

Please place
barcode here



Laboratory Tests Order Form

Patient's last name, first name		Date of birth		GP / physician (name, address of doctor's practice)	
Please write in CAPITAL LETTERS		Male <input type="checkbox"/> Female <input type="checkbox"/>			
House No., Street				House No., Street	
Post Code/ZIP	City	Country/State		Post Code/ZIP	City
					Country/State
Phone		Email		Phone and Fax	
				Email	

Date of taking blood sample:

I would like the following laboratory parameters (diagnostics) to be tested (Price in €):					
<input type="checkbox"/>	LymeSpot revised (CPDA)	217,86	<input type="checkbox"/>	Mykoplasmen Elispot (CPDA)	84,81
<input type="checkbox"/>	LymeSpot revised for borrelia and Chlamydia pneumoniae (CPDA)	347,90	<input type="checkbox"/>	Mykoplasmen-Antibodies (Serum)	123,27
<input type="checkbox"/>	Borrelia Elispot (CPDA)	184,49	<input type="checkbox"/>	Yersinia Elispot (CPDA)	84,81
<input type="checkbox"/>	Borrelia miyamotoi Elispot (CPDA)	84,81	<input type="checkbox"/>	Yersinia IgG- und IgA- Antibodies (Serum)	89,19
<input type="checkbox"/>	CD3-/CD57+ Cells (Heparin+EDTA)	106,68	<input type="checkbox"/>	Rickettsia-IgG-Antibodies (Serum)	89,19
<input type="checkbox"/>	Immune Status (Heparin+EDTA)	315,66	<input type="checkbox"/>	EBV Elispot (CPDA)	134,65
<input type="checkbox"/>	Borrelia IgG- und IgM-EIA (Serum)	69,07	<input type="checkbox"/>	EBV-Antibodies (Serum)	110,17
<input type="checkbox"/>	Borrelia IgG- und IgM-Blot (Serum)	139,88	<input type="checkbox"/>	HSV-Antibodies (Serum)	41,97
<input type="checkbox"/>	Anaplasma Elispot (CPDA)	84,81	<input type="checkbox"/>	CMV-Elispot (CPDA)	84,81
<input type="checkbox"/>	Anaplasma-IgM- u. IgG-Antibodies (Serum)	89,19	<input type="checkbox"/>	CMV-Antibodies (Serum)	78,69
<input type="checkbox"/>	Bartonella Elispot (CPDA)	84,81	<input type="checkbox"/>	Toxoplasmosis-Antibodies (Serum)	82,19
<input type="checkbox"/>	Bartonella-IgG-Antibodies (Serum)	89,19	<input type="checkbox"/>	Coxsacki-Antibodies (Serum)	120,67
<input type="checkbox"/>	Babesia Elispot (CPDA)	84,81	<input type="checkbox"/>	CCP- Antibodies (Serum)(1)	39,34
<input type="checkbox"/>	Babesia-IgG-Antibodies (Serum)	44,60	<input type="checkbox"/>	ANA-Titer (Serum) (1)	44,60
<input type="checkbox"/>	Chlamydia pneumoniae Elispot (CPDA)	84,81	<input type="checkbox"/>	ENA-Screening (Serum) (1)	157,38
<input type="checkbox"/>	Chlamydia pneumoniae-Antibodies (Serum)	61,20	<input type="checkbox"/>	ds-DNS- Antibodies (Serum) (1)	44,60
<input type="checkbox"/>	Chlamydia trachomatis Elispot (CPDA)	84,81	<input type="checkbox"/>	c- und p-ANCA (Serum) (1)	89,19
<input type="checkbox"/>	Chlamydia trachomatis-Antibodies (Serum)	61,20	<input type="checkbox"/>	CRP (Serum) (1)	17,49
			<input type="checkbox"/>	"Diarrhoea/Coeliac Profile" (1) (Gliadin-IgA-Antibodies, Tissue transglutaminase-IgG-Antibodies, total IgA)	97,04
			<input type="checkbox"/>	Clinدامycin level (Serum) (1)	80,43
			<input type="checkbox"/>	Minocyclin level (Serum) (1)	80,43
			<input type="checkbox"/>	Doxycyclin level (Serum) (1)	80,43
<input type="checkbox"/>	"Big Organ Profile" (1)(EDTA+Serum) (full blood count, GOT, GPT, y-GT, LDH, Che, Bilir. tot. Amyl., Lipase, CK, Crea, Uric acid, Potassium, Sodium, TSH)	77,84	<input type="checkbox"/>	"Small Organ-Profile" (EDTA+Serum) (full blood count, GOT, GPT, y-GT, Crea, Potassium, Sodium, Ca, Mg) (1)	33,24
<input type="checkbox"/>	Protein (Serum) (1) (Total, Electrophoresis)	20,11	<input type="checkbox"/>	Lipids (test on empty stomach) (1) (Cholesterol, Triglyceride, HDL, LDL)	14,00
<input type="checkbox"/>	Thyroid Gland (Serum) (1) (TSH basal, fT3, fT4)	65,58	<input type="checkbox"/>	Thyroid-Antibodies (1) (Serum) (MAK, TAK, TRAK)	126,77
<input type="checkbox"/>	Heavy-Metals-Testing From Urine in case of Lyme (1) (Aluminium, Cadmium, Lead, Mercury, Copper, Creatinine)	186,25	<input type="checkbox"/>	Vitamin D (1) (Serum)	41,97
<input type="checkbox"/>	Vitamin B6 (1) (EDTA)	49,84	<input type="checkbox"/>	Vitamin B12 (1) (Serum)	21,86
<input type="checkbox"/>	Vitamins: please cover tube with alu foil		Please use separate form! Available by BCA-lab (2)		
			DNA-PCR Borrelia DNA-PCR Bartonella DNA-PCR Babesia DNA-PCR Chlamydia pneumoniae DNA-PCR Chlamydia trachomatis Material for blood analysis: 4 big EDTA-tubes notice: (1) Performance produce by an externe laboratory (2) Inhouse-PCR		
Please always take 2 CPDA tubes of blood for the Elispot					

☐ Other Tests:

Declaration of Consent:

I herewith declare that I am fully insured by a medical health insurance company. I also acknowledge that the insurance company, which I am insured with, provides sufficient cover for medical treatment and diagnostics. I wish to receive further medical services, which might not be included in my insurance cover, and accept laboratory services with factor 1.5. I am aware that I have to pay the costs for laboratory tests myself, and that I will receive an invoice from the BCA-clinic for any undertaken laboratory tests. I am aware of the costs for all laboratory parameters I wish to be tested. I agree that all laboratory parameters will be tested in and invoiced by the BCA-clinic according to the German Medical Fee Schedule (GOÄ 3500-4787, factor 1.5). Furthermore, I agree to send a **pre-payment** for all laboratory tests in advance. Results will not be sent out until the full invoice is paid.

Date, Patients Signature:

Please send results to: ☐ myself ☐ above mentioned physician

17b1a Stand: 02.05.2018

Patients Signature

Please place
barcode here



BCA
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Patient name: _____

Material+ Logistic (DHL) ☐ 60,00 EUR

Laboratory Tests: EUR (Please calculate the costs for all the tests you like together)

Total: **EUR**

☐ **Prepayment to account: bank: BCA-clinic, Kreissparkasse Augsburg**

BLZ 720 501 01 • Account-No. 19901 •

IBAN: DE04 7205 0101 0000 0199 01 • BIC: BYLADEM1AUG

☐ **Visa (0%)**

☐ **AMEX (2,27%)**

☐ **Mastercard (0%)**

☐ **JCB (3,4%)**

Name as appears on credit card:

Credit Card Number:

CVV: Card Validation Code:

Expiration Date:

Amount:

I agree that the full amount will be charged to my given credit card information above.

Date, Signature:

17b3a Stand: 27.03.2018