

## **TEST REQUISITION**



## **Stool Multiplex-PCR Panels**

| PATIENT INFORMATION  |  |  |   | PRACITION  | ER INFORMATION   |
|--|--|--|---|--|--|
| Patient FIRST NAME*:   |  |  | BARCODE   | Dr. / Practitioner name:   |  |
| Patient SURNAME*:  |  |  | (Lab use only)  |  |  |
| DATE OF BIRTH (DD/MM/YYYY)*:   |  |  |   | Clinic:  |  |
| Sex* (please circle): male female  |  |  | Time of Collection*:  |  |  |
| Street Address:  |  |  | Date of collection (DD/MM)*:  | Street Address:  |  |
| Postcode: City:  |  |  |   | Postcode:  | City:  |
| County: Country:   |  |  |   | County:  | Country:   |
| Tel no*:   |  |  | AONM HELPLINE:  | Tel no:  |  |
| Email*:  |  |  | +44 (0) 3331 210 305  | Email:   |  |
|  |  |  |   |  |  |
| ✓ No.  |  |  | TEST  | SAMPLE TYPE  | PRICE  |
| SMP1 Darm Protozoa Multiplex-PCR (Giardia lamblia, Blastocytis hominis, Dientamoeba fragilis, Cyclos   |  |  |   | Faecal   | £182   |
| Parasitic Helminths Multiplex-PCR (Ancylostom Hymenolepis spp., Enterocytozoon spp./Encepha spp., Taenia spp., Trichuris trichiura)                        |  |  | na spp., Ascaris spp., Enterobius vermicularis,<br>alitozoon spp., Necator americanus, Strongyloides                      | Faecal   | £182   |
| SMP3   | Intestinal pathogenic bacteria Multiplex-PCR (Yersinia enterocolitica, Campylobacter spp., E. coli 0157, Shigella toxin stx1/2, Shigella spp./EIEC, Clostr. Difficile tox. A/B, Salmonella spp.)     |  |   | Faecal   | £182   |
| The laboratory will run the test(s) marked above. Please take care to mark your test correctly. AONM cannot be held responsible for errors or extra costs. |  |  |   |  |  |
| The laboratory will  | run the test(s) marked as  | over rease take care to main your test   | confectly. No film connect be need responsible for entire edge.   |  |  |
| Add £50 for courier delivery (to send from UK) or £60 (from outside UK).  Tests plus courier. Total:   |  |  |   |  |  |
|  |  |  |   |  |  |
|  |  |  | BILLING/PAYMENT INFORMATION   |  |  |
| ,  | ,  | •  | Medicine (AONM) either by card or bank tra  | ansfer.  |  |
|  |  | 0 305 to make payment  | · ·   |  |  |
| Bank transfer to: Academy Of Nutritional Medicine (AONM), Barclays Bank, 28 Chesterton Road, Cambridge CB4 3EZ, UK   |  |  |   |  |  |
| Sort code: 2   | '  | count number: 6388026  | '   | ,  |  |
| 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 →  |   |  |  |
|  |  |  |   |  |  |
| T&Cs   |  |  |   |  |  |
| be collected, service codes<br>Cowley Road, receivables or of (medical) s<br>This declaration<br>Terms and Co<br>AONM canno<br>practitioners               | stored, processed a<br>, invoice sums, test<br>Cambridge CB4 0'<br>- if necessary – freecrecy. I also agree<br>on of consent can<br>conditions for Orde<br>t provide a medica<br>make a clinical dia | and used. I also agree that a trumbers, treatment docum WS" and "ArminLabs, Zirbels or judicial enforcement. In the that the laboratory results, be revoked at any time with ering: Medical and Diagnos I diagnosis. AONM makes no gnosis. As a condition of order | stic information o claims whatsoever to be able to diagnose or trea elering these tests, patients and practitioners accep | ng (e.g. name, date of birth, a<br>onal Medicine (AONM), St. J<br>or the purpose of the creation<br>M and ArminLabs and their e<br>ratory order may be disclosed<br>at medical conditions but to | address, date of treatment, tohn's Innovation Centre, on of invoices or for collection of employees from their obligation d to my treating practitioner.  provide tests which could help |
| Please sign below to confirm that you agree with the above:  |  |  |   |  | DOB & M/F are used for reference ranges  |
| Date, s  | ignature:/   | /  |   |  |  |
|  | Acad   | lamy of Nutritional Medici   | ne (AONM) St. John's Innovation Centre Cow  | ley Poad Cambridge CR/I  | nws  |