# Lab request form

maintrac cell counting and drug testing

Laborpraxis Dr. Pachmann

Please contact AONM for current prices

Patient data

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:

Please fill in the form as completely as possible

## Diagnosis and tumour formula

Diagnosis: date:

Tumour formula:

pT____pN____M____ R____ ER____ PR____ HER2/neu____

Surgery: date:

Relapse: date:

Therapies:

1. Therapy:

start end

2. Therapy:

start end

Current therapy:

start scheduled end

15 ml EDTA blood is required.

## maintrac cell counting

Monitoring the effectiveness of therapy (trajectory)

- ○ before treatment
- ○ follow-up examination
- ○ at the end of therapy

Monitoring (trajectory) during hormone therapy or after therapy

- ○ during hormone therapy
- ○ _____ month(s) after end of therapy

15 ml EDTA blood is sufficient for the testing of up to 7 medications

## maintrac drug testing (does not include cell counting)

| | | |
|---|---|---|
| ○ Docetaxel daily dose | ○ Helix or A ; M ; P | ○ Further substances: |
| ○ Paclitaxe | Please name manufacturer: | |
| ○ Cyclophosphamide | ○ Vitamin C daily dose | |
| ○ Epirubicin | ○ Graviola | |
| ○ 5-Fluoruracil | ○ Iscador M; Q; U; P | |
| ○ Doxorubicin | ○ DCA (Dichloracetat) | |
| ○ Gemcitabine | ○ Amygdalin | ○ Combination testing: |
| ○ Vinorelbine | ○ Sulforaphan | |
| ○ Cisplatin | ○ Hypericin | |
| ○ Carboplatin | ○ Curcumin | |
| ○ Oxaliplatin | ○ Artesunat | |

## Tumour specific diagnosis *(does not include cell counting)*

- ○ Breast (ER, PR, HER2/neu amplification)
- ○ Prostate (PSA, PSMA, B7-H3, AR)
- ○ Lung (EGFR amplification)
- ○ Ovary (ER, PR, PLAP)
- ○ Melanoma (Melan A)
- ○ Sarcoma (PLAP)
- ○ Glioblastoma (PLAP, EGFR)
- ○ Carcinoma of unknown primary (ACUP)
  Pre differentiation of maintrac cells
  (ER, PLAP, PSA/B7-H3, Melan A)

15 ml EDTA blood is sufficient for the testing of up to 7 medications

## Therapy relevant characteristics *(does not include cell counting)*

- ○ *HER2/neu-amplification (FISH)*
- ○ *EGFR-amplification (FISH)*
- ○ *Apoptosis detection (incipient cell death) (TUNEL)*
- ○ *Estrogen receptor (ER)*
- ○ *Progesterone receptor (PR)*
- ○ *PSA (prostata specific antigen)*
- ○ *PSMA (prostata specific membrane antigen)*
- ○ *B7-H3 (surface antigen CD 276)*
- ○ *Androgen receptor (AR)*
- ○ *Growth fraction (Ki67)*
- ○ *Epidermal growth factor receptor (EGFR)*
- ○ *Stem cell factor receptor (c-Kit)*
- ○ *Tissue factor (Risk of thrombosis. Trousseau's syndrome)*
- ○ *Vascular endothelial growth factor receptor 2 (VEGFR2)*
- ○ *Thomsen-Friedenreich antigen (liver affinity)*
- ○ *PD-L1 (Programmed death ligand-1)*
- ○ *Insulin-like growth factor 1 receptor (IGF1R) at HER2/neu resistance*
- ○ *Immunglobuline (IgG)*

15 ml EDTA blood is required

## Additional tests

*(Please request prices)*

| | |
|---|---|
| ○ *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.* |
| ○ *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*
*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 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 scheme, health insurances or 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.*

*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.*

☐ *The patient would like a copy of the results for his/her own use.*

☐ *Please also send the results to the following e-mail address(es):*

*Consent to the evaluation of my data for scientific purposes*
*I agree that the results, which are obtained within the scope of this laboratory order, are transferred to SIMFO Spezielle Immunologie Forschung + Entwicklung GmbH, Kurpromenade 2, 95448 Bayreuth" for scientific purposes in an anonymized form. I also give my consent for the anonymized evaluation of my laboratory results for scientific purposes.*

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*Please additionally send me:*

- ○ *maintrac lab request forms*
- ○ *maintrac information material*
- ○ *shipping material*
- ○ *thrombotrac lab request forms*
- ○ *thrombotrac questionaires*

Patient´s signature

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Invoice (Please fill in legibly using all capital letters)

First name. . . . . .

Last name. . . . . .

(Company). . . . . .

Street address . . . . . .

City/town/Post code. . . . . .

Country.. . . . . .

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 _____