

ROOT CAUSE PROFILE

| PATIENT INFORMATION | | ORDERING DR/PRACTITIONER INFORMATION | |
|--|----------|---|----------|
| Patient FIRST NAME*: | | <div> <div>BARCODE</div> <div>(Lab use only)</div> </div> | |
| Patient SURNAME*: | | | |
| DATE OF BIRTH (DD/MM/YYYY)*: | | | |
| Biological Sex* (please circle): male female | | | |
| Street Address: | | Street Address: | |
| Postcode: | City: | Postcode: | City: |
| County: | Country: | County: | Country: |
| Tel no*: | | Tel no: | |
| Email*: | | Email: | |
| | | | |
| | | | |

| | | | |
|------------------------------|-------------------|---|--|
| Time of Blood Draw*: | | [please send order form with samples] AONM HELPLINE: 03331 210 305 | |
| Date of blood draw (DD/MM)*: | Material/Quantity | <input type="checkbox"/> Serum (orange cap) <input type="checkbox"/> EDTA (purple cap) | |

| <input checked="" type="checkbox"/> | #TEST NUMBER | MARKERS INCLUDED | MATERIAL QUANTITY | PRICE |
|-------------------------------------|--------------|--|--------------------|---------|
| <input type="checkbox"/> | RCP | Root Cause Profile: Full blood count, serum iron, serum transferrin, ferritin, serum copper, caeruloplasmin, plasma zinc, vitamin A (retinol), red blood cell magnesium, 25-OH vitamin D, uric acid | 2x Serum + 2x EDTA | £174.00 |

Add £50 for courier delivery (to send from UK) or £60 (from outside UK). 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: BUKGBG22

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 "ArminLabs, Zirbelstrasse 58. 2nd floor, 86154 Augsburg, 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 ArminLabs 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 sign below to confirm that you agree with the above:

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

Date, signature: / /