



Order Form for Molecular Genetics and Special Immunodiagnostics

This form can be downloaded
at www.labor-stoecker.de

Patient	Surname: _____ First name: _____ Date of birth: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
	Address: _____ _____

Billing details	<input type="checkbox"/> Medical insurance <input type="checkbox"/> Doctor/hospital <input type="checkbox"/> Patient Name and address: _____ _____	Doctor's stamp and signature
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Type of sample: <input type="checkbox"/> Serum <input type="checkbox"/> _____	Date of collection: _____	Sample ID of sender/report recipient: _____
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Comments (diagnosis, presumptive diagnosis, medication, major results, etc.): _____	E-mail of sender/report recipient: _____
	Fax no. of sender/report recipient: _____

Declaration of consent for human genetic diagnostics
 Declaration is included.

<p>MOLECULAR INFECTION DIAGNOSTICS</p> <input type="checkbox"/> EUROArray HPV <input type="checkbox"/> EUROArray STI - 11 (Chlamydia trachomatis, Neisseria gonorrhoeae, Herpes-simplex virus 1, Herpes-simplex virus 2, Haemophilus ducreyi, Mycoplasma genitalium, Mycoplasma hominis, Treponema pallidum, Trichomonas vaginalis, Ureaplasma parvum, Ureaplasma urealyticum) <input type="checkbox"/> EUROArray Dermatomycosis <input type="checkbox"/> EURORealTime SARS-CoV-2	<p>MOLECULAR GENETICS</p> <input type="checkbox"/> EUROArray HLA-B27 <input type="checkbox"/> EUROArray HLA-B57:01 <input type="checkbox"/> EUROArray HLA-DQ2/DQ8 <input type="checkbox"/> EUROArray Lactose Intolerance <input type="checkbox"/> EUROArray Fructose Intolerance <input type="checkbox"/> EUROArray HLA-Cw6 <input type="checkbox"/> EUROArray Haemochromatosis (4 SNP+) <input type="checkbox"/> EUROArray APOE <input type="checkbox"/> EUROArray FV <input type="checkbox"/> EUROArray FII <input type="checkbox"/> EUROArray MTHFR	<p><input type="checkbox"/> BONE METABOLISM Vitamin D</p> <hr/> <p>Serum Liquor NEURODEGENERATIVE DISEASES</p> <input type="checkbox"/> Beta-amyloid (1-40) ¹ <input type="checkbox"/> Beta-amyloid (1-42) ¹ <input type="checkbox"/> Total tau ¹ <input type="checkbox"/> pTau ¹ <input type="checkbox"/> pNf-H neurofilament (ALS) ¹ <input type="checkbox"/> pNf-L neurofilament (ALS) ¹ <hr/> <p><input type="checkbox"/> KIDNEY MARKERS Uromodulin <input type="checkbox"/> sCD163 (urine)</p> <hr/> <p><input type="checkbox"/> INFERTILITY Müllerian-duct repression hormone (MRH)</p>
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¹) Send frozen sample(s)