

SALIVA / URINE DIAGNOSTIC

MVZ Labor Bavariahaus

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Lab4more

Bogen 2

Patient Name, First Name _____ Date of Birth _____

Address _____

PATIENT CONSENT

I have read, understood and accept the declaration on the collection/transmission of my patient data on page 2 (status 01/2023_V5).

I hereby give my consent to the arranged examinations by the MVZ Labor Bavariahaus, as well as the preparation of a special report on these laboratory values (without additional costs) by Lab4more GmbH. Liquidation for these services will be based on the scale of fees for physicians (GOÄ) plus a flat rate for materials and shipping costs according to § 10 GOÄ.

I have been informed that my health insurance may not cover or only partially cover various services; in this case, I nevertheless undertake to settle the total amount. Furthermore, I confirm the correctness of the information provided here about myself.

Date: _____ Patient's Signature: _____

REQUESTS WITHOUT A SIGNATURE CANNOT BE PROCESSED

Barcode

PRACTICE IDENTIFICATION

INVOICE TO

- Private Patient (64)
 Self-Payer (50)

Alternatively to
 Practice (70)

Diagnosis/Important Information

Additional test requests

Additional material for following request: _____

First visit (181)

Control (182)

No report interpretation (183)

Sex

- Male
 Female
 Other

Height (cm) (171)

Weight (kg) (172)

Collection Date

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 22nd-23rd day of cycle

MEDICATION/HORMONES (oral/dermal) / Amino acids / Foods

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 Cravings

① ② ③ Fibromyalgia

① ② ③ MCS/CFS

① ② ③ Restless Legs Syndrome

① ② ③ Parkinson's Disease

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 Ängste
 ① ② ③ Fear
 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
 Myomw
 PCO (Polycystic Ovaries)
 Endometriosis
 Hysterectomy
 Oophorectomy
 Menopausal problems
 Hot flushes
 Nocturnal sweating
 Oedema
 Hair Loss

Increased body hair

Acne

Loss of Libido

Hyperthyroidism

Hypothyroidism

Hashimoto's Thyroiditis

IMMUNE SYSTEM

- Recurrent Infections
 Chronic Infections
 Herpes
 Wound healing disorders
 Autoimmune diseases
 Asthma

INTESTINE

- Irritable Bowel Syndrome
 Constipation
 Diarrhoea
 Meteorism/Flatulence
 Fructose intolerance
 Lactose intolerance
 Gluten intolerance
 Histamine intolerance

METABOLISM/CARDIOVASCULAR

- Hypertension
 Arteriosclerosis
 Cardiac Infarct (Heart attack)
 Stroke
 Overweight/Adipositas
 Diabetes Type I/II
 Lipid metabolism disorders
 Metabolic Syndrome

SKIN DISEASES

which?.....

CANCEROUS DISEASES

which?.....

OTHER DISORDERS

.....

.....

CONSENT TO COLLECTION/TRANSFER OF MY PATIENT DATA (Stand 01/2023_V5)

I have been informed and agree that the MVZ Labor Bavariahaus and its operating company Lab4more GmbH 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 GmbH may transmit my patient data (first and last name, date of birth, address, order number) and medical samples to affiliated and external laboratories. Externally is mainly the laboratory Dr. Spranger, Lindberghstr. 9-13, 85051 Ingolstadt 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 read 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"/> PZ	NEUROSTRESS Profile 4583	
(2.MU)	Nor-/Adrenaline, Dopamine, Serotonin,	
3xSPW)	Glutamate, GABA, Cortisol (F,M,A), DHEA (F,A)	
	3 saliva samples (Tube with white cap): 0.5/4/12 hrs after getting up, 1 urine tube with <u>second</u> morning urine	
<input type="checkbox"/> SPZ	NEUROSTRESS Basis 992	
(2.MU)	Nor-/Adrenaline, Dopamine, Serotonin,	
3xSPW)	Cortisol (F,M,A), DHEA (F,A)	
	3 saliva samples (Tube with white cap): 0.5/4/12 hrs after getting up, 1 urine tube with <u>second</u> morning urine	
<input type="checkbox"/> SPZ	Stress Check 3490	
(2.MU)	Serotonin, Cortisol (F,A)	
2xSPW)	2 saliva samples (Tube with white cap): 0.5/12 hrs after getting up	
<input type="checkbox"/> SPZ	Neurotransmitter I 4516	
(2.MU)	i.e. Therapy control	
	Nor-/Adrenaline, Dopamine, Serotonin	
<input type="checkbox"/> SPZ	Neurotransmitter II 4517	
(2.MU)	i.e. Therapy control	
	Nor-/Adrenaline, Dopamine, Serotonin, Glutamate, GABA	
<input type="checkbox"/> SPZ	24h Cortisol Profile 4663	
(4xSPW)	Cortisol (F,M,A,N), 4 saliva samples (Tube with white cap): 0.5/4/12/16 hrs after getting up	
<input type="checkbox"/> SPZ	Adrenal Stress Index 4664	
(4xSPW)	Cortisol (F,M,A,N), DHEA (F,A)	
	4 saliva samples (Tube with white cap): 0.5/4/12/16 hrs after getting up	
<input type="checkbox"/> SPZ	Neurohormone Profile 4667	
(2.MU)	Nor-/Adrenaline, Dopamine, Serotonin,	
2xSPW)	GABA, Glutamate, Cortisol (F,M,A), DHEA (F,A),	
1xSPR)	Oestradiol (F), Progesterone (F), Testosterone (F)	
	2 saliva samples (Tube with white cap): 4/12 hrs after getting up, 1 saliva sample (Tube with red cap): Immediately after getting up (collect 3 samples within 1 hour in the saliva tubes)	
<input type="checkbox"/> SPZ	Tryptophane Metabolism 3588	
(2.MU,2S)	Serotonin (2.MU), Tryptophane, Kynurenine, Tryptophan:Kynurenine Ratio, 5-HIES	
<input type="checkbox"/> SPZ	Neurotransmitter Metabolism 3589	
(2x2.MU)	Serotonin, Dopamine, Noradrenaline, Adrenaline, 5-HIES, DOPAC, Vanillylmandelic acid (VMS)	
	2 urine tubes with second morning urine	
INDIVIDUAL PARAMETERS NEUROSTRESS		€
CATECHOLAMINE METABOLISM		
<input type="checkbox"/> 2.MU	Nor-/Adrenaline, Dopamine 1844	
<input type="checkbox"/> 2.MU	DOPAC (Dihydroxy-Phenylacetate) 2893	
	Dopamine metabolite	
<input type="checkbox"/> 2.MU	VMS (Vanillylmandelic acid) 3420	
	Noradrenaline/Adrenaline metabolite	
<input type="checkbox"/> 2.MU	HVS (Homovanillic acid) 3144	
SEROTONIN METABOLISM		
<input type="checkbox"/> 2.MU	Serotonin 4923	
	1 urine tube with <u>second</u> morning urine	
<input type="checkbox"/> 2.MU	5-HIES (5-Hydroxyindolacetic acid) 2935	
	Serotonin metabolite	
	1 urine tube with <u>second</u> morning urine	
MELATONIN		
<input type="checkbox"/> 1.MU	Melatonin total nocturnal production 935	
	1 urine tube with <u>first</u> morning urine	
<input type="checkbox"/> SPW	Melatonin (2 a.m.) 936	
	Time of the highest melatonin production.	
	1 saliva sample (Tube with white cap) at 2 a.m.	
<input type="checkbox"/> 4xSPW	Melatonin Profile (F,A,N,2 Uhr) 941	
	4 saliva samples (Tube with white cap) 0.5 hrs, 12 and 16 hrs after getting up and at 2 a.m.	
OTHER NEUROTRANSMITTERS & AMINO ACIDS		
<input type="checkbox"/> 2.MU	GABA (Gamma-Aminobutyric acid) 2139	
<input type="checkbox"/> 2.MU	Glutamate 2646	
<input type="checkbox"/> 2.MU	Histamine 2653	
	biogenic amine, Neurotransmitter	
<input type="checkbox"/> 2.MU	Taurine 2852	
<input type="checkbox"/> 2.MU	Glycine 2693	
	Amino acids and dampening Neurotransmitters	
SPECIAL PROFILES NEUROSTRESS		€
<input type="checkbox"/> SPZ	ADIPOSITAS 4543	
(2x2.MU)	Cortisol (F,M,A), DHEA (F,A), Nor-/Adrenaline,	
3xSPW)	Dopamine, Serotonin, GABA, Glutamate,	
	4 saliva samples (Tube with white cap): 0.5/4/12/16 hrs after getting up, 1 urine tube with <u>second</u> morning urine	
	► Additional Adipositas parameter in blood: Leptin, Adiponectin, fasting blood sugar, CRPs	
	A separate request is necessary: (see Form 1 - Metabolism)	

<input type="checkbox"/> SPZ	ADS/ADHS 4589	
(2.MU)	Cortisol (F,A), Nor-/Adrenaline, Dopamine,	
2xSPW)	Serotonin, GABA, Glutamate	
	1 urine tube with <u>second</u> morning urine	
	► Additional ADHS parameter in blood: Vit. B6, Zinc and magnesium in whole blood (separate request required). Order Form 1 - Essential Elements/Whole blood analyses Minerals/Metals.	
<input type="checkbox"/> KPU	Kryptopyrrole 1422	
	1 Special urine tube with first morning urine	
<input type="checkbox"/> SPZ	CFS/MCS/FIBROMYALGIA 2712	
(2x2.MU)	Cortisol (F,M,A), DHEA (F,A), Nor-/Adrenaline,	
3xSPW)	Dopamine, Serotonin, GABA, Glutamate, Taurine, Glycine	
	3 saliva samples (Tube with white cap): 0.5/4/12 hrs after getting up, 2 urine tubes with <u>second</u> morning urine	
<input type="checkbox"/> SPZ	DEPRESSION 4519	
(2x2.MU)	Cortisol (F,M,A), DHEA (F,A), Nor-/ Adrenaline,	
3xSPW)	Dopamine, Serotonin, GABA, Glutamate, Glycine, 3 saliva samples (Tube with white cap): 0.5/4/12 hrs after getting up, 2 urine tubes with <u>second</u> morning urine	
<input type="checkbox"/> SPZ	SLEEP DISORDERS 4658	
(2x2.MU)	Cortisol(F,M,A,N), Melatonin (2 Uhr),	
5xSPW)	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 <u>second</u> morning urine	
IRRITABLE BOWEL DIAGNOSTICS		€
(See order form 6 - Lab4gut - Intestinal Diagnostics)		
HORMONES IN SALIVA		€
<input type="checkbox"/> SPZ	HORMONE PROFILE FEMALE 4513	
(SPW,SPR)	Oestradiol, Progesterone, Testosterone, DHEA, Cortisol (F,A)	
	Day of Cycle: *	
	1 saliva sample (Tube with red cap) immediately after getting up. (Collect 3 samples within 40 minutes in the saliva tubes). 1 saliva sample (Tube with white cap) 12 hours after getting up.	
<input type="checkbox"/> SPZ	HORMONE PROFILE MALE 4514	
(SPW,SPR)	Oestradiol, Testosterone, DHEA, Cortisol (F,A)	
	1 saliva sample (Tube with white cap) 12 hrs after getting up, 1 saliva sample (Tube with red cap) : Immediately after getting up (collect 3 samples within 40 minutes in the saliva tubes)	
<input type="checkbox"/> SPZ	MENOPAUSE BASIS 4662	
(SPR)	Progesterone, Oestradiol	
	1 saliva sample (Tube with red cap): immediately after getting up (collect 3 samples within 40 minutes in the saliva tubes)	
<input type="checkbox"/> SPZ	MENOPAUSE PROFILE 4885	
(SPR, 2.MU)	Oestradiol, Oestrone, Testosterone, Progesterone, DHEA, Cortisol, Serotonin (2MU)	
	1 saliva sample (Tube with red cap): Immediately after getting up (collect 3 samples within 40 minutes in the saliva tubes), 1 urine sample with <u>second</u> morning urine.	
INDIVIDUAL HORMONES		€
	1 saliva sample (Tube with red cap (SPR)):immediately after getting up (collect 3 samples within 40 mins in the saliva tubes).	
	Day of Period: *	
<input type="checkbox"/> SPR	E2 - Oestradiol (F) 176	
<input type="checkbox"/> SPR	E1 - Oestron (F) 910	
<input type="checkbox"/> SPR	E3 - Oestriol (F) 912	
<input type="checkbox"/> SPR	Progesterone (F) 913	
<input type="checkbox"/> SPR	Progesterone (F) 915	
<input type="checkbox"/> SPR	Testosterone (F) 925	
<input type="checkbox"/> SPW	DHEA (F) 3020	
<input type="checkbox"/> SPW	Cortisol in Saliva variable	
 (Please enter collection time)	
<input type="checkbox"/> 24hU	Cortisol in 24h Urine 1241	
(NATIV)	24h Total volume im ml	
	Transfer 10ml from this into a urine tube (yellow) and send with request	
FURTHER TESTS		€
OESTROGEN METABOLITES		
<input type="checkbox"/> 1.MU	E2:E16-Quotient 2937	
KRYPTOPYRROLURIA/KPU		
<input type="checkbox"/> KPU	Kryptopyrrole 1422	
	1 Special urine tube with <u>first</u> morning urine	

HISTAMINE-INTOLERANCE/ALLERGY/MCAS		
<input type="checkbox"/> 1.MU	Histamine (U/Crea) 6549	
<input type="checkbox"/> 1.MU	Methylhistamine (U/Crea) 2855	
<input type="checkbox"/> 1.MU	Ratio Methylhistamine/Histamine 3735	
<input type="checkbox"/> 1.MU	Cysteinyl-Leucotrien (U/Crea) 13020	
MITOCHONDRIOPATHY/VIT. B12 DEF.		
<input type="checkbox"/> 1.MU	Citrullin, Methylmalic acid 2330,1492	
	first and second morning urine	
<input type="checkbox"/> 2.MU	Citrullin 2330	
<input type="checkbox"/> 1.MU	Methylmalonic acid (B12 metabolism) 1492	
	Please send a separate tube!	
<input type="checkbox"/> 1.MU	Cystathionine (B6 metabolism) 1257	
DETOXIFICATION		
<input type="checkbox"/> SPZ	DETOX Plus 1773	
	Functional analysis of Detoxification - Phases I und II via the breakdown of coffein and Paracetamol	
<input type="checkbox"/> U	Heavy metals (urine) small NEU 5591	
	As, Cd, Cr, Co, Hg, Ni, Pb, Pd, Al, Cu, Zn, Crea	
<input type="checkbox"/> 2U	Heavy metals (urine) small 5592	
	(Before and after Chelation)	
<input type="checkbox"/> U	Heavy metals (urine) large NEU 5593	
	Ag, Al, As, Au, Ba, Be, Cd, Co, Cr, Cu, Fe, Hg, Mn, Mo, Ni, Pb, Pd, Pt, Sb, Se, Sm, Tl, V, Zn, U, Gd, Krea	
<input type="checkbox"/> 2U	Heavy metals (urine) large 5594	
	(Before and after Chelation)	
INFECTION		
<input type="checkbox"/> SPW	EBV Viral Load 2308	
	1x Saliva (Tube with white cap)	
<input type="checkbox"/> SPW	CMV Viral Load 3755	
	1x Saliva (Tube with white cap)	
<input type="checkbox"/> 1.MU	CMV Viral Load im Urin 3756	
<input type="checkbox"/> SPW	HHV6 Viral Load 3577	
	1x Saliva (Tube with white cap)	
<input type="checkbox"/> SPW	VZV Viral Load 2227	
	1x Saliva (Tube with white cap)	
<input type="checkbox"/> SPW	HSV 1/2 Viral Load 3751	
	1x Saliva (Tube with white cap)	
<input type="checkbox"/> SPW	Herpes-Virus-Reactivation 4527	
	HSV1, HSV2, HHV6, CMV, VZV, EBV	
MUCOSAL IMMUNITY		
<input type="checkbox"/> SPW	secretory IgA 1617	

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 (Immediately after getting up collected within one hour)
Früh (F)	0 to 30 min after getting up
Mittag (M)	4 hrs after getting up
Abend (A)	12 hrs after getting up
Nacht (N)	16 hrs after getting up
(2 Uhr)	2 a.m.
Urine samples	
1.MU	1 Urine sample with <u>first</u> morning urine, after getting up (large yellow tube)
2.MU	1 urine sample with <u>second</u> morning urine (small white tube with stabiliser bead)
	Discard first morning urine after getting up, CORRECT is the <u>next</u> urine to be passed
24hU NATIV	24 hr urine collection, transfer to 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
U	Urine
Blutröhrchen	
S	Serum
Special Material	
SPZ	Please request special set
*	1 st day of menstrual cycle= 1 st Day of Period. Oestrogen and Progesterone preferably on the 22 nd -23 rd day of menstrual cyle.
KPU	1 Special tube for Cryptopyrrole determination.