

last and first name (patient)      Female <input type="radio"/> Male <input type="radio"/>	
Date of birth (DD/MM/YYYY): ____/____/____	
Street, No.:	
ZIP:	City:
State:	Country:
Phone: 00	
Email:	



Withdrawal Time: ____ : ____	
Date (DD/MM): ____ / ____	
Material / Quantity	<input type="radio"/> CPDA /
<input type="radio"/> Heparin /	<input type="radio"/> EDTA /
<input type="radio"/> Serum /	<input type="radio"/>

Please send the results to: myself <input type="radio"/> my physician <input type="radio"/>	
Name (physician):	
Street, No.:	
ZIP:	City:
State:	Country:
Phone: 00	
Email:	

<input type="checkbox"/> Borrelia Elispot	CPDA	184,49 €	<input type="checkbox"/> CMV-Elispot	CPDA	84,81 €
<input type="checkbox"/> CD3-/CD57+ Cells	Hep.,EDTA	106,68 €	<input type="checkbox"/> CMV IgG- / IgM-antibodies	Serum	62,96 €
<input type="checkbox"/> Borrelia IgG- / IgM-ELISA	Serum	61,20 €	<input type="checkbox"/> VZV IgG- / IgA- / IgM-antibodies	Serum	83,95 €
<input type="checkbox"/> Borrelia IgG- / IgM-Immunoblot	Serum	139,88 €	<input type="checkbox"/> VZV DNA PCR	EDTA	148,64 €
<input type="checkbox"/> Borrelia-DNA-PCR	EDTA	148,64 €	<input type="checkbox"/> Coxsackie IgG- / IgM-antibodies	Serum	62,96 €
<input type="checkbox"/> Ehrlichia Elispot	CPDA	84,81 €	<input type="checkbox"/> HHV6-IgG- / IgM-antibodies	Serum	78,69 €
<input type="checkbox"/> Ehrlichia IgM- / IgG-antibodies	Serum	89,19 €	<input type="checkbox"/> HHV 6 DNA PCR	EDTA	174,87 €
<input type="checkbox"/> Ehrlichia DNA-PCR	EDTA	174,87 €	<input type="checkbox"/> HHV8 IgG-antibodies	Serum	44,60 €
<input type="checkbox"/> Bartonella IgG-antibodies (henselae + quintana)	Serum	89,19 €	<input type="checkbox"/> HHV 8 DNA PCR	EDTA	174,87 €
<input type="checkbox"/> Bartonella IgM-antibodies (henselae + quintana)	Serum	89,19 €	<input type="checkbox"/> CCP-antibodies	Serum	39,34 €
<input type="checkbox"/> Bartonella DNA-PCR	EDTA	174,87 €	<input type="checkbox"/> ANA	Serum	25,36 €
<input type="checkbox"/> Babesia IgG- / IgM-antibodies	Serum	89,19 €	<input type="checkbox"/> ds-DNS antibodies	Serum	26,23 €
<input type="checkbox"/> Babesia DNA-PCR	EDTA	174,87 €	<input type="checkbox"/> ENA Screening	Serum	183,61 €
<input type="checkbox"/> Babesia DNA-FISH	EDTA	174,87 €	<input type="checkbox"/> c- and p-ANCA	Serum	50,71 €
<input type="checkbox"/> Chlamydia pneumoniae Elispot	CPDA	84,81 €	<input type="checkbox"/> CRP	Serum	17,49 €
<input type="checkbox"/> Chlamydia pneumoniae IgG-/IgA-antibodies	Serum	61,20 €	<input type="checkbox"/> Diarrhoe/Celiac Disease	Serum	91,79 €
<input type="checkbox"/> Chlamydia trachomatis Elispot	CPDA	84,81 €	Organ-Profile: Blood count,GOT,GPT, GGT,LDH,CHE, Bilirubin total,Amylase, Lipase,CK, Kreatinin,Uric acid,Sodium, Potassium,AP, TSH	Ser.,EDTA	76,08 €
<input type="checkbox"/> Chlamydia trachomatis IgG-/IgA-antibodies	Serum	61,20 €			
<input type="checkbox"/> Mycoplasma pneumon. IgG-/IgM-antibodies	Serum	61,20 €	<input type="checkbox"/> Protein total, Protein electrophoresis	Serum	20,11 €
<input type="checkbox"/> Toxoplasma IgG- / IgM-antibodies	Serum	61,20 €	<input type="checkbox"/> Lipid Profile(Cholesterol,Triglycer.,HDL,LDL)	Serum	14,00 €
<input type="checkbox"/> Yersinia Elispot	CPDA	84,81 €	<input type="checkbox"/> Thyroid gland hormones(TSH,freeT3,freeT4)	Serum	65,58 €
<input type="checkbox"/> Yersinia IgG- / IgA- antibodies	Serum	61,20 €	<input type="checkbox"/> Thyroid gland antibodies (MAK, TAK, TRAK)	Serum	126,77 €
<input type="checkbox"/> Rickettsia IgG-antibodies (conori + mooseri)	Serum	89,19 €	<input type="checkbox"/> Heavy metals urine (Aluminium,Cadmium, Lead, Mercury, Copper, Kreatinin)	Serum	182,71 €
<input type="checkbox"/> Rickettsia IgM-antibodies (conori + mooseri)	Serum	89,19 €			
<input type="checkbox"/> Rickettsia DNA-PCR	EDTA	174,87 €	<input type="checkbox"/> Vitamin D	Serum	41,97 €
<input type="checkbox"/> EBV Elispot (2 antigens: lytic + latent)	CPDA	134,65 €	<input type="checkbox"/> Vitamin B6	EDTA	49,84 €
<input type="checkbox"/> EBV IgG/IgM + Anti-EBNA-antibodies	Serum	94,43 €	<input type="checkbox"/> Vitamin B12	Serum	21,86 €
<input type="checkbox"/> HSV 1/2 IgG-/IgA-/IgM-Antikörper	Serum	83,95 €	<input type="checkbox"/> Folic acid	Serum	21,86 €

I hereby declare that I wish to order medical services which might not be covered by my health insurance. I am aware of the costs for the test material, logistics with DHL and all diagnostic parameters I wish to be tested for. I am aware that I have to pay these costs myself and in advance. I agree that all laboratory parameters will be tested and charged by ArminLabs according to the German Medical Fee Schedule (GOÄ 3500-4787, factor 1.5).

Date, Signature: .....

If you use our recommended worldwide DHL medical express service, we will charge you 50.00 € (incl. Test Kit material). If you organize the shipment to ArminLabs by yourself, you will only be charged 5.00 € for the Test Kit material.

Depending on the payment option you select below, the costs either have to be included in the prepayment or they will be charged to your Credit Card. If you choose to transfer the amount to our bank account in advance, please make sure to do this early, as we won't be able to send out the results before receiving your payment.

DHL Medical Express service incl. material  50.00 €

or

Material only (self-organized shipment)  5.00 €

Diagnostic Parameters: \_\_\_\_\_ € (please sum up the costs of all checked tests)

Total amount: \_\_\_\_\_ € (please add the costs for material and/or DHL Medical Express)

Payment Options:

- Prepayment via bank transfer  
IBAN: DE22 7205 0101 0030 5069 68; SWIFT-BIC: BYLADEM1AUG; Account-No.: 30506968  
Receiver: ArminLabs GmbH - Dr. Schwarzbach; Reference: *"Patient's full name"*
- VISA (+2,95% fees)
- Mastercard (+2,95% fees)
- AMEX (+1,95% fees)

Credit Card Number:

Name as on credit card:

Expiration Date (MM/YY):

Card Validation Code (CVV):

Total Amount (as calculated above): \_\_\_\_\_ €

Total Amount (incl. Credit Card Fees): \_\_\_\_\_ €

In case of credit card payment, I agree that ArminLabs will charge my credit card with the Total Amount (incl. Credit Card Fees).

Date, Signature: .....