## Lab request form

maintrac cell counting and drug testing







£ 263

First name and last name of the patient			
Address			
Male	Female	Date of birth	

Practitioner's name, address and phone
Practitioner's email
Blood collection date:

Diagnosis and tumour formula					
Diagnosis:	date:	Therapies:			
		1. Therapy:			
Tumour formula:		start			
pTpNMR	ERPRH ER2/neu	2. Therapy:			
		start			
Surgery:	date:	Current the			
Relapse:	date:	start			
5 ,		Current the			

Therapies:		
1. Therapy:		
start	end	
2. Therapy:		
start	end	
Current therapy:		
start	scheduled end	

maintrac cell counting		
Monitoring the effectiveness of therapy (trajectory)		
O before treatment		
O follow-up examination		
O at the end of therapy		

Monitoring (trajectory) during hormone therapy or after therapy			
O during hormone therapy			
month(s) after end of therapy			

maintrac drug testing (does not include cell counting)					
O Docetaxel daily dose	£ 373	O Helixor A; M; P	£ 373	Further substances:	
○ Paclitaxe	£ 373	Please name manufacturer:			£ 373
O Cyclophosphamide	£ 373	O Vitamin C daily dose	£ 373		£ 373
O Epirubicin	£ 373	O Graviola	£ 373		£ 373
O 5-Fluoruracil	£ 373	O Iscador M; Q; U; P	£ 373		£ 373
O Doxorubicin	£ 373	O DCA (Dichloracetat)	£ 373		£ 373
O Gemcitabine	£ 373	O Amygdalin	£ 373	Combination testing:	
O Vinorelbine	£ 373	O Sulforaphan	£ 373		£ 373
O Cisplatin	£ 373	O Hypericin	£ 373		£ 373
O Carboplatin	£ 373	O Curcumin	£ 373		£ 373
Oxaliplatin	£ 373	O Artesunat	£ 373		£ 373

<ul> <li>○ Breast (ER, PR, HER2/neu amplification)</li> <li>○ Prostate (PSA, PSMA, B7-H3, AR)</li> <li>○ Lung (EGFR amplification)</li> <li>○ Ovary (ER, PR, PLAP)</li> <li>○ Melanoma (Melan A)</li> <li>○ Sarcoma (PLAP)</li> <li>○ Glioblastoma (PLAP, EGFR)</li> <li>○ Carcinoma of unknown primary (ACUP)</li> <li>Pre differentiation of maintrac cells (ER, PLAP, PSA/B7-H3, Melan A)</li> </ul>	Tumour specific diagnosis (does not include cell counting)					
<ul> <li>Lung (EGFR amplification)</li> <li>£ 356</li> <li>Ovary (ER, PR, PLAP)</li> <li>£ 634</li> <li>Carcinoma of unknown primary (ACUP)         Pre differentiation of maintrac cells (ER, PLAP, PSA/B7-H3, Melan A)     </li> </ul>	O Breast (ER, PR, HER2/neu amplification)	£ 723		○ Sarcoma (PLAP)	£ 418	
Ovary (ER, PR, PLAP) £ 634 (ER, PLAP, PSA/B7-H3, Melan A)	O Prostate (PSA, PSMA, B7-H3, AR)	£ 872		O Glioblastoma (PLAP, EGFR)	£ 634	
U Ovary (ER, PR, PLAP)	O Lung (EGFR amplification)	£ 356		Carcinoma of unknown primary (ACUP) Pre differentiation of maintrac cells	£ 1077	
○ Melanoma (Melan A) £ 418	Ovary (ER, PR, PLAP)	£ 634				
	O Melanoma (Melan A)	£ 418				

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Therapy relevant characteristics (does not include cell counting)					
O HER2/neu-amplification (FISH)	£356	○ Epidermal growth factor receptor (EGFR)	£239		
O EGFR-amplification (FISH)	£356	O Stem cell factor receptor (c-Kit)	£239		
O Apoptosis detection (incipient cell death) (TUNEL)	£356	○ Tissue factor (Risk of thrombosis. Trousseau's syndrome)	£239		
○ Estrogen receptor (ER)	£239	Vascular endothelial growth factor receptor 2 (VEGFR2)	£239		
O Progesterone receptor (PR)	£239	○ Thomsen-Friedenreich antigen (liver affinity)	£239		
O PSA (prostata specific antigen)	£239	○ PD-L1 (Programmed death ligand-1)	£239		
O PSMA (prostata specific membrane antigen)	£239	Insulin-like growth factor 1 receptor	£239		
O B7-H3 (surface antigen CD 276)	£239	(IGF1R) at HER2/neu resistance			
O Androgen receptor (AR)	£239	○ Immunglobuline (IgG)	£239		
O Growth fraction (Ki67)	£239				

Additional tests		(Please request prices)
O Immune status	Lymphocyte subpopulation (NK cells, monocytes)	
○ thrombotrac®	Thrombosis risk analysis (reports and laboratory examination) Thrombosis can be an early tumour signal. There is often an increased risk of metastasis with tumours.	
O Tumour spheres	Circulating Tumourcell Spheroid Forming Unit (c-TSFU) Cultivation of tumour spheres (cells with stem cell properties) over a period of up to 28 days.	

Please fill in the request form and send it with the labelled blood sample (15 ml EDTA) (Shelf receipt within a max. of 48 hours) in the FedEx bag provided to: Laborpraxis Dr. Pachmann. Kurpromenade 2. 95448 Bayreuth. Germany.

## Economic information

Economic information
I have been fully informed by my treating practitioner of the scope and the costs of these laboratory tests, in particular that I have to obtain a Treatment Guaranty from my health insurance scheme or that I have to bear the costs, which means that the costs are not or not fully met by a third party. The entitlement to remuneration is exclusively directed against the patient or the invoice recipient and is not dependent on a potential payment against the patient or the invoice recipient and is not dependent on a potential payment by a third party. I am aware that the required laboratory services are not services of the social security carriers, therefore the costs are normally not borne by the health insurance sor subsidy offices. I am also aware that my physician is entitled to invoice his services (i.e. not services listed in this laboratory order) additionally. The medical/laboratory tests will be invoiced in accordance with the scale of charges for doctors. In full knowledge of these facts I hereby declare that the laboratory tests, as indicated above, subsequent to my request shall be carried out.

out.

Consent to data transfer and discharge from the duty of (medical) confidentiality I hereby give my consent for my personal data and treatment data to be collected, stored, processed and used. I also agree that my data, which are necessary for invoice processing (e.g. name, date of birth, address, date of treatment, service codes, invoice sums, treatment documentation) will be disclosed to "Academy of Nutritional Medicine (AONM), St. John's Innovation Centre, Cowley Road, Cambridge CB4 0WS" and "Laborpraxis Dr. Pachmann, Arzt für Transfusionsmedizin, Kurpromenade 2, 95448 Bayreuth" and to its clearing office (the name of the clearing office can be obtained from "Laborpraxis Dr. Pachmann" by calling under 0921-850200) for the purpose of the creation of invoices or for collection of receivables or – if necessary – for judicial enforcement. This declaration of consent can be revoked at any time with effect for the future.

In this respect I release my treating practitioner, AONM and Dr. med Ulrich Pachmann, Arzt für Transfusionsmedizin, Kurpromenade 2, 95448 Bayreuth and his employees from their obligation of (medical) secrecy. I also agree that the laboratory results, which are obtained within the scope of this laboratory order, will be disclosed to my treating physician.

physician

2244
Patient´s signature
Invoice (Please fill in legibly using all capital letters)
First name
Last name
(Company)
Street address
City/town/Post code
Country

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	Please also send the results to the	e following e-mail address(es):
I agree to SIMI for scie	FO Spezielle Immunologie Forschung + I	cientific purposes in the scope of this laboratory order, are transferred Entwicklung GmbH, Kurpromenade 2, 95448 Bayreuth' also give my consent for the anonymized evaluation
○ ma	se additionally send me: aintrac lab request forms aintrac information material ipping material	○ thrombotrac lab request forms ○ thrombotrac questionaires

The natient would like a conv of the results for his/her own use

Lab testing has to be prepaid. Please contact the Academy of Nutritional Medicine (AONM) 03331 210 305 info@aonm.org www.aonm.org

St. John's Innovation Centre Cowley Road Cambridge CB4 0WS United Kingdom

Authorisation code	