

# DENTAL DIAGNOSTICS

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Lab4dent

Barcode- Labor

Bogen 5

Name, Christian name \_\_\_\_\_  
Address \_\_\_\_\_ D.o.B. \_\_\_\_\_

Pat.Nr (LABOR) \_\_\_\_\_

Marital Status \_\_\_\_\_  
Date \_\_\_\_\_

PRACTICE STAMP

- Private patient (64)  
 Not Insured (50)  
Alternatively to the  
 Practice (70)

Diagnosis/Important Information

Additional requests

## PATIENT CONSENT

I have read, understood and accept the declaration on page 2 (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: \_\_\_\_\_ Patients signature: \_\_\_\_\_

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

**REQUESTS WITHOUT A SIGNATURE CANNOT BE PROCESSED**

First visit (181)

Control (182)

No Befund Interpretation (183)

Allergy Pass (175)

Sex  Male  Female  Other

BEWARE: **GDG!** (Gene Diagnostic Law) see Page 2

Collection date \_\_\_\_\_  
Height (cm) (171) \_\_\_\_\_  
Weight (kg) (173) \_\_\_\_\_  
BMI (173) \_\_\_\_\_

### INDIVIDUAL PROFILES

P01  P02  P03  P04

### MATERIAL INTOLERANCES 24h

#### CYRA®-DENTAL MATERIALS

IL2, IFN $\gamma$ , IL10, TNF $\alpha$

NH **Metals** 6340  
Gold, Palladium, Nickel, Silver, Chrome, Cobalt, Titanium, Vanadium, Molybdenum, Platinum

NH **Combiprofile** 6340  
Mercury, Gold, Palladium, Nickel, Silver, Chrome, HEMA, TEGDMA, MMA, Cobalt

NH **Amalgam** 6333  
Mercury, Silver, Tin

NH **Gold alloys** 6337  
Gold, Silver, Platinum, Palladium, Tin, Indium, Iridium

NH **Implants** 6336  
Titanium, Vanadium, Aluminium, Chrome, Cobalt, Molybdenum

NH **Plastics/Glues** 6338  
MMA, BisGMA, TEGDMA, Benzoylperoxide, 4,4-IPDP, Hydroquinone, HEMA  
Ethylenglycoldimethylate

NH **Cements** 6332  
Phosphate cement, Ketac Bond

NH **Individual Samples (IL2,IFN $\gamma$ )** 5400  
Individuelle Probe! Please enter and send STERILE

### TITANIUM INTOLERANCE 24h

NH **Profile Titanium Intolerance** 5237  
CYRA®(ITT®) Titanium (TNF $\alpha$ , IL1- $\beta$ , IL10)  
Titanium Stimulation Test/High Responder Status

NH **Titanium Stimulation Test** 5238  
CYRA®(ITT®) Titanium - TNF $\alpha$ , IL1- $\beta$ )

### MEDICATION SENSITISATION 24h

#### IMMEDIATE REACTIONS (Flow Cast)

E Testing of \_\_\_\_\_  
\_\_\_\_\_

#### Requestable medications:

##### Antibiotics

Penicillin G (13901), Penicillin V (13902), Cephalosporin(13905), Tetracycline (13907), PPL (13901), Sulphamethoxazole, MDM(13904)

**Antiseptics** Chlorhexidin (13917)

##### Analgesics

Lys-Aspirin (13911), Ibuprofen (13913), Diclofenac (13912), Paracetamol (13914), Dipyron/Metamizole

##### Local anaesthetics

Lidocain (13916), Articain (13913), Bupivacain, Mepivacain

2E **Latex** 13940

### LATE REACTIONS (IT)

NH **ITT®-Antibiotics 24h** 6226  
Penicillin, Cephalosporin, Tetracycline, Sulphamethoxazole

NH **ITT®-Analgesics 24h** 6228  
ASS, Diclofenac, Ibuprofen, Paracetamol, Metamizole

NH **ITT®-Local anaesthetics 24h** 6226  
Lidocain, Procaïn, Ultracain, Xylonest

NH **ITT®-Indiv. samples 24h** 4260  
Individual samples! Please enter and send with

### HERD DIAGNOSTIC / NICO 24h

S **RANTES (NICO Marker)** 617

S.E **HERD Profile** 684  
RANTES, LPS, CRPs, sCD14, T regulatory  
Blood marker for bacterial Herd

PR **Herd localisation** 620  
Measurement of biogenic amines in sulcus

PR **HerdScreening in saliva** 3284  
Cadaverin, Putrescin

NH **ATP-Check (Mitochondrial damage)** 5024

### METALS AND COMPOSITES (in saliva)

MSP **Methacrylate** 3262  
Metalle (>5ml saliva necessary!!)

2MSP **Mercury** 2177

2MSP **Gold** 3268

2MSP **Silver** 3263

2MSP **Nickel** 3271

2MSP **Cobalt** 3274

2MSP **Chrome** 3270

2MSP **Platinum** 3267

2MSP **Titanium** 3269

2MSP **Vanadium** 3279

2MSP **Molybdenum** 3275

2MSP **Palladium** 3265

MSP **Multielement Analysis (>5ml MSP!)** 3285  
Ag,Au,Bi,Cd,Co,Cu,Hg,In,Mo,Pb,Pd,Pt, Sn,Tl,Zn,Zr

AS **Metal analytis of Prosthesis** 3286

Sample: \_\_\_\_\_  
Sample: \_\_\_\_\_

### INFLAMMATION/SILENT INFLAMMATION 24h

S **Profile Inflammation Screening** 618  
TNF $\alpha$ , IL-6, CRP, IL-1 $\beta$

NH **MonoCheck®** 1721  
High-/Low-Responder, Inflammation status

NH **TNF-Inhibition Test** 5150  
Standard Profile: Curcumin, Silymarin, Boswellia serrata, SAME

NH **Aroma Oil Profile** Manuca-, Lemon grass, Tea tree, Thyme (red) oils

### BONE METABOLISM

S **Vitamin D** 1683

25(OH)-Vitamin D, total marker for the Vitamin D provision

S  **$\beta$ -Crosslaps (8.00 a.m.)** 1167  
Marker of bone breakdown

S **Osteocalcin** 1545  
Marker of bone formation

### STRESS HORMONES

SPZ **Cortisol-Morning value** 901  
Cortisol 30 min after getting up

### DETOXIFICATION

2U **DMPS-Test** before/after DMPS (Hg,Zn) 1925

SPZ **DETOX Plus** 6015  
Functional analysis of Detoxifikation - Phases I and II

### PARODONTOLOGY/IMPLANTOLOGY

Please check cap colour

Label: NR Quadrant | NR Tooth

4 sites - or pooled sample



#### Parident-Parodontology Basis

Evidence of the most important parodontal pathogens + causes of Periimplantitis  
Aggregatibacter actinomycetemcomitans, Porphyromonas gingivalis, Tannerella forsythia, Prevotella intermedia, Fusobacterium nucleatum, Parvimonas micra (Peptostreptococcus micros)

PR **1 Tube (Pooled sample)** 7410

PR **4 Tubes (single samples see above)** 7440

PR **Follow Up - up to 12 weeks later** 7451

Previous rpt-Nr. \_\_\_\_\_

PR **Parident-Parodontology Plus GDG!** 7450

Pathogens + Interleukin 1 Reaction type

Polymorphism - IL1 $\alpha$ , - $\beta$ , IL1-RN

### RISK and MONITORING PARAMETERS

PR **IL1 Reaction type GDG!** 6027

Polymorphism - IL1 $\alpha$ , - $\beta$ , IL1-RN

PR **Parident-Parodontology - Cal** 7453  
(1 Tube: Pathogens + Calprotectin)

PR **Calprotectin (Pooled sample)** 3660  
Single samples see above

PR **Calprotectin 1st sample** 3660

PR **Calprotectin 2nd sample** 3695

PR **Calprotectin 3rd sample** 3696

PR **Calprotectin 4th sample** 3697

PR **Therapy Selection ParoSelect**

RT **Aromatogramm: 10 Oils** 7460  
Culture and etheral oils, without culture for pathogens

A.o. RT **Candida/Fungi** 10090  
with Antimycogramm

A.o. RT **Bacterial culture** 10020  
Pathogens and Sensitivities (Antibiogramm)

S.E.SPZ **Dental Risk GDG!** 6065

Vitamin D, IL1 Reaction type, Cortisol-morning value: Explanation of increased risk of implant loss, Caries, Karies & therapy resistant Parodontitis /Gingivitis

2U	1. Urine before & after Infusion	A Swab AS	Swab Shavings	E EDTA NH	EDTA Na Heparin	MSP morning saliva after getting up	PR S	Paroröhrchen dry Serum	RT	Paroröhrchen with Transport medium	S* SPZ	Serum frozen Special Test Kit
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**STAGE OF TREATMENT**

- before Initial treatment
- after Initial treatment
- after Parodontal surgery
- Prevention before Implantation
- after Implantation
- PZR-Control

**CLINICAL DIAGNOSIS**

- Gingival disease
- chronic Parodontitis
- aggressive Parodontitis
- PA by systemic disease
- Necrotising PA disease
- Periimplantitis
- Bleeding of the gums
- Inflammation of the oral mucosa
- Inflammatio of the gums
- Increased salivation
- Metallic taste

**ANTIBIOTICS / MEDICATIONS**

- yes  no
- which .....
- when .....
- for what .....

**HYPERSENSITIVITY TO ANTIBIOTICS**

- yes  no
- which .....

**SYSTEMIC DISORDERS**

- Diabetes
- Renal disease
- Rheumatic disease
- Cardiovascular diseases
- Osteoporosis
  - treated
  - family history
- Hypertension
- Hypotension

**OTHER ENVIRONMENTAL FACTORS**

- Stress (Niveau 1-10: 1 = no Stress 10 = high Stress)
- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

**CLINICAL PARAMETERS**

- BOP in % all probed sites
- Depth of probe > 6mm (number of pockets)
- Bone loss in % (1mm = 10% bone loss)
- missing teeth

**SMOKING**

- never
- no (<1 for less than 1 year)
- no (>1 for more than 1 year)
- yes (<10 cigarettes per day)
- yes (>10 cigarettes per day)

**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

**CONSENT TO PERFORMING TESTS COVERED BY THE GENE DIAGNOSTIC LAW (GENDG)**

The human genome exhibits individual variations in some areas (so-called genetic polymorphisms). These variations can influence many things including for example how certain medications work, how the individual reacts to toxins and environmental pollutants, susceptibility to infection or severity of inflammation. Many of these polymorphisms can be detected by examining blood samples or throat swabs.

As with all genetic tests, it is essential that when testing for genetic variations that you be fully informed beforehand by your consultant regarding the nature, meaning and implications of the requested test (your consultant is legally bound to fully inform you)..

I hereby declare that

.....  
 Name Christian name Date of Birth  
 .....  
 Street/House Number Postal Code / Town

I have been fully informed by my consultant/practitioner of the meaning and consequences of the requested test.

.....  
 I consent to the collection of the necessary samples for the requested tests. This consent may be withdrawn at any time prior to the beginning of the testing process. I also agree to the samples collected being sent to the requested laboratory.

I consent to the forwarding of the request to a cooperating laboratory

.....  
 Town/Date Signature (Patient or legal Guardian Signature Requesting Consultant/Practitioner