



invoice to patient invoice to doctor/clinic

patient's name:
adress:
email:

date of blood drawn:

stamp doctor:

Table with 2 columns: Antibody Name, Price. Includes sections for POTS (€ 467,-), Small fiber neuropathy, CFS/ME (€ 108,-), and additional antibodies.

For instructions on specimen collection and transport, please visit our website www.celltrend.de



Do not send whole blood or plasma tubes.

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