


INSTITUTE Laboratory Order

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CTL therapist number **10021**

Barcode/Laboratory No.
(To be completed by CTL)

Institute
 Academy of Nutritional Medicine (AONM)
 St. John's Innovation Centre, Cowley Road,
 Cambridge, CB4 0WS
 Tel: 03331 210 305
 Email: laboratories@aonm.org



SURNAME:* **DOB*:**

FIRST NAME:*

Street, house number:*

City, State, Post Code, Country*:

EMAIL*

TEL*:

Date*:

Date of collection:

Time of collection:

Body weight (Kg):

Height (cm):

Female* Fingerprick (capillary)

Male* Blood Draw (NB: add £50 for shipping)

Capillary blood material requirements

for ImuPro tests (RIDAScreen Blood Collection Card):

221 & 270 antigens: 8 completely filled circles of blood
 180 antigens: 6 completely filled circles of blood
 90 antigens: 4 completely filled circles of blood
 44 antigens: 2 completely filled circles of blood

Please complete this form in full and send it together with the labelled blood sample to the CTL laboratory in the pre-addressed envelope. Fields marked with an * are mandatory. Without signature no processing.

DR/PRACTITIONER INFORMATION

NAME: _____ EMAIL: _____

The results will be in English unless otherwise indicated

German Dutch Russian French Spanish Arabic

Material: S = Serum, C = Capillary blood

Food allergy type III (IgG)	Material	Price £
<input type="checkbox"/> ImuPro Complete (270 antigens) - recipe book is included	S / C	£360
<input type="checkbox"/> ImuPro Basic Plus (180 antigens) - recipe book is included	S / C	£295
<input type="checkbox"/> ImuPro Basic (90 antigens) - without recipe book	S / C	£195
<input type="checkbox"/> ImuPro Screen Plus (44 antigens) - without recipe book and rotation plan	S / C	£140
<input type="checkbox"/> ImuPro Vegi Plus (221 antigens) - recipe book is included	S / C	£310
<input type="checkbox"/> ImuPro Vegi (90 antigens) - without recipe book	S / C	£195
<input type="checkbox"/> Upgrade ImuPro Basic → ImuPro Complete (90 → 270 Food antigens) within 4 weeks - recipe book is included	S / C	£240
Single parameters plus detailed report (serum blood draws ONLY)	Material	Price £
<input type="checkbox"/> Histamine Intolerance (DAO) DAO Concentration	S	£70
<input type="checkbox"/> Histamine Intolerance (THAK) Total histamine degradation capacity	S	£140
<input type="checkbox"/> Vitamin D (25-OH)	S	£51

<input type="checkbox"/> DHL Medical Express Shipping For Serum blood draws ONLY, please add £50 for shipping	Serum only	£50
<input type="checkbox"/> Printed Test Results (Hard Copy) – in addition to PDF provided	n/a	£16

Important for ImuPro requirements:

Indicate below **3 categories that you would like to be excluded** from the list of recommended foods/recipe book/rotation diet even if you do not have an IgG reaction to these foods. (This would be because you know you do not wish these foods to be included in your/your patient's diet, e.g., because of wanting to avoid gluten, or dairy. Please mark the box(es) as appropriate: Note: Please state a maximum of 3 exclusion criteria. (Subsequent statements and reissue of recipe books and findings are subject to a charge of £16)

Please note that the number of available recipes is reduced with each exclusion criterion.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Foods with high histamine content (HI) | <input type="checkbox"/> Cereals containing gluten (GL) | <input type="checkbox"/> Seafood (Shellfish & Crustaceans) (SK) | <input type="checkbox"/> Fish (FI) |
| <input type="checkbox"/> Foods containing lactose (LA) | <input type="checkbox"/> Foods containing fructose (FR) | <input type="checkbox"/> Nuts (NU) | <input type="checkbox"/> Cabbage varieties and other cruciferus (KO) |
| <input type="checkbox"/> All non-vegetarian food (VE) | <input type="checkbox"/> All non-vegan food (VN) | <input type="checkbox"/> Mushrooms (PI) | <input type="checkbox"/> Citrus fruits (ZI) |
| <input type="checkbox"/> Foods containing lectin (LE) | <input type="checkbox"/> Legumes (HU) | <input type="checkbox"/> Stone fruit (ST) | <input type="checkbox"/> Foods containing sorbitol (SO) |
| <input type="checkbox"/> Other: | | | |

TERMS & CONDITIONS

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 "CTL & Ortholabor, Anemonenweg 3a, Mailbox 11 63, 26160 Bad Zwischenahn, 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 CTL Laboratories 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 individuals and practitioners improve the well-being. As a condition of ordering these tests, patients and practitioners accept that AONM has no liability for any results provided.

Place _____ Date _____ Signature of Institute _____