

Last and first name (patient)		Date of birth (DD/MM/YYYY): ____/____/____		Please send the results to: myself ☐ my physician ☐	
Street, No.:		Biological Sex: Female ☐ Male ☐		Name (physician):	
City:		Withdrawal Time: ____ : ____ Date (DD/MM): ____ / ____		Street, No.:	
ZIP:	State:			ZIP:	City:
Country:		Material / Quantity	☐ CPDA /	State:	Country:
Phone: 00		☐ Heparin /	☐ EDTA /	Phone: 00	
Email:		☐ Serum /	☐	Email:	

☐	Immuneprofile (CD19/CD3-/CD57+/CD56+ Cells)	Heparine, EDTA	178,35 €
☐	Chlamydia pneumoniae IgG-/IgA-antibodies	Serum	61,20 €
☐	Borrelia IgG-/IgM-ImmunoBlot	Serum	139,89 €
☐	Bartonella IgG-antibodies (hens.+quint.)	Serum	89,19 €
☐	Babesia IgG-/IgM-antibodies	Serum	89,19 €
☐	Mycoplasma pneumoniae IgG-/IgA- antibodies	Serum	61,20 €
☐	EBV IgG-/IgM-/EBNA- antibodies	Serum	139,89 €
☐	HSV 1/2 IgG-/IgA-/IgM- antibodies	Serum	83,94 €
☐	CMV IgG-/IgM- antibodies	Serum	62,96 €
☐	VZV IgG-/IgA-/IgM- antibodies	Serum	83,94 €
☐	HHV 6 IgG-/IgM-antibodies (a)	Serum	89,19 €
☐	Toxoplasma gondii IgG-/IgM- antibodies	Serum	61,20 €
☐	Organ-Profile: Blood count, GOT, GPT, GGT, LDH, CHE, Bilirubin total, Amylase, Lipase, CK, Kreatinin, Uric acid, Sodium, Potassium, AP, TSH (a)	Serum + EDTA	77,87 €
☐	Lipid Profile (Cholesterol, TAG, HDL, LDL) (a)	Serum	13,98 €
☐	Thyroid gland hormones (TSH,free T3,free T4) (a)	Serum	65,57 €
☐	ANA (a)	Serum	25,35 €
☐	Candida albicans IgG-/IgM-/IgA-antibodies	Serum	93,56 €
☐	NSE (a)	Serum	39,35 €
☐	ASL (a)	Serum	20,11 €
☐	IgG (a)	Serum	13,11 €
☐	IgM (a)	Serum	13,11 €
☐	H.pyl IgG/IgA (a)	Serum	61,20 €
☐	Vitamine B12 (a)	Serum	21,86 €
☐	BSG (a)	EDTA	3,50 €
☐	IgE (a)	Serum	21,86 €
☐	IgA (a)	Serum	13,11 €
☐	Rubella IgG/IgM (a)	Serum	47,22 €
☐	Vitamine D3 (25OH)	Serum	41,97 €
☐	Folic Acid (a)	Serum	21,86 €

Additional Tests:

Laboratory Services performed by: (a) MVZ Laboratory Ravensburg, Germany

If you use our recommended worldwide Logistics Express Service, we will charge you 60.00 €.

Payment Options:

Depending on the payment option you select, the additional costs (Logistics Express Service & **handling fee of 5%**) either have to be included in the prepayment or they will be charged to your Credit Card. If you choose to transfer the amount to our bank account in advance, please make sure to do this early, as we will not be able to send out the results before receiving your payment.

☐ Prepayment via Bank Transfer

IBAN: DE82 7315 0000 1002 4463 65; SWIFT-BIC: BYLADEM1MLM; Account-No.: 1002446365

Bank-Details: Sparkasse Schwaben-Bodensee, St.-Josefs-Kirchplatz 6-8, 87700 Memmingen, GERMANY

Receiver: Medicum Bad Aibling MVZ GmbH; Reference: "Patient's full name + Date of Birth" Please state the patient's full name and Date of Birth in the reference field of the bank transfer!

The results will only be transferred after we have received the total amount (incl. handling fee of 5%)

☐ Credit Card

Please ensure that your credit card is unlocked for international payments and that its limit is sufficient for the total amount.

☐ VISA

☐ Mastercard

☐ AMEX

Credit Card Number:

Name as on credit card:

Expiration Date (MM/YY):

Card Validation Code (CVV):

I hereby declare that I wish to order medical services which might not be covered by my health insurance. I am aware of the **costs for the Logistics Express Service of 60.00 € and all diagnostic parameters** I wish to be tested for. I am aware that I have to pay these costs myself and in advance. I agree that all laboratory parameters will be tested and charged by ArminLabs. In case of credit card payment, I agree that ArminLabs will charge my credit card with the total amount (**incl. handling fee of 5%**). Please realize that the prices of the latest Order Form Version will be charged. The current Version can be found at: <https://www.arminlabs.com/en/faq>.

For more information on how my personal data is processed, please visit <https://www.arminlabs.com/de/disclaimer>
If I have any further questions on data protection, I can contact info@arminlabs.com, subject: Data Protection.

Place, date

Patient's signature (first name and surname)

Place, date

Signature of parent(s) or guardian(s) if applicable