



Determination of autoantibodies for diagnostics

- invoice to patient invoice to doctor/clinic

Patient`s name:

date/time of blood drawn:

adress:

.....

email:

I ask you to determine the following markers:

POTS (€ 467,-)

- Angiotensin-II-receptor-1 AT1R-auto-antibody (€ 27,00)
- Endothelin-receptor-A ETAR-auto-antibody (€ 27,00)
- Alpha1 adrenergic-receptor-auto-antibody (€ 112,00)
- Alpha2 adrenergic-receptor-auto-antibody (€ 112,00)
- Beta1 adrenergic-receptor-auto-antibody (€ 27,00)
- Beta2 adrenergic-receptor-auto-antibody (€ 27,00)
- Muscarinic cholinergic M1-receptor-auto-antibody (€ 27,00)
- Muscarinic cholinergic M2-receptor-auto-antibody (€ 27,00)
- Muscarinic cholinergic M3-receptor-auto-antibody (€ 27,00)
- Muscarinic cholinergic M4-receptor-auto-antibody (€ 27,00)
- Muscarinic cholinergic M5-receptor-auto-antibody (€ 27,00)

CFS (€ 108,-)

- Beta1 adrenergic-receptor-auto-antibody (€ 27,00)
- Beta2 adrenergic-receptor-auto-antibody (€ 27,00)
- Muscarinic cholinergic M3-receptor-auto-antibody (€ 27,00)
- Muscarinic cholinergic M4-receptor-auto-antibody (€ 27,00)

CRPS (€ 166,-)

- Alpha1 adrenergic-receptor-auto-antibody (€ 112,00)
- Beta2 adrenergic-receptor-auto-antibody (€ 27,00)
- Muscarinic cholinergic M2-receptor-auto-antibody (€ 27,00)

Small fiber neuropathy (€ 224,-)

- FGFR3-auto-antibody (€ 112,00)
- TSHDS-auto-antibody (available soon) (€ 112,00)

stamp doctor:

Notes for specimen collection and transport:

Collect serum with conventional serum tubes. Centrifuge after clotting and transfer about 1 ml of serum into a new tube (do not send whole blood or plasma tubes).

Ship at room temperature to our laboratory address (see above). Duration should not exceed more than 48h, therefore use a courier service like FedEx or similar. Please inform us about shipping by email with carrier/tracking number.

Agreement:

I agree that CellTrend GmbH, Im Biotechnologiepark 3, 14943 Luckenwalde receives my data for the purpose of examination and accounting. In case of an assertion of the claims I release my doctor from the duty of confidentiality.

I agree that the transmitted data, as well as the collected results are stored in paper and electronic form in accordance with the legal requirements and used in anonymous form for scientific purposes or for quality assurance purposes.

After completion of the analysis, I hereby transfer the remaining sample material to CellTrend GmbH and allow its use for quality assurance measures and scientific purposes in anonymised form.

Delete if not applicable

I am aware that I can withdraw my consent at any time without giving reasons . (but not the order, raw laboratory data and financial documentation)

It can be revoked orally or in writing without personal disadvantages.

For private senders: After determining your sample(s) you will receive an invoice from us. As soon as this has been settled, the results will be sent to you.

place, date _____

signature _____