

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): Dr. Ken Alibek, MD, PhD, ScD	
City:		Withdrawal Time: ____ : ____ Date (DD/MM): ____ / ____		Street, No.:	
ZIP:	State:			ZIP:	City:
Country:		Material / Quantity	☐ CPDA /	State:	Country:
Phone: 00		☐ Heparin /	☐ EDTA /	Phone: 001 (216) 856-2845	
Email:		☐ Serum /	☐	Email: ken.alibeksk@gmail.com	

Bacteria			Viruses		
☐ Borrelia IgG-/IgM-ImmunoBlot	Serum/SST	121,24 €	☐ EBV IgG-/IgM-/EBNA-antibodies	Serum/SST	121,24 €
☐ Ehrlichia IgG-/IgM-antibodies (chaffeensis)	Serum/SST	77,30 €	☐ HSV 1/2 IgG-/IgA-/IgM-antibodies	Serum/SST	72,75 €
☐ Bartonella IgG-antibodies (hens.+quint.)	Serum/SST	77,30 €	☐ CMV IgG-/IgM-antibodies	Serum/SST	54,56 €
☐ Babesia IgG-/IgM-antibodies	Serum/SST	77,30 €	☐ VZV IgG-/IgA-/IgM-antibodies	Serum/SST	72,75 €
☐ Chlamydia pneumoniae IgG-/IgA-antibodies	Serum/SST	53,04 €	☐ HHV 6 IgG-/IgM-antibodies	(b) Serum/SST	77,30 €
☐ Mycoplasma pneumoniae IgG-/IgA-antibodies	Serum/SST	53,04 €	☐ HHV 7 IgG-/IgM-antibodies	(d) Serum/SST	77,30 €
Food Allergies			☐ Iron	(a) Serum/SST	3,03 €
☐ DAO (Histamine Intolerance)	(a) Serum/SST	56,84 €	☐ Ferritin	(a) Serum/SST	18,94 €
Yeast and Mould			☐ Transferrin, Transferrin saturation, Iron	(a) Serum/SST	10,61 €
☐ Candida albicans IgG-/IgM-/IgA-antibodies	(a) Serum/SST	81,08 €	Complementary tests		
☐ Aspergillus Peptid Mix 1 & 2 EliSpot	ACD/CPDA	116,68 €	☐ ANA	(a) Serum/SST	21,97 €
Parasites			Organ-Profile: Blood count, GOT, GPT, GGT, LDH, CHE, Bilirubin total, Amylase, Lipase, CK, Kreatinin, Uric acid, Sodium, Potassium, AP, TSH		
☐ Toxoplasma gondii IgG-/IgM-antibodies	Serum/SST	53,04 €			
☐ Entamoeba histolytica IgG-antibodies	Serum/SST	26,52 €	☐ Lipid Profile (Cholesterol, TAG, HDL, LDL)		
☐ Toxocara canis IgG-antibodies	Serum/SST	26,52 €			
Additional Tests			☐ Thyroid gland hormones (TSH, free T3, free T4)	(a) Serum/SST	56,82 €
☐ Immune profile (CD19/CD3-/CD57+/CD56+Cells)	Hep. + EDTA	154,57 €	☐ Vitamin D3 (25OH)	Serum/SST	36,37 €
☐ Immunoglobulins (Total-IgA, -IgG, -IgM, -IgE, -IgD)	(a) Serum/SST	71,97 €	☐ Vitamin B12	(a) Serum/SST	18,94 €
☐ IgG subclass (IgG1, IgG2, IgG3, IgG4)	(a) Serum/SST	136,40 €	☐ Folic acid	(a) Serum/SST	18,94 €
☐ CD3+CD4+, CD3+CD8+	(a) Hep. + EDTA	86,37 €	☐ TNF alpha	(b) Serum/SST	34,10 €

Laboratory Services performed by: (a) MVZ Laboratory Ravensburg, Germany; (b) Laboratory Dr. Volkmann, Karlsruhe, Germany

Analytes (Measurands) marked with a * are not accredited.

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.

O 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: ArminLabs I 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%)

O 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