

TEST REQUISITION



DOB & M/F are used

version SEPT24

MITOCHONDRIAL TESTS

			WITTOCHONDRIAE TEST				
PATIENT INFORMATION				Please send results to:		myself	
Patient FIRST NAME*:			BARCODE			my practitioner	
Patient SURNAME*:			(Lab use only)	ORDERING DR/PRACTITIONER INFORMATION			
DATE OF BIRTH (DD/MM/YYYY)*:				Dr. / Practitioner nam	titioner name:		
Sex* (please circle): male female			Time of Blood Draw*:	Clinic:			
Street Address:			Date of blood draw (DD/MM)*:	Street Address:			
Postcode: City:		City:	Material/Quantity CPDA	Postcode:	ostcode: City:		
County: Country:		Country:	NOTE: Fill 2x CPDA for multiple tests. 3x CPDA for test M12.	County: Country:			
Tel no:			AONM HELPLINE:	Tel no:			
Email*:			+44 (0) 3331 210 305	Email:			
✓	#TEST NUMBER	NAME OF TEST			MATERIAL	PRICE	
П	M1	ATP Profile:	Total ATP, Mitochondrial ATP, Glycolytic ATP, Reserve	ATD	CPDA x1	£125	
	IVII	ATP PIOTILE.			CPDA XI	£125	
	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			£195	
M3 (M1+M2) Combination of ATP Profile (M1) ↑ and MHI (M2) ↑					CPDA x2	£285	
SUPPLEMENTARY BIOMARKERS ON REQUEST (can normally only be done along with the ATP Profile and/or MHI)							
	M4	Ratio of mtDNA to nDNA			CPDA x2	£70	
	M5	PGC-1α			CPDA x2	£50	
	M6	Nrf-2			CPDA x2	£50	
	M7 (M4+M5+M6)	Combination of Ratio of mtDNA to nDNA, PGC-1 α , and Nrf-2 (M4, M5, M6)			CPDA x2	£135	
	M8	Lactate/pyruvate ratio (must be ordered at same time as MHI (M2 or M3))			CPDA x2	£70	
	M9	Mitochondrial 4977 deletion mutant (mt4977del)			CPDA x2	£70	
	M10 (M3+M7+M8+M9)	Combination of all above (M3, M7, M8, M9)			CPDA x2	£485	
M12 Mitochondrial Fuel Pathways (must be ordered at same time as MHI (M2 or M3) + M4 + M9)					CPDA x3	£195	
Add £50 for courier delivery (to so			send from UK). Please Request shipping prices from elsewhere.		Tests plus o	Tests plus courier. Total:	
DILLING PROVINCENT INFORMATION							
BILLING/PAYMENT INFORMATION Payment is made directly to Academy of Nutritional Medicine (ACNIM) either by card or hank transfer							
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				
collected codes, in Cambridg - if neces (medical)	, stored, processed voice sums, test nu ge CB4 OWS" and "' ssary – for judicial e secrecy. I also agre	l and used. I also agree that any our imbers, treatment documentation 'MMD GmbH & Co. KG, Breiter Wenforcement. In this respect I rele	om the duty of (medical) confidentiality. I hereby give data, which are necessary for invoice processing (e. n) will be disclosed to "Academy of Nutritional Medi/eg 10 A, 39104 Magdeburg, Germany" for the purpease my treating practitioner, AONM and MMD Gmich are obtained within the scope of this laboratory to the future.	g. name, date of birth, a icine (AONM), St. John's ose of the creation of in bH & Co. KG, and their e	ddress, date of tre Innovation Centr voices or for colle employees from th	eatment, service e, Cowley Road, ction of receivables or neir obligation of	
AONM ca practition note: res	annot provide a me ners make a clinical ults may take up to	l diagnosis. As a condition of ord o 4 weeks.	claims whatsoever to be able to diagnose or treat ering these tests, patients and practitioners accept				
Please s	Please sign below to confirm that you agree with the above: *= required fields valid until new edition						

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Date, signature: / /