

## **TEST REQUISITION**



			MITOCHONDRIAL TESTS	S ACA	DEMY OF NUTRITION/	AL MEDICINE	
PATIENT INFORMATION			Please send resu		to:	myself	
Patient F	FIRST NAME*:		BARCODE			my practitioner	
Patient 9	SURNAME*:		(Lab use only)	ORDERING DR/PRACTITIONER INFORMATION			
DATE OF BIRTH (DD/MM/YYYY)*:				Dr. / Practitioner name:			
Sex* (please circle): male female			Time of Blood Draw*:	Clinic:			
Street Address:			Date of blood draw (DD/MM)*:	Street Address:			
Postcode: City:		,	Material/Quantity   CPDA	Postcode:	,.		
Country: Country:		Country:		County:	Country:		
Tel no:			AONM HELPLINE:	Tel no:			
Email*:			+44 (0) 3331 210 305	Email:			
✓	#TEST NUMBER	NAME OF TEST			MATERIAL	PRICE	
	M1	ATP Profile:	Total ATP, Mitochondrial ATP, Glycolytic ATP, Reserve		CPDA x1	£125	
	M2	Mitochondrial Health Index (MHI):	Basal respiration rate, mitochondrial ATP turnover, proton leak, maximum respiration rate, reserve capacity, non-mitochondrial rate, calculation of the overall Mitochondrial Health Index		£195		
	M3 (M1+M2)	Combination of ATP Profile (N	e (M1) and MHI (M2) CPDA x2 £285		£285		
	SUPP	LEMENTARY BIOMARKERS	ON REQUEST (can normally only be done al	ong with the ATP Pr	ofile and/or MHI	)	
	M4	Ratio of mtDNA to nDNA		1 additional CPDA (max. 2)	£70		
	M5	PGC-1α			1 additional CPDA (max. 2)	£50	
	M6	Nrf-2			1 additional CPDA (max. 2)	£50	
	M7 (M4+M5+M6)	Combination of Ratio of mtDNA to nDNA, PGC-1α, and Nrf-2 (M4, M5, M6)			1 additional CPDA (max. 2)	£135	
	M8	Lactate/pyruvate ratio (must be ordered at same time as MHI)			1 additional CPDA (max. 2)	£70	
	M9	Mitochondrial 4977 deletion mutant (mt4977del)			1 additional CPDA (max. 2)	£70	
	M10 (M3+M7+M8+M9)	Combination of all above (M3, M7, M8, M9)  CPDA x2 £485			£485		
	M11	Intact vs. non-intact mitochondria (must be ordered at same time as MHI (M2 or M3) + M4 + M9)			CPDA x2	£25	
	M12	Mitochondrial Fuel Pathways (must be ordered at same time as MHI (M2 or M3) + M4 + M9)		CPDA x2	£195		
Add £50 for courier delivery (to send from UK). Please Request shipping prices from elsewhere.  Tests plus courier. Total:							
			BILLING/PAYMENT INFORMATION				
Payment is made directly to Academy of Nutritional Medicine (AONM) either by card or bank transfer.  Please call +44 (0) 3331 210 305 to make payment by debit/credit card.  Bank transfer to: Academy Of Nutritional Medicine (AONM), Barclays Bank, 28 Chesterton Road, Cambridge CB4 3EZ, UK  Sort code: 20-17-22   Account number: 63880265   IBAN: GB11 BUKB 2017 2263 8802 65   SWIFT/BIC: BUKBGB22  Once the payment is confirmed AONM will send you an AONM Authorisation code by email, or give it to you over the phone.							
once a	ie pujment is ee	y	AONM Authorisation Code*	or give it to you o	ver the phone.		
	Please insert code here →						
TESTING INFORMATION							
<b>Data Protection.</b> Consent to data transfer and discharge from the duty of (medical) confidentiality. I hereby give my consent for my personal data and treatment data to be collected, stored, processed and used. I also agree that any data, which are necessary for invoice processing (e.g. name, date of birth, address, date of treatment, service codes, invoice sums, test numbers, treatment documentation) will be disclosed to "Academy of Nutritional Medicine (AONM), St. John's Innovation Centre, Cowley Road, Cambridge CB4 OWS" and ""MMD GmbH & Co. KG, Breiter Weg 10 A, 39104 Magdeburg, Germany" for the purpose of the creation of invoices or for collection of receivables or – if necessary – for judicial enforcement. In this respect I release my treating practitioner, AONM and MMD GmbH & Co. KG, and their employees from their obligation of (medical) secrecy. I also agree that the laboratory results, which are obtained within the scope of this laboratory order may be disclosed to my treating practitioner. This							

declaration of consent can be revoked at any time with effect for the future.

## Terms and Conditions for Ordering: Medical and Diagnostic information.

AONM cannot provide a medical diagnosis. AONM makes no claims whatsoever to be able to diagnose or treat medical conditions, but to provide tests which could help practitioners make a clinical diagnosis. As a condition of ordering these tests, patients and practitioners accept that AONM has no liability for any results provided. Please note: results may take up to 4 weeks.

Please sign below to confirm that you agree with the above:							
Date, signature: / /							

\* = required fields DOB & M/F are used for reference ranges

valid until new edition version OCT23