



moleculera labs



INTERNATIONAL TEST REQUISITION CUNNINGHAM PANEL™ OF TESTS

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

PATIENT INFORMATION form with fields for 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, Home Phone Number, and Email.

PARENT / GUARDIAN INFORMATION form with fields for 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, Home Phone Number, and Email.

BILLING / PAYMENT INFORMATION section containing payment instructions, bank transfer details (Academy Of Nutritional Medicine, Barclays Bank, 28 Chesterton Road, Cambridge CB4 3EZ, UK), and a box for an authorisation code.

ORDERING DR/PRACTITIONER INFORMATION form with fields for Provider FIRST Name, Provider LAST Name, Qualification, Clinic Name, Speciality, Street Address, City and Country, Country, Postal Code, Phone Number, Email, and Signature.

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.

Table with 3 columns: Select Test Below, Signature of patient or responsible adult, Date. Row 1: Cunningham Panel of Tests, X, [blank].

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: \_\_\_\_\_ Specimen Collection Date and Time: \_\_\_\_\_