

TEST REQUISITION



Stool Multiplex-PCR Panels for Parasites

PATIENT INFORMATION			Please send results to:	☐ myself
Patient FIRST NAME*:		BARCODE		☐ my practitioner
Patient SURNAME*:		(Lab use only)	PRACTITIONER INFORMATION	
DATE OF BIRTH (DD/MM/YYYY)*:			Dr. / Practitioner name:	
Sex* (please circle): male female		Time of Collection*:	Clinic:	
Street Address:		Date of collection (DD/MM)*:	Street Address:	
Postcode: City:			Postcode:	City:
County: Country:			County:	Country:
Tel no:		AONM HELPLINE:	Tel no:	
Email*:		+44 (0) 3331 210 305	Email:	
- N-		TECT	CANADI E TVDE	DDICE
✓ No.		TEST	SAMPLE TYPE	PRICE
SMP1 Darm Protozoa Multiplex-PCR (Giardia lamblia, Entamoeba histolytica, Cryptosporidium spp., Blastocytis hominis, Dientamoeba fragilis, Cyclospora cayetanensis)		Faecal	£182	
SMP2	Parasitic Helminths Multiplex-PCR (Ancylostoma spp., Ascaris spp., Enterobius vermicularis, Hymenolepis spp., Enterocytozoon spp./Encephalitozoon spp., Necator americanus, Strongyloides spp., Taenia spp., Trichuris trichiura)			£182
,	,	BILLING/PAYMENT INFORMATION ritional Medicine (AONM) either by card or bank to payment by debit/credit card.	ransfer.	
	-	payment by debit/credit card.		
	•	ledicine (AONM), Barclays Bank, 28 Chesterton Ro	9	
	·	3880265 IBAN: GB11 BUKB 2017 2263 8802 6	, ,	
Once the pay	yment is confirmed AONM wil	I send you an AONM Authorisation code by ema	ail, or give it to you over	the phone.
		AONM Authorisation Code*	7	
	Please insert coo	le here →		
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		T&Cs		
be collected, st service codes, i Cowley Road, C receivables or - of (medical) see	ored, processed and used. I also agr nvoice sums, test numbers, treatme Cambridge CB4 OWS" and "ArminLab - if necessary – for judicial enforcem	charge from the duty of (medical) confidentiality. I hereby ee that any data, which are necessary for invoice process int documentation) will be disclosed to "Academy of Nutrit s, Zirbelstrasse 58. 2nd floor, 86154 Augsburg, Germany f ent. In this respect I release my treating practitioner, AON y results, which are obtained within the scope of this labo ime with effect for the future.	ing (e.g. name, date of birth, a ional Medicine (AONM), St. J or the purpose of the creation IM and ArminLabs and their of	address, date of treatment, ohn's Innovation Centre, n of invoices or for collection of employees from their obligation
AONM cannot		Diagnostic information makes no claims whatsoever to be able to diagnose or tre on of ordering these tests, patients and practitioners acce		
Please sign b	elow to confirm that you agree	with the above:	* = required fields	DOB & M/F are used for reference ranges
Date, sig	gnature: / /			
		al Medicine (AONM), St. John's Innovation Centre, Cow	vley Road, Cambridge, CB4 (0WS