CellTrend GmbH
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Request form

Please write in **block letters**!

date of blood drawn: ……

patient`s name: ……

adress: ……

……

email: ……

□ invoice to patient
□ invoice to doctor/clinic

stamp doctor:

POTS and Long Covid

□ Angiotensin-II-receptor-1-ab	(€ 27)
□ Angiotensin-II-receptor-2-ab	(€ 112)
□ Endothelin-receptor-A-ab	(€ 27)
□ Endothelin-receptor-B-ab	(€ 112)
□ Alpha1 adrenergic-receptor-ab	(€ 112)
□ Alpha2 adrenergic-receptor-ab	(€ 112)
□ Beta1 adrenergic-receptor-ab	(€ 27)
□ Beta2 adrenergic-receptor-ab	(€ 27)
□ Muscarinic cholinergic M1-receptor-ab	(€ 27)
□ Muscarinic cholinergic M2-receptor-ab	(€ 27)
□ Muscarinic cholinergic M3-receptor-ab	(€ 27)
□ Muscarinic cholinergic M4-receptor-ab	(€ 27)
□ Muscarinic cholinergic M5-receptor-ab	(€ 27)

Small fiber neuropathy

□ FGFR3-ab	(€ 112)
□ TSHDS-ab	(€ 112)

additional antibodies

□ ACE2-ab	(€ 112)
□ MAS1-receptor-ab	(€ 112)
□ PAR1-ab	(€ 112)
□ CXCR3-receptor-ab	(€ 112)
□ Stab1-ab	(€ 112)
□ Serotonin 5HT-R2a-ab	(€ 112)
□ GLP1-receptor-ab	(€ 154)
□ GLP2-receptor-ab	(€ 154)
□ NMDA-receptor-1-ab	(€ 154)
□ NMDA-receptor-2b-ab	(€ 154)
□ NMDA-receptor-2c-ab	(€ 154)
□ Nicotinic receptor-1-ab	(€ 112)
□ Nicotinic receptor-2-ab	(€ 112)
□ Nicotinic receptor-7-ab	(€ 112)

ME/CFS

□ Beta1 adrenergic-receptor-ab	(€ 27)
□ Beta2 adrenergic-receptor-ab	(€ 27)
□ Muscarinic cholinergic M3-receptor-ab	(€ 27)
□ Muscarinic cholinergic M4-receptor-ab	(€ 27)

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

Do not send whole blood or plasma tubes
➔ only serum samples

Agreement:
I agree that CellTrend GmbH, Im Biotechnologiepark 3, 14943 Luckenwalde, Germany 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.

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.

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:_____