TEST REQUISITION

MITOCHONDRIAL TESTS

MMD

AONM — ACADEMY OF NUTRITIONAL MEDICINE

PATIENT INFORMATION		BARCODE (Lab use only)	Please send results to:	☐ myself
Patient FIRST NAME*:				☐ my practitioner
Patient SURNAME*:			**ORDERING DR/PRACTITIONER INFORMATION**	
DATE OF BIRTH (DD/MM/YYYY)*:			Dr. / Practitioner name:	
SEX (please circle): nonbinary male female	Time of Blood Draw*:		Clinic:	
Street Address:	Date of blood draw (DD/MM)*:		Street Address:	
Postcode:	City:	Material/Quantity ☐ CPDA	Postcode:	City:
County:	Country:		County:	Country:
Tel no:		**AONM HELPLINE:**	Tel no:	
Email*:		**+44 (0) 3331 210 305**	Email:	

☑	#TEST NUMBER	NAME OF TEST		MATERIAL	PRICE
☐	M1	ATP Profile:	Total ATP, Mitochondrial ATP, Glycolytic ATP, Reserve ATP	CPDA x1	
☐	M2	Mitochondrial Health Index (MHI):	Basal respiration rate, mitochondrial ATP turnover, proton leak, maximum respiration rate, reserve capacity, non-mitochondrial rate, calculation of the overall Mitochondrial Health Index	CPDA x1	
☐	M3 (M1+M2)	Combination of ATP Profile and MHI (M1 & M2)		CPDA x2	

SUPPLEMENTARY BIOMARKERS ON REQUEST (can normally only be done along with the ATP Profile and/or MHI)

☑	#TEST NUMBER	NAME OF TEST	MATERIAL	PRICE
☐	M4	Ratio of mtDNA to nDNA	1 additional CPDA (max. 2)	
☐	M5	PGC-1α	1 additional CPDA (max. 2)	
☐	M6	Nrf-2	1 additional CPDA (max. 2)	
☐	M7 (M4+M5+M6)	Combination of Ratio of mtDNA to nDNA, PGC-1α, and Nrf-2 (M4, M5, M6)	1 additional CPDA (max. 2)	
☐	M8	Lactate/pyruvate ratio (must be ordered at same time as MHI)	1 additional CPDA (max. 2)	
☐	M9	Mitochondrial 4977 deletion mutant (mt4977del)	1 additional CPDA (max. 2)	
☐	M10 (M3+M7+M8+M9)	Combination of all above (M3, M7, M8, M9)	CPDA x2	
☐	M11	Intact vs. non-intact mitochondria (must be ordered at same time as MHI + M4 + M9)	CPDA x2	

Add £50 for courier delivery (to send from UK). Please Request shipping prices from elsewhere.

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: BUKBGB22

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 and treatment data to be collected, stored, processed and used. I also agree that any data, which are necessary for invoice processing (e.g. name, date of birth, address, date of treatment, service codes, invoice sums, test numbers, treatment documentation) 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 my treating practitioner, AONM and MMD GmbH & Co. KG, 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 may be disclosed to my treating practitioner. This declaration of consent can be revoked at any time with effect for the future.

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:

* = required fields   valid until new edition

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

version AUG23