

AONM TEST PANEL ORDER FORM

Surname, First Name:			BARCODE			Send results to: Myself <input type="checkbox"/> My Physician <input type="checkbox"/>			
Male <input type="checkbox"/>	Female <input type="checkbox"/>					Name of Physician:			
Date of Birth (DD/MM/YYYY):						Name of Practice:			
Street/House Number:			Time of Blood Draw:			Street/House Number:			
Postcode:		City:		Date (DD/MM):		Postcode:		City:	
County:		Country:		Material/Quantity	<input type="checkbox"/> CPDA	County:		Country:	
Tel no:			<input type="checkbox"/> Heparin	<input type="checkbox"/> EDTA			Tel no:		
Email:			<input type="checkbox"/> Serum	<input type="checkbox"/>			Email:		

<b>A <input type="checkbox"/> AONM Standard Virus Panel</b>	EBV Elispot (2 Antigens: Lytic + Latent)	CPDA	<b>£329</b> <i>(individual price £371.61)</i>
	HSV 1/2 Elispot	CPDA	
	CMV Elispot	CPDA	
	Coxsackie IgG /IgA Antibodies	Serum	
	HHV 6 IgG/IgM Antibodies	Serum	

<b>B <input type="checkbox"/> AONM Extended Virus Panel</b>	EBV Elispot (2 Antigens: Lytic + Latent)	CPDA	<b>£524</b> <i>(individual price £590.23)</i>
	EBV IgG-/IgM /EBNA-/Early-/Avidity Anti	Serum	
	HSV 1/2 Elispot	CPDA	
	HSV 1/2 IgG-/IgA-/IgM Antibodies	Serum	
	CMV Elispot	CPDA	
	Coxsackie IgG /IgA Antibodies	CPDA	
	HHV 6 IgG/IgM Antibodies	Serum	
	VZV IgG/IgA /IgM Antibodies	Serum	

<b>C <input type="checkbox"/> AONM Comprehensive Bacteria Panel</b>	Borrelia EliSpot	CPDA	<b>£746</b> <i>(individual price £840.09)</i>
	CD3-/CD57+ Cells	Hep., ED	
	Borrelia IgG-/IgM SeraSpot®	Serum	
	Ehrlichia EliSpot	CPDA	
	Bartonella IgG-Antibodies (Henselae+Qu	Serum	
	Babesia IgG-/IgM Antibodies	Serum	
	Chlamydia Pneumoniae EliSpot	CPDA	
	Chlamydia Pneumoniae IgG-/IgA Antibo	Serum	
	Mycoplasma Pneumoniae IgG-/IgA Antib	Serum	
	Yersinia EliSpot	CPDA	



Please call our AONM helpline on 03331 210 305 if you require assistance

Enter the letter(s) of the test panel(s) you wish to order: \_\_\_\_\_

Mark the box/boxes with a cross, and write the amount to be paid for the tests: \_\_\_\_\_

Add £30 for FedEx courier delivery: Total: \_\_\_\_\_

If you would like to pay by credit card, please call the AONM helpline on 03331 210 305

If you would like to pay by bank transfer, please use the following details:

Bank: Barclays Bank, 28 Chesterton Road, Cambridge CB4 3EZ, UK  
A/C name: Academy Of Nutritional Medicine (AONM)  
Sort code: 20-17-22 A/C number: 63880265  
IBAN: GB82 BARC 2017 2263 8802 65  
SWIFT/BIC: BARCGB22

Once the payment is confirmed AONM will send you an authorisation code by email, or give it to you over the phone.

**AONM Authorisation Code**

Please insert code here →

**Data Protection. 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 "ArminLabs, Zirbelstrasse 58. 2<sup>nd</sup> floor, 86154 Augsburg, Germany" 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 ArminLabs and their 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 practitioner.

Please sign below to confirm that you agree with the above:

Date, signature: ..... / ..... / ..... .....