TEST REQUISITION

Kryptopyrroluria (KPU) Testing

PATIENT INFORMATION		BARCODE (Lab use only)	Please send results to:	☐ myself

PATIENT INFORMATION

Patient FIRST NAME*:

Patient SURNAME*:

DATE OF BIRTH (DD/MM/YYYY)*:

Sex* (please circle):   male   female

Street Address:

Postcode: | City:

County: | Country:

Tel no:

Email*:

BARCODE (Lab use only)

Time sample taken*:

Date sample taken (DD/MM)*:

Material/Quantity   ☐ Urine

AONM HELPLINE:

+44 (0) 3331 210 305

Please send results to: ☐ myself   ☐ my practitioner

PRACTITIONER INFORMATION

Dr. / Practitioner name:

Clinic:

Street Address:

Postcode: | City:

County: | Country:

Tel no:

Email:

TEST NUMBER	NAME		SAMPLE TYPE	PRICE
☐ K1	Kryptopyrrole Test		Urine	£

Add £50 for courier delivery (to send from UK) or £60 (from outside UK).   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 →

T&Cs

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 "SDS Special Diagnostic Services GmbH, Stubenwald-Allee 8a, 64625 Bensheim, 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 SDS Special Diagnostic Services 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   DOB & M/F are used for reference ranges

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

Academy of Nutritional Medicine (AONM), St. John's Innovation Centre, Cowley Road, Cambridge, CB4 0WS
www.aonm.org | Tel: 03331 210 305 | Email: info@aonm.org

version Feb24