



**INTERNATIONAL TEST REQUISITION
AUTOIMMUNE BRAIN PANEL™**

(formerly known as the Cunningham Panel™)

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| AONM Help Line +44 (0) 3331 210 305 |
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PATIENT INFORMATION

| | | | | | |
|--------------------------------------|--|---------|---------------|--|------|
| Patient FIRST Name | Patient LAST Name | MI | Date of Birth | | |
| | | | Month | Day | Year |
| Street Address | City and County | Country | Postal Code | Sex assigned at birth <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Mobile Number (include country code) | Home Phone Number (include country code) | Email | | | |

PARENT / GUARDIAN INFORMATION

| | | | | |
|--------------------------------------|--|---------|--------------------------|--|
| Parent/Guardian FIRST Name | Parent/Guardian LAST Name | MI | <input type="checkbox"/> | Check here if address and phone numbers are the same as above. |
| Street Address | City and County | Country | Postal Code | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Mobile Number (include country code) | Home Phone Number (include country code) | Email | | |

BILLING / PAYMENT INFORMATION

Payment: Payment is made directly to Academy of Nutritional Medicine 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: GB82 BARC 2017 2263 8802 65 SWIFT/BIC: BARCGB22
Once the payment is confirmed, AONM will send you an authorisation code by email, or give it to you over the phone.
Please insert it in the box:

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ORDERING PROVIDER INFORMATION

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|-------------------------------------|-----------------------------------|-----------|-------------|--|
| Provider FIRST Name | Provider LAST Name | Degree | | |
| Clinic Name | | Specialty | | |
| Street Address | City and County | Country | Postal Code | |
| Phone Number (include country code) | Fax Number (include country code) | Email | | |

TESTING INFORMATION

Blood draw procedure: It is vital that any blood drawn for the Cunningham Panel uses the red-top tubes provided by AONM and then centrifuged after allowing the blood to clot for 30-60 minutes. Failure to do this nullifies the validity of the test. It is also vital that ice packs are frozen 24 hours in advance which the phlebotomist must be informed of and ensure and then kept together with the blood sample in the fridge until pickup by the air freight company. It is the parent's/patient's responsibility to ensure that this procedure is followed. AONM will not be responsible for loss of costs associated with failure to follow this procedure. (See separate instructions provided.)

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 my data, which are necessary for invoice processing (e.g. name, date of birth, address, date of treatment, service codes, invoice sums, treatment documentation) will be disclosed to "Academy of Nutritional Medicine (AONM), St. John's Innovation Centre, Cowley Road, Cambridge CB4 0WS" and "Moleculera Labs, Inc., 755 Research Parkway, Suite 410, Oklahoma City, OK 73104 for the purpose of the creation of invoices or for collection of receivables or – if necessary – for judicial enforcement. This declaration of consent can be revoked at any time with effect for the future. In this respect I release my treating practitioner, AONM and Moleculera Labs 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, will be disclosed to my treating practitioner.

Diagnostic information: AONM may assist and guide patients and practitioners with regards to which tests are appropriate to take but any tests taken through AONM do not constitute a medical diagnosis on the part of AONM. AONM makes no claims whatsoever to be able to diagnose medical conditions but to provide tests which can help to form the basis of a diagnosis on the part of qualified practitioners.

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|---|------|
| Ordering Provider Signature X | Date |
|---|------|

NOTE: Requisition must have ordering provider's signature to avoid a delay in processing.