

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___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)

<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)
<input type="radio"/> Ovary (ER, PR, PLAP)	Pre differentiation of maintrac cells
<input type="radio"/> Melanoma (Melan A)	(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)*

<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

<input type="radio"/> Immune status	Lymphocyte subpopulation (NK cells, monocytes)	Upon request
<input type="radio"/> 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.	Upon request
<input type="radio"/> Stemtrac	Circulating Tumour cell Spheroid Forming Unit (c-TSFU) Cultivation of tumour spheres (cells with stem cell properties) over a period of up to 28 days.	

There is a fast airfreight shipping charge of £30 (inc VAT) for samples to be sent to the laboratory in Germany from the UK. Shelf life of sample is approximately 48 hours. Please fill in the request form and send it with the labelled blood sample (15 ml EDTA) in the FedEx bag provided to: Laborpraxis Dr. Pachmann, Kurpromenade 2, 95448 Bayreuth, Germany.

Total cost of tests _____ plus shipping (inc.VAT) £30.00

Total cost: _____

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 _____