



DNA Research Center LTD  
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<b>Order no:</b>	fills CBDNA
<b>Date and hour of specimen receiving:</b>	

Annex no 6 / P.1  
 version 2

## ORDER FORM

### Genitourinary system infections diagnostic

PATIENT DATA:	PRINCIPAL (does not apply to private orders):
<b>Name:</b>	Contractor no:
<b>Surname:</b>	Full name of ordering person:
<b>Home address:</b> Country:.....	Company stamp:
Street:..... No.....	..... date ..... signature of the person authorized
City:..... ZIP code:.....	
<b>Date of birth:</b> [ ][ ][ ][ ][ ][ ][ ][ ][ ] female <input type="checkbox"/> male <input type="checkbox"/>	
Contact phone:	contact phone:
e-mail::	

**Data marked in red is necessary for order acceptance**

### SPECIMEN

<b>Specimen:</b>	<b>Date of specimen collection:</b>	Sample collected by (full name):
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### SINGLE TESTS:

- 312 Human Papilloma Virus (HPV) - genotyping of 28 virus types: 6, 11, 16, 18, 26, 31, 33, 35, 39, 40, 42, 43, 44, 45, 51, 52, 53, 54, 56, 58, 59, 61, 66, 68, 69, 70, 73, 82; qualitative multiplex PCR
- 313 Human Papilloma Virus (HPV) – detection of 18 virus types + identification harmful HPV16 and HPV18 genotypes, qualitative multiplex PCR
- 602 Trichomonas vaginalis (trichomoniasis), qualitative PCR
- 110 Mycoplasma hominis (mycoplasmosis), qualitative PCR
- 111 Mycoplasma genitalium (mycoplasmosis), qualitative PCR
- 112 Ureaplasma urealyticum (ureaplasmosis), qualitative PCR
- 114 Neisseria gonorrhoeae (gonorrhoea), qualitative PCR
- 152 Chlamydia trachomatis, qualitative Real Time PCR

### PANELS:

- 709 URO-GENITAL 6 Panel - identification of 6 pathogens (6 in 1 Test): Trichomonas vaginalis, Mycoplasma hominis, Ureaplasma urealyticum, Chlamydia trachomatis, Mycoplasma genitalium, Neisseria gonorrhoeae, qualitative multiplex PCR

### TIME OF PROCESSING:

- STANDARD 7 -10 working days
- EXPRESS - it is possible to carry out a test in 48 working hours. Additional fee of 50 EUR will be added to the price.

### RESULT SENDING ADDRESS OR DATA OF PERSON AUTHORISED TO RECEIVE IT PERSONALLY:

Name and Surname:..... Contact phone:.....

Address:.....

### DECLARED WAY OF RECEIVING RESULTS:

- Letter (free of charge)
- Receipt of the Personal

COMMENTS:	
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Laboratory reserves the right to ask for a new sample in situations when it is not possible to issue a reliable result (in case of faults not made in the laboratory)

The laboratory reserves the right to anonymous use of the material for research, affecting the expansion of knowledge of microbiological infections (if you do not agree, please mark box):

I agree to use data contained in the survey for the purpose of medical research in accordance with the Polish regulation for the protection of persona data passed on the 29th of August 1997 (Dz. U. z 2002 r. NR 101, poz. 926, ze zm.)

1) I agree to use the data contained in the questionnaire for promotional purposes (if you do not agree, please mark box):

2) I agree to use the data contained in the questionnaire for research purposes (if you do not agree, please mark box):

.....  
 DATE AND SIGNATURE OF PATIENT