

Name, First Name of Patient  
Address  
D.o.B.  
Pat.Nr (LABOR)  
Marital Status  
Date

**SALIVA / URINE**  
**MVZ Labor Bavariahaus**  
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**Lab4more**

Barcode- Labor

Bogen 2

**PATIENT CONSENT**

I have read, understood and accept the declaration below (Stand 06/2021\_V4)

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**

- 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)

\* 1<sup>st</sup> Day of cycle = 1<sup>st</sup> day of period

Oestrogens and Progesterone preferably on the 22<sup>nd</sup>-23<sup>rd</sup> day of the cycle

**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: \_\_\_\_\_

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
- Hypothyroidism

**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 COLLECTION/TRANSFER OF MY PATIENT DATA (Status 06/2021\_V4)**

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 Basic Data Protection Regulation, the Federal Data Protection Act, § 203 of the German Criminal Code and § 73 Para. 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 mainly the laboratory Dr. Spranger, Lindberghstr. 9-13, 85051 Ingolstadt is 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 data protection law and are bound to secrecy under threat of punishment according to § 203 StGB. 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 is not 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**

<input type="checkbox"/> SPZ	<b>NEUROSTRESS Profile</b>	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 second morning urine	
<input type="checkbox"/> SPZ	<b>NEUROSTRESS Basic</b>	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 second morning urine	
<input type="checkbox"/> SPZ	<b>Stress-Check</b>	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	<b>Neurotransmitter I</b>	4516
(2.MU)	i.e. Therapy monitoring	
	Nor-/Adrenaline, Dopamine, Serotonin	
<input type="checkbox"/> SPZ	<b>Neurotransmitter II</b>	4517
(2.MU)	i.e. Therapy monitoring	
	Nor-/Adrenaline, Dopamine, Serotonin, Glutamate, GABA	
<input type="checkbox"/> SPZ	<b>24h Cortisol Profile</b>	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	<b>Adrenal Stress Index</b>	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	<b>Neurohormone Profile</b>	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	<b>Tryptophan Metabolism</b>	3588
(2.MU 2S)	Serotonin (2.MU), Tryptophan, Kynurenine, Tryptophan:Kynurenine Ratio, 5HIES	
<input type="checkbox"/> SPZ	<b>Neurotransmitter Metabolism</b>	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**

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

**SPECIAL PROFILES : NEUROSTRESS**

<input type="checkbox"/> SPZ	<b>ADIPOSITAS</b>	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.	

<input type="checkbox"/> SPZ	<b>ADIPOSITAS plus</b>	4544
(2x2.MU 3xSPW SN/8Uhr)	Cortisol (F,M,A), DHEA (F,A), F, 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.)	
<input type="checkbox"/> SPZ	<b>ADS/ADHS</b>	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	
<input type="checkbox"/> SPZ	<b>ADS/ADHS plus</b>	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	
<input type="checkbox"/> SPZ,	<b>CFS I (Chronic Fatigue Syndrom)</b>	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	
<input type="checkbox"/> SPZ	<b>MCS I /FIBROMYALGIA</b>	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	
<input type="checkbox"/> SPZ	<b>DEPRESSION</b>	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	
<input type="checkbox"/> SPZ	<b>SLEEP DISORDERS</b>	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**

<input type="checkbox"/> SPZ	<b>HORMONE PROFILE FEMALE</b>	4513
(2xSPW SPR)	Oestradiol, Progesterone, Testosterone, DHEA, Cortisol (F,A)	
	<b>Day of Cycle:</b> ..... *	
	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	<b>HORMONE PROFILE MALE</b>	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	<b>MENOPAUSE BASIS</b>	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	<b>MENOPAUSE PROFILE</b>	4885
(2x2.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 <u>second</u> 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!		
	<b>Day of Cycle:</b> ..... *	176
<input type="checkbox"/> SPR	<b>E2 - Oestradiol (F)</b>	910
<input type="checkbox"/> SPR	<b>E1 - Oestron (F)</b>	912
<input type="checkbox"/> SPR	<b>E3 - Oestriol (F)</b>	913
<input type="checkbox"/> SPR	<b>Progesterone (F)</b>	915
<input type="checkbox"/> SPR	<b>Testosterone (F)</b>	925
<input type="checkbox"/> SPW	<b>DHEA (F)</b>	3020
<input type="checkbox"/> SPW	<b>Cortisol in Saliva</b>	variabel
	..... (Enter time of collection)	
<input type="checkbox"/> 24hU	<b>Cortisol in 24h urine</b>	variabel
(NATIV)	24h Collection volume ..... ml Pour 10ml from collection into the urine (yellow) and forward to laboratory	

**FURTHER TESTS**

<b>Oestrogen metabolites</b>		
<input type="checkbox"/> 1.MU	<b>E2:E16-Quotient</b>	2937
<b>Kryptopyrroluria/KPU</b>		
<input type="checkbox"/> SPZ*	<b>Kryptopyrrol</b>	1422
	1 Special urine tube with the first morning urine	
<b>Histamine-Intolerance</b>		
<input type="checkbox"/> 1.MU	<b>Histamine (U/Krea)</b>	6549
<input type="checkbox"/> 1.MU	<b>Methylhistamine (U/Krea)</b>	2855
<input type="checkbox"/> 1.MU	<b>Ratio Methylhistamine/Histamine</b>	3735
<b>Mitochondriopathy/Vit. B12 Deficiency</b>		
<input type="checkbox"/> 1.MU	<b>Citrullin, Methylmalonic acid</b>	2330,1492
	2.MU first and second morning urine	
<input type="checkbox"/> 2.MU	<b>Citrullin</b>	2330
<input type="checkbox"/> 1.MU	<b>Methylmalonic acid (B12 metabolism)</b>	1492
	Please send separate tube	
<input type="checkbox"/> 1.MU	<b>Cystathionine (B6 metabolism)</b>	1257
<b>Detoxification</b>		
<input type="checkbox"/> SPZ	<b>DETOX Plus</b>	1773
	funktional analysis of Phase I and II Detoxification by the breakdown of Coffein and Paracetamol	
<input type="checkbox"/> 2U	<b>Chelate-Detox-Test</b>	3574
	(pre/post EDTA/DMSA) Hg, Cd, As, Cu, Pb, Al	
<input type="checkbox"/> 1U	<b>Chelate-Detox-Test small</b>	3575
	(pre EDTA/DMSA) Hg, Cd, As, Cu, Pb, Al	
<b>Infection</b>		
<input type="checkbox"/> SPW	<b>EBV Viral load</b>	2308
	1 Saliva sample (Tube with white cap)	
<input type="checkbox"/> SPW	<b>CMV Viral load</b>	3755
	1 Saliva sample (Tube with white cap)	
<input type="checkbox"/> 1.MU	<b>CMV Viral load in Urin</b>	3756
<input type="checkbox"/> SPW	<b>HHV6 Viral load</b>	3577
	1 Saliva sample (Tube with white cap))	
<input type="checkbox"/> SPW	<b>VZV Viral load</b>	2227
	1 Saliva sample (Tube with white cap)	
<input type="checkbox"/> SPW	<b>HSV 1/2 Viral load</b>	3751
	1x Saliva sample (Tube with white cap)	
<input type="checkbox"/> SPW	<b>Herpes Virus Reactivation</b>	4527
	HSV1, HSV2, HHV6, CMV, VZV, EBV	
<b>Mucosal Immunity</b>		
<input type="checkbox"/> SPW	<b>secretory IgA</b>	1617
	1 Saliva sample (Tube with white cap)	

**General Information to collection times**

<b>Saliva samples</b>			
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.		
<b>Urine Samples</b>			
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		
2U	1x urine 1 before Infusion		
	1x urine 2 after Infusion MARK CLEARLY		
1U	1x urine 2 after Infusion		
<b>Blood samples</b>			
E	EDTA	SN	Serum fasting
S	Serum	NH	Sodium Heparin
F	Sodium fluoride		
<b>Special material</b>			
SPZ	Request special set		
*	1 <sup>st</sup> Day of cycle = 1 <sup>st</sup> day of period. Oestrogens and Progesterone preferably on the 22 <sup>nd</sup> -23 <sup>rd</sup> day of cycle.		