

# Lab request form

maintrac cell counting and drug testing

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__HER2neu__	
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)
<input type="radio"/> before treatment
<input type="radio"/> follow-up examination
<input type="radio"/> at the end of therapy

Monitoring (trajectory) during hormone therapy or after therapy
<input type="radio"/> during hormone therapy
<input type="radio"/> _____ 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)

<input type="radio"/> Docetaxel <i>daily dose</i>	<input type="radio"/> Helixor A ; M ; P	<input type="radio"/> Further substances:
<input type="radio"/> Paclitaxe	Please name manufacturer:	
<input type="radio"/> Cyclophosphamide	<input type="radio"/> Vitamin C <i>daily dose</i>	
<input type="radio"/> Epirubicin	<input type="radio"/> Graviola	
<input type="radio"/> 5-Fluoruracil	<input type="radio"/> Iscador M; Q; U; P	
<input type="radio"/> Doxorubicin	<input type="radio"/> DCA (Dichloracetat)	
<input type="radio"/> Gemcitabine	<input type="radio"/> Amygdalin	<input type="radio"/> Combination testing:
<input type="radio"/> Vinorelbine	<input type="radio"/> Sulforaphan	
<input type="radio"/> Cisplatin	<input type="radio"/> Hypericin	
<input type="radio"/> Carboplatin	<input type="radio"/> Curcumin	
<input type="radio"/> Oxaliplatin	<input type="radio"/> Artesunat	

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

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

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

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

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

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.
- Stemtrac 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.

**Financial 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.

- 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.

**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 for the purpose of testing. 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 for the above purposes. I also agree that the laboratory results, which are obtained within the scope of this laboratory order, will be disclosed to my treating physician.

Please additionally send me:

- maintrac lab request forms  thrombotrac lab request forms
- maintrac information material  thrombotrac questionnaires
- shipping material

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 \_\_\_\_\_