



# TEST REQUISITION

## Mitochondrial Tests



PATIENT INFORMATION		BARCODE (Lab use only)		ORDERING DR/PRACTITIONER INFORMATION	
Patient FIRST NAME:				Practitioner:	
		Additional data as needed:			
Patient SURNAME:		Street Address:			
DATE OF BIRTH (DD/MM/YYYY):		Postcode:	City:		
SEX (please circle):	male      female	County:	Country:		
Street Address:		Tel no:			
		Email:			
Postcode:	City:	Other practitioner if applicable :			
County:	Country:	Name:			
Tel no:		Tel no:			
Email:		Email:			
<b>AONM HELPLINE: +44 (0) 3331 210 305</b>					

<input checked="" type="checkbox"/>	#Test number	Name of Test	Material	Price
<input type="checkbox"/>	M1	ATP Profile: <small>ATP Profile: Total ATP, Mitochondrial ATP, Glycolytic ATP, Reserve ATP</small>	CPDA x 1	
<input type="checkbox"/>	M2	Mitochondrial Health Index: <small>Basal respiration rate, mitochondrial ATP turnover, proton leak, maximum respiration rate, reserve capacity, non-mitochondrial rate, calculation of the overall Mitochondrial Health Index</small>	CPDA x 1	
<input type="checkbox"/>	M3	Combination of ATP profile and MHI (M1 and M2)	CPDA x 2	
<input type="checkbox"/>		<b>Supplementary biomarkers on request</b>	Can normally only be done along with M1 or M2	
<input type="checkbox"/>	M4	Ratio of mtDNA to nDNA	1 additional CPDA (2 in total)	
<input type="checkbox"/>	M5	PGC-1α	1 additional CPDA (2 in total)	
<input type="checkbox"/>	M6	Nrf-2	1 additional CPDA (2 in total)	
<input type="checkbox"/>	M7	Combination of Ratio of mtDNA to nDNA, PGC-1α, Nrf-2 (M4, M5, M6)	1 additional CPDA (2 in total)	
<input type="checkbox"/>	M8	Lactate/pyruvate ratio	1 additional CPDA (2 in total)	
<input type="checkbox"/>	M9	Mitochondrial 4977 deletion mutant (mt4977del)	1 additional CPDA (2 in total)	
<input type="checkbox"/>	M10	Combination of all above M1, M2, M4, M5, M6, M8, M9	CPDA x 2	

Total: \_\_\_\_\_

Add £45 for courier delivery. Tests plus courier. Total: \_\_\_\_\_

### BILLING/PAYMENT INFORMATION

Payment is made directly to Academy of Nutritional Medicine (AONM) 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: GB11 BUKB 2017 2263 8802 65 | SWIFT/BIC: BUKGBG22

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

#### AONM Authorisation Code

Please insert code here →

### TESTING INFORMATION

Data Protection. Consent to data transfer and discharge from the duty of (medical) confidentiality. I hereby give my consent for my personal data to be collected, stored, and processed. I also agree that any data, which is necessary for invoice processing (e.g. name, date of birth, address, date of testing, service codes, invoice sums, test numbers) or reporting of test results to UK authorities will be disclosed to "Academy of Nutritional Medicine (AONM), St. John's Innovation Centre, Cowley Road, Cambridge CB4 0WS" and "MMD GmbH & Co. KG, Breiter Weg 10 A, 39104 Magdeburg, Germany" for the purpose of the creation of invoices or for collection of receivables or – if necessary – for judicial enforcement. In this respect I release AONM and MMD GmbH & Co. KG and their employees from their obligation of (medical) secrecy.

#### Terms and Conditions for Ordering: Medical and Diagnostic information

AONM cannot provide a medical diagnosis. AONM makes no claims whatsoever to be able to diagnose or treat medical conditions but to provide tests which could help practitioners make a clinical diagnosis. As a condition of ordering these tests, patients and practitioners accept that AONM has no liability for any results provided.

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

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