Patient Data:
Blood Pressure: ____ | ____ mm Hg

Body Height: ____ cm **Weight:** ____ kg

Medication, Dosage, Taken since:

Complaint Pattern / Anamnesis:

Diagnoses

Please mark known diseases or complaint patterns of the patient

Digestive Tract
- ☐ Colitis ulcerosa
- ☐ Diabetes mellitus
- ☐ Diverticulosis
- ☐ Fructose malabsorption
- ☐ Gastritis
- ☐ Colon carcinoma
- ☐ Crohn's disease
- ☐ Food Intolerances
- ☐ Constipation
- ☐ Pancreas Insufficiency, exocrine
- ☐ Irritable colon
- ☐ Intestinal mycosis
- ☐ Diarrhoea
- ☐ Dyspepsia
- ☐ Cholelithiasis
- ☐ Haemorrhoids
- ☐ Lactose Intolerance
- ☐ Meteorism
- ☐ Ulcus complaints
- ☐ Celiac Disease
- ☐ Stomatitis

Respiratory Tract
- ☐ Bronchial asthma
- ☐ Rhinitis
- ☐ Tonsillitis
- ☐ Bronchitis
- ☐ Sinusitis

Skin/Hair
- ☐ Acne
- ☐ Furuncles
- ☐ Psoriasis
- ☐ Urticaria
- ☐ Eczema
- ☐ Loss of hair
- ☐ Dry skin
- ☐ Cellulitis

Cardiovascular System
- ☐ Angina pectoris
- ☐ High blood-pressure
- ☐ Lipid metabolic disorder
- ☐ Arteriosclerosis
- ☐ Cardiac insufficiency

Urogenital Tract
- ☐ Cystitis
- ☐ Prostatic hypertrophy
- ☐ Urinal Tract Infection
- ☐ Vaginal mycosis

Allergies
- ☐ Food allergies
- ☐ Neurodermatitis
- ☐ Pollinosis

Psyche/Nervous System
- ☐ Depression
- ☐ Anxiety
- ☐ Hyperactivity (ADS)
- ☐ Fatigue
- ☐ Polyneuropathy
- ☐ Headaches
- ☐ Insomnia

Hormonal Dysfunction
- ☐ Menopause
- ☐ Premenstrual complaints
- ☐ Hypothyroidism
- ☐ Hyperthyroidism

Muscoloskeletal System
- ☐ Athrosis
- ☐ Bechterew's disease
- ☐ Osteoporosis
- ☐ Rheumatoid arthritis

Declaration of Consent for Genetic Analysis *(Gene Diagnostics Law)*

Patient

Name, First Name

Date of Birth: ____ / ____ / ____

Stamp Hosp. / Surgery

My physician has informed me about the relevance and scope of the resepective diagnostic tests, in particular about their purpose, nature, extent, significance and consequences.	yes ☐ ☐ no
I have given my consent to the collection of required sample material.	yes ☐ ☐ no
I was given sufficient time before agreeing to the above mentioned analysis and I have the right to revoke my Declaration of Consent in written form at any time.	yes ☐ ☐ no
I agree that the remaining sample material can be kept for later verification, additional requests by my physician or for scientific purposes (i.e. method development) until revoked.	yes ☐ ☐ no
The requested analysis can be forwarded to a specialized medical cooperation laboratory.	yes ☐ ☐ no
The test results might be saved for a longer time than the specified 10 years period.	yes ☐ ☐ no

✕ Place and Date ✕ Signature/Legal Representative

Patient Statement:

I herewith agree with the requested tests. I have been informed about the costs.

I agree to provide personally identifiable information (name, address, payer, insurance number, date of birth and gender, if applicable, body height and weight, history and medication), if required for any requested analysis. (Regulation (EU) 2016/679 Art. 6 (1) (b)). I give this consent voluntarily and can revoke it at any time with immediate effect for the future informally without giving any reason. This is what my doctor has explained to me.

✕ Place and Date ✕ Signature/Legal Representative

Material Legend:

Blood

S	=	Serum
Sz	=	Serum - must be centrifuged *(also in case of short shipping time)*
Szg	=	Serum centrifuged frozen
EDTA	=	EDTA Whole-Blood
EDTA-Pl	=	EDTA-Plasma
HCY	=	Special Vial Homocysteine
Hep	=	Heparin Whole-Blood
NaF	=	Sodium Fluoride Whole-Blood
CPDA/ACDB	=	Citrate Transport Med.
Citrat	=	Citrate Blood 1:10
CP	=	Citrate Plasma
CPg	=	Frozen Citrate Plasma
SpezR	=	Special Vial

Urine Diagnostics

U	=	Standard Urine, yellow UM*
U grün	=	Midstream Urine, green UM*
1.MU	=	First Morning Urine, yellow UM*
2.MU	=	Second Morning Urine, yellow UM*
U24	=	Urine collected over a period of 24 hours, yellow UM*
U#	=	Midstream Urine, in case of professional exposure after end of shift

*Urine Monovette

Other Materials

Fe	=	Stool
Abstr.	=	Smear *(Cotton swab)*
T + Nr.	=	Special Test Set *(depends on requirements)*
EXP	=	Sample Pick-up or Express Shipment required
	=	Light-Protected
	=	Genetic Consent required

Errors and changes are reserved.