Please write	in BLOCK LETTERS	CTL therapist number			
CUDNAME:* DOD*-		10021		INSTITUTE	
SURNAME:* DOB*: FIRST NAME:*				aboratory Order	
Street, house number:*		(To be completed by CTL)	Medical director: Uwe David, Allergist		
City, State, Post Code, Country*:		Institute Academy of Nutritional Medicine (AONM) St. John's Innovation Centre, Cowley Road, Cambridge, CB4 0WS Tel: 03331 210 305		CTL & Ortholabor, Anemonenweg 3a 26160 Bad Zwischenahn, Germany Mailbox 11 63, 26146 Bad Zwischenahn, Germany Contact: info@ctl-labor.de	
EMAIL*		Email: laboratories@aonm.org			: +49 4403 62605-0
TEL*:	Date:	AONM	Fai		+49 4403 62605-25
	Date.	ALADEMTS/NUTRITIONAL MEDICINE	I d.	x tot order slips.	+49 4403 02003-23
Date of collection Time of collect Date of collection Time of collect Date of collection Time of collect Date of collection Time of collection Date of collection Date of collection Date of collection Date o	d it together with the labelled blood sample to t	Female* Fingerprick (capillary) Male* Blood Draw (NB: add £50 for shipping)	Capillary blood material requirements for ImuPro tests (with Whatman card): 270 antigens: 5 completely filled circles of blood 180 antigens: 5 completely filled circles of blood 90 antigens: 4 completely filled circles of blood		
			44	4 antigens: 2 complet	ely filled circles of blood
	DR/PRACT	ITIONER INFORMATION			
NAME:		EMAIL:			
The results will be in English unless othe		Spanish 🗌 Arabic		Material: S = Seri	ım, C = Capillary blood
Food allergy type III (IgG)				Material	Price £
ImuPro Complete	(270 antigens) - recipe book is included			S/C	£330
ImuPro Basic Plus	(180 antigens) - recipe book is included			S/C	£265
ImuPro Basic	(90 antigens) - without recipe book			S/C	£177
ImuPro Screen Plus	(44 antigens) - without recipe book and rotation plan			S/C	£120
ImuPro Vegi Plus (221 antigens) - recipe book is included				S/C	£270
ImuPro Vegi	(90 antigens) - without recipe book			S/C	£177
<u> </u>	<b>Complete</b> (90 $\Rightarrow$ 270 Food antigens) within 4	weeks - recipe book is included		S/C	£230
Single parameters plus detailed report (serum blood draws ONLY)				Material	Price £
Histamine Intolerance (DAO) DAO Concentration				S	
					£70
Histamine Intolerance (THAK)	Total histamine degradation capacity			S	£140
Vitamin D	(25-OH)			S	£51
DHL Medical Express Shipping	For Serum blood draws ONLY, please add £50	for shipping		Serum only	£50
Important for ImuPro requirements:			Į	TOTAL	
All non-vegetarian food (VE)				ease mark the box(es) as appropriate:	
	N				
BANK Sort coc Once the	y of Nutritional Medicine (AONM) either by carc <b>TRANSFER:</b> Academy Of Nutritional Medicine (/ de: 20-17-22   Account number: 63880265 e payment is confirmed AONM will send you an If paid online this will be on the receipt/	d OR bank transfer. <b>CARD:</b> Please call +44 (0) 3331 2 <sup>-</sup> AONM), Barclays Bank, 28 Chesterton Road, Cambrid   IBAN: GB11 BUKB 2017 2263 8802 65   SWIFT *** AONM Authorisation Code by email or give it to you (confirmation of order you will have received by email Authorisation Code*	lge CB4 3EZ, I 7/BIC: BUKBG u over the pho	JK B22	bit/credit card.
	fer and discharge from the duty of (medical) con	nfidentiality. I hereby give my consent for my persona	I data and tre	atment data to b	e collected
stored, processed and used. I also agree numbers, treatment documentation) will Anemonenweg 3a, Mailbox 11 63, 26160	that any data, which are necessary for invoice p be disclosed to "Academy of Nutritional Medici Bad Zwischenahn, Germany" for the purpose of	Indentiality. I nereby give my consent for my persona processing (e.g. name, date of birth, address, date of ne (AONM), St. John's Innovation Centre, Cowley Ro- the creation of invoices or for collection of receivabl ployees from their obligation of (medical) secrecy. I a	treatment, se ad, Cambridge es or – if nece	rvice codes, invo e CB4 0WS" and ' essary – for judici	ice sums, test "CTL & Ortholabor, ial enforcement. In

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

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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 individuals and practitioners improve the well-being. As a condition of ordering these tests, patients and practitioners accept that AONM has no liability for any results provided.

obtained within the scope of this laboratory order may be disclosed to my treating practitioner. This declaration of consent can be revoked at any time with effect for the future.

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Signature of Institute

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