



# TEST REQUISITION

## CellTrend



PATIENT INFORMATION		BARCODE (Lab use only)	Please send results to: <input type="checkbox"/> myself <input type="checkbox"/> my practitioner	
Patient FIRST NAME*:			ORDERING DR/PRACTITIONER INFORMATION	
Patient SURNAME*:		Time of Blood Draw*:	Dr. / Practitioner name:	
DATE OF BIRTH (DD/MM/YYYY)*:			Clinic:	
Sex* (please circle): male female		Date of blood draw (DD/MM)*:	Street Address:	
Street Address:			Postcode: City:	
Postcode:	City:	Material/Quantity <input type="checkbox"/> Serum (centrifuged)	County: Country:	
County:	Country:		Tel no:	
Tel no:		<b>AONM HELPLINE:</b> <b>+44 (0) 3331 210 305</b>		
Email*:				

<input checked="" type="checkbox"/>	#TEST NUMBER	NAME OF TEST	MATERIAL	PRICE
<input type="checkbox"/>	CT401	<b>POTS Panel</b> Angiotensin-II-receptor-1 AT1R-ab Endothelin-receptor-A ETAR-ab Alpha1 adrenergic-receptor-ab Alpha2 adrenergic-receptor-ab Beta1 adrenergic-receptor-ab Beta2 adrenergic-receptor-ab Muscarinic cholinergic M1-receptor-ab Muscarinic cholinergic M2-receptor-ab Muscarinic cholinergic M3-receptor-ab Muscarinic cholinergic M4-receptor-ab Muscarinic cholinergic M5-receptor-ab	Serum (centrifuged)	<b>£496</b>
<input type="checkbox"/>	CT402	<b>Small fiber neuropathy (SFN) Panel</b> FGFR3-ab TSHDS-ab	Serum (centrifuged)	<b>£208</b>
<input type="checkbox"/>	CT403	<b>M.E. Panel</b> Beta1 adrenergic-receptor-ab Beta2 adrenergic-receptor-ab Muscarinic cholinergic M3-receptor-ab Muscarinic cholinergic M4-receptor-ab	Serum (centrifuged)	<b>£128</b>
<input type="checkbox"/>	CT421	<b>additional antibodies</b> ACE2-ab	Serum (centrifuged)	£104
<input type="checkbox"/>	CT422	MAS1-receptor-ab		£104
<input type="checkbox"/>	CT423	PAR1-ab (Thrombinreceptor)		£104
<input type="checkbox"/>	CT424	CXCR3-receptor-ab		£104
<input type="checkbox"/>	CT425	Stab1-ab		£104

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.**

**AONM Authorisation Code\***

Please insert code here ->

### TESTING INFORMATION

Data Protection. 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 0WS" and "CellTrend GmbH, Im Biotechnologiepark 3, 14943 Luckenwalde, 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 CellTrend GmbH, 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 APR25 v2