MU	HVM (Homovanillylmandelic acid)	3144
Serotoninstoffwechsel		
□ 2.MU	Serotonin	4923
	1 urine tube with <u>second</u> morning urine	
□ 2.MU	5-HIES (5-Hydroxyindolacetic acid)	2935
	Serotonin metabolite	
	1 urine tube with <u>second</u> morning urinen	
Melatonin		
□ 1.MU	Melatonin total nocturnal production	935
	1 urine tube with first morning urine	
□ SPW	Melatonin (2 Uhr)	936
	Point of the highest Melatonin- Production. 1 saliva sample (Tube with white cap) at 2 a.m.	
□ 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		
□ 2.MU	GABA (Gamma-Aminobutyric)	2139
□ 2.MU	Glutamate	2646
□ 2.MU	Histamine	2653
	biogenic Amine, Neurotransmitter	
□ 2.MU	Taurine	2852
□ 2.MU	Glycine	2693
	Amino acids and dampening Neurotransmitters	

SPECIAL PROFILES : NEUROSTRESS

□ 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 <u>second</u> morning urine.	

□ SPZ	ADIPOSITAS plus	4544
(2x2.MU F, 3xSPW SN/8Uhr)	Cortisol (F,M,A), DHEA (F,A), Nor-/Adrenaline, Dopamine, Serotonin, 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 <u>second</u> morning urine additional blood collection: 1 sodium fluoride tube, 1 Serum fasting (8.00 a.m.)	
□ SPZ	ADS/ADHS	4589
(2.MU 2xSPW)	Cortisol (F,A), Nor-/Adrenaline, Dopamine, Serotonin, GABA, Glutamate	
	1 Urine tube with <u>second</u> morning urine, 2 saliva samples (Tube with white cap): 0 +12 hrs after getting up	
□ 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 <u>second</u> morning urine, 1 urine tube with the <u>first</u> morning urine, additional blood collection: 1x EDTA-, 1x sodium heparin tube. 2 saliva samples (Tube with white cap): 0 +12 hrs after getting up	
□ 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 <u>second</u> morning urine	
□ 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 <u>second</u> morning urine	
□ 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 <u>second</u> morning urine	
□ 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 <u>second</u> morning urine	

HORMONES IN SALIVA

□ 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)	
□ 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)	
□ 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)	
□ 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
□ SPR	E2 - Oestradiol (F)	910
□ SPR	E1 - Oestron (F)	912
□ SPR	E3 - Oestriol (F)	913
□ SPR	Progesterone (F)	915
□ SPR	Testosterone (F)	925
□ SPW	DHEA (F)	3020
□ SPW	Cortisol in Saliva	variabel
 (Enter time of collection)	
□ 24hU	Cortisol in 24h urine	variabel
(NATIV)	24h Collection volume ml Pour 10ml from collection into the urine (yellow) and forward to laboratory	

FURTHER TESTS

Oestrogen metabolites		
□ 1.MU	E2:E16-Quotient	2937
	Kryptopyrroluria/KPU	
□ SPZ*	Kryptopyrrol	1422
	1 Special urine tube with the first morning urine	
Histamine-Intolerance		
□ 1.MU	Histamine (U/Krea)	6549
□ 1.MU	Methylhistamine (U/Krea)	2855
□ 1.MU	Ratio Methylhistamine/Histamine	3735
Mitochondriopathy/Vit. B12 Deficiency		
□ 1.MU	Citrullin, Methylmalonic acid	2330,1492
	2.MU first and second morning urine	
□ 2.MU	Citrullin	2330
□ 1.MU	Methylmalonic acid (B12 metabolism)	1492
	Please send separate tube	
□ 1.MU	Cystathionine (B6 metabolism)	1257
Detoxification		
□ SPZ	DETOX Plus	1773
	funktional analysis of Phase I and II Detoxification by the breakdown of Coffein and Paracetamol	
□ 2U	Chelate-Detox-Test	3574
	(pre/post EDTA/DMSA) Hg, Cd, As, Cu, Pb, Al	
□ 1U	Chelate-Detox-Test small	3575
	(pre EDTA/DMSA) Hg, Cd, As, Cu, Pb, Al	
Infection		
□ SPW	EBV Viral load	2308
	1 Saliva sample (Tube with white cap)	
□ SPW	CMV Viral load	3755
	1 Saliva sample (Tube with white cap)	
□ 1.MU	CMV Viral load in Urin	3756
□ SPW	HHV6 Viral load	3577
	1 Saliva sample (Tube with white cap)	
□ SPW	VZV Viral load	2227
	1 Saliva sample (Tube with white cap)	
□ SPW	HSV 1/2 Viral load	3751
	1x Saliva sample (Tube with white cap)	
□ SPW	Herpes Virus Reactivation	4527
	HSV1, HSV2, HHV6, CMV, VZV, EBV	
Mucosal Immunity		
□ 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)	up to 30 min after getting up	
Mittag (M)	4h after getting up	
Abend (A)	12h after getting up	
Nacht (N)	16h after getting up	
(2 Uhr)	2 a.m.	
Urine Samples		
1.MU	1 urine tube with first morning urine, after getting up (large yellow tube)	
2.MU	1 urine tubewith 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	
	1x urine 1 before Infusion	
2U	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.	