



Determination of autoantibodies for diagnostics

invoice to patient invoice to doctor/clinic

patient`s name:

date of blood drawn:

adress:

.....

email:

POTS (€ 467,-)	
<input type="checkbox"/> Angiotensin-II-receptor-1 AT1R-auto-antibody	(€ 27,00)
<input type="checkbox"/> Endothelin-receptor-A ETAR-auto-antibody	(€ 27,00)
<input type="checkbox"/> Alpha1 adrenergic-receptor-auto-antibody	(€ 112,00)
<input type="checkbox"/> Alpha2 adrenergic-receptor-auto-antibody	(€ 112,00)
<input type="checkbox"/> Beta1 adrenergic-receptor-auto-antibody	(€ 27,00)
<input type="checkbox"/> Beta2 adrenergic-receptor-auto-antibody	(€ 27,00)
<input type="checkbox"/> Muscarinic cholinergic M1-receptor-auto-antibody	(€ 27,00)
<input type="checkbox"/> Muscarinic cholinergic M2-receptor-auto-antibody	(€ 27,00)
<input type="checkbox"/> Muscarinic cholinergic M3-receptor-auto-antibody	(€ 27,00)
<input type="checkbox"/> Muscarinic cholinergic M4-receptor-auto-antibody	(€ 27,00)
<input type="checkbox"/> Muscarinic cholinergic M5-receptor-auto-antibody	(€ 27,00)
Small fiber neuropathy (€ 224,-)	
<input type="checkbox"/> FGFR3-auto-antibody	(€ 112,00)
<input type="checkbox"/> TSHDS-auto-antibody	(€ 112,00)
CFS/ME (€ 108,-)	
<input type="checkbox"/> Beta1 adrenergic-receptor-auto-antibody	(€ 27,00)
<input type="checkbox"/> Beta2 adrenergic-receptor-auto-antibody	(€ 27,00)
<input type="checkbox"/> Muscarinic cholinergic M3-receptor-auto-antibody	(€ 27,00)
<input type="checkbox"/> Muscarinic cholinergic M4-receptor-auto-antibody	(€ 27,00)
additional auto-antibodies	
<input type="checkbox"/> ACE2-auto-antibody	(€ 112,00)
<input type="checkbox"/> MAS1-receptor-auto-antibody	(€ 112,00)

stamp doctor:

Notes for specimen collection and transport:

Collect serum with conventional serum tubes. Centrifuge after clotting and transfer about 1 ml of serum into a new tube **(do not send whole blood or plasma tubes)**.

Sample shipment directly after collection at room temperature or refrigerated to laboratory address (see above)

Agreement:
I agree that CellTrend GmbH, Im Biotechnologiepark 3, 14943 Luckenwalde receives my data for the purpose of examination and accounting. In case of an assertion of the claims I release my doctor from the duty of confidentiality.

I agree that the transmitted data, as well as the collected results are stored in paper and electronic form in accordance with the legal requirements and used in anonymous form for scientific purposes or for quality assurance purposes.
After completion of the analysis, I hereby transfer the remaining sample material to CellTrend GmbH and allow its use for quality assurance measures and scientific purposes in anonymised form.

*Delete if not applicable

I am aware that I can withdraw my consent at any time without giving reasons. (but not the order, raw laboratory data and financial documentation)
It can be revoked orally or in writing without personal disadvantages.

For private senders: After determining your sample(s) you will receive an invoice from us. As soon as this has been settled, the results will be sent to you.

place, date _____

signature _____