

DENTAL DIAGNOSTICS

MVZ Labor Bavariahaus

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Lab4dent

Barcode- Labor

Bogen 5

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 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: _____ 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) _____

PRACTICE STAMP

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

Diagnosis/Important Information

Additional requests

INDIVIDUAL PROFILES

P01 P02 P03 P04

MATERIAL INTOLERANCES 24h

CYRA®-DENTAL MATERIALS

IL2, IFN γ , IL10, TNF α

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
 Ethyleneglycoldimethylate

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

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

TITANIUM INTOLERANCE 24h

NH **Profile Titanium Intolerance** 5237
 CYRA®(ITT®) Titanium (TNF α , IL1- β , IL10)
 Titanium Stimulation Test/High Responder Status

NH **Titanium Stimulation Test** 5238
 CYRA®(ITT®) Titanium - TNF α , IL1- β)

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 (ITT)

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
 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 analysis of Prostheses** 3286
 Sample: _____
 Sample: _____

INFLAMMATION/SILENT INFLAMMATION 24h

S **Profile Inflammation Screening** 618
 TNF α , IL-6, CRP, IL-1 β

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 **β -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 **DMP5-Test** before/after DMP5 (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 + causers 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 α , - β , IL1-RN

RISK and MONITORING PARAMETERS

PR **IL1 Reaction type** **GDG!** 6027
 Polymorphism - IL1 α , - β , 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

RT **Therapy Selection ParoSelect** 7460
Aromatogramm: 10 Oils
 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 Shavings	E	EDTA Na Heparin	MSP	morning saliva after getting up	PR	Paroröhrchen dry Serum	RT	Paroröhrchen with Transport medium	S*	Serum frozen	SPZ	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 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.

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