



AONM Help-line
+44 (0) 3331 210 305

moleculera labs

**INTERNATIONAL TEST REQUISITION
CUNNINGHAM PANEL™ OF TESTS**

PATIENT INFORMATION

Patient FIRST Name	Patient LAST Name	Middle Initial	Date of Birth		
			Month	Day	Year
Street Address	City and County	Country	Postal Code	Gender Male Female	
Mobile Number (include country code)	Home Phone Number (include country code)	Email			

PARENT / GUARDIAN INFORMATION

Parent/Guardian FIRST Name	Parent/Guardian LAST Name	Middle initial	Check here if address and phone numbers are the same as above.		
Street Address	City and County	Country	Postal Code	Gender Male Female	
Mobile Number (include country code)	Home Phone Number (include country code)	Email			

BILLING / PAYMENT INFORMATION

Payment : Payment is made directly to Academy of Nutritional Medicine either by card or bank transfer.
Please call +44 (0)3331 210 305 to make payment by debit/credit card.
Bank transfer to: Academy Of Nutritional Medicine (AONM), Barclays Bank, 28 Chesterton Road, Cambridge CB4 3EZ, UK
Sort code: 20-17-22 Account number: 63880265 IBAN: GB02 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. Please insert it in the box:

ORDERING DR/PRACTITIONER INFORMATION

Provider FIRST Name	Provider LAST Name	Qualification			
Clinic Name		Speciality			
Street Address	City and Country	Country	Postal Code		
Phone Number (include country code)	Fax Number (include country code)	Email			

TESTING INFORMATION

Blood draw procedure: It is vital that any blood drawn for the Cunningham Panel uses the brown-topped tubes provided by AONM and then centrifuged after allowing the blood to clot for 30-60 minutes. Failure to do this nullifies the validity of the test. It is also vital that ice packs are frozen 24 hours in advance which the phlebotomist must be informed of and ensure and then kept together with the blood sample in the fridge until pickup by FedEx or other air courier company. It is the parent's/patient's responsibility to ensure that this procedure is followed. AONM will not be responsible for loss of costs associated with failure to follow this procedure. (See separate instructions provided.)

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 carrying out the named test(s). 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 "Moleculera Labs, Inc., 755 Research Parkway, Suite 410, Oklahoma City, OK 73104 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 Moleculera Labs 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.

Select Test Below	Signature of patient or responsible adult	Date
Cunningham Panel of Tests	X	

Nurse/phlebotomist carrying out the blood collection. Please sign below to confirm that the Cunningham Panel Test Kit was used for the blood collection. Signature: _____ Print name: _____ Date: _____
Specimin Collection Date and Time: _____