



Order Form for Molecular Genetics and Special Immunodiagnosics

This form can be downloaded
at www.labor-stoecker.de

Patient	Surname: _____ First name: _____ Date of birth: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
	Address: _____

Billing details	<input type="checkbox"/> Medical insurance <input type="checkbox"/> Doctor/hospital <input type="checkbox"/> Patient Name and address: _____ _____	Doctor's stamp and signature
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Type of sample: <input type="checkbox"/> Serum <input type="checkbox"/> _____	Date of collection:	Sample ID of sender/report recipient:
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Comments (diagnosis, presumptive diagnosis, medication, major results, etc.):	E-mail of sender/report recipient:
	Fax no. of sender/report recipient:

Declaration of consent for human genetic diagnostics <input type="checkbox"/> Declaration is included.

<p><u>MOLECULAR INFECTION DIAGNOSTICS</u></p> <p><input type="checkbox"/> EUROArray HPV</p> <p><input type="checkbox"/> EUROArray STI - 11</p> <p><input type="checkbox"/> EUROArray STI - 7</p> <p><input type="checkbox"/> EUROArray STI - CT/NG</p> <p><input type="checkbox"/> EUROArray STI - CT/NG/TP/TV</p> <p><input type="checkbox"/> EUROArray STI - 6</p> <p><input type="checkbox"/> EUROArray STI - HSV-1/2</p> <p><input type="checkbox"/> EUROArray Dermatomycosis</p> <p><input type="checkbox"/> EURORealTime HSV-1/2</p> <p><input type="checkbox"/> EURORealTime SARS-CoV-2</p> <p><input type="checkbox"/> EURORealTime Zika Virus</p>	<p><u>MOLECULAR GENETICS</u></p> <p><input type="checkbox"/> EUROArray HLA-B27</p> <p><input type="checkbox"/> EUROArray HLA-DRB1 Shared Epitope</p> <p><input type="checkbox"/> EUROArray HLA-B57:01</p> <p><input type="checkbox"/> EUROArray HLA-DQ2/DQ8</p> <p><input type="checkbox"/> EUROArray Lactose Intolerance</p> <p><input type="checkbox"/> EUROArray Fructose Intolerance</p> <p><input type="checkbox"/> EUROArray HLA-Cw6</p> <p><input type="checkbox"/> EUROArray Haemochromatosis (4 SNP+)</p> <p><input type="checkbox"/> EUROArray Haemochromatosis (2 SNP+)</p> <p><input type="checkbox"/> EUROArray APOE</p> <p><input type="checkbox"/> EUROArray FV</p> <p><input type="checkbox"/> EUROArray Fil</p> <p><input type="checkbox"/> EUROArray MTHFR</p>	<p><u>BONE METABOLISM</u></p> <p><input type="checkbox"/> Vitamin D</p> <p><input type="checkbox"/> Parathyroid hormone (iPTH)</p> <p><input type="checkbox"/> Calcitonin</p> <p><u>STRESS DIAGNOSTICS (saliva)</u></p> <p><input type="checkbox"/> Alpha-amylase</p> <p><input type="checkbox"/> Cortisol</p> <p><input type="checkbox"/> slgA</p> <p><u>NEURODEGENERATIVE DISEASES (CSF)</u></p> <p><input type="checkbox"/> Beta-amyloid (1-40) ¹</p> <p><input type="checkbox"/> Beta-amyloid (1-42) ¹</p> <p><input type="checkbox"/> Total tau ¹</p> <p><input type="checkbox"/> pTau ¹</p> <p><input type="checkbox"/> pNF-H neurofilament (ALS) ¹</p> <p><input type="checkbox"/> pNF-L neurofilament (ALS) ¹</p> <p><u>KIDNEY MARKERS</u></p> <p><input type="checkbox"/> Uromodulin</p> <p><input type="checkbox"/> sCD163 (urine)</p> <p><u>SPORTS MEDICINE / INFERTILITY</u></p> <p><input type="checkbox"/> Testosterone (saliva)</p> <p><input type="checkbox"/> Müllerian-duct repression hormone (MRH)</p> <p><u>(RHEUMATOID) ARTHRITIS</u></p> <p><u>Therapy monitoring</u></p> <p><input type="checkbox"/> MabTrack Level Adalimumab</p> <p><input type="checkbox"/> MabTrack Anti-Drug Antibody Adalimumab</p> <p><input type="checkbox"/> MabTrack Level Infliximab</p> <p><input type="checkbox"/> MabTrack Anti-Drug Antibody Infliximab</p>
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¹) Send frozen sample(s)