



DNA Research Center LTD
 Mickiewicza 31 st., 60-835 Poznań
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Order no:	fills CBDNA
Date and hour of specimen receiving:	

ORDER FORM
Hepatitis and Systemic infections diagnostic

Annex no 6 / P.1
 version 2

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

Data marked in red is necessary for order acceptance

SPECIMEN

Specimen:	Date of specimen collection:	Sample collected by (full name):
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HEPATITIS DIAGNOSTIC

SINGLE TESTS:

<input type="checkbox"/> 303	Hepatitis B virus (HBV), qualitative Real Time PCR
<input type="checkbox"/> 304	Hepatitis B virus (HBV), qualitative + quantitative Real Time PCR
<input type="checkbox"/> 306	Hepatitis C virus (HCV) qualitative Real Time PCR
<input type="checkbox"/> 307	Hepatitis C virus (HCV) qualitative + quantitative Real Time PCR

PANELS:

<input type="checkbox"/> 705	HBV virus + HCV virus qualitative Real Time PCR
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SYSTEMIC INFECTIONS DIAGNOSTIC

SINGLE TESTS:

<input type="checkbox"/> 332	CMV (Cytomegalovirus), qualitative Real Time PCR
<input type="checkbox"/> 333	CMV (Cytomegalovirus), qualitative + quantitative Real Time PCR
<input type="checkbox"/> 341	EBV (Epstein-Barr virus), qualitative Real Time PCR
<input type="checkbox"/> 342	EBV (Epstein-Barr virus), qualitative + quantitative Real Time PCR

PANELS:

<input type="checkbox"/> 721	FUNGAL INFECTION PANEL - identification of 6 species: Candida albicans, Candida tropicalis, Candida parapsilosis, Candida glabrata, Candida krusei, Aspergillus fumigatus
<input type="checkbox"/> 725	VIRUS INFECTION PANEL – detection of: HSV1, HSV2, VZV, CMV, EBV, HHV6, qualitative multiplex PCR
<input type="checkbox"/> 726	MENINGITIS PANEL – detection of 12 pathogens species: Neisseria meningitides, Streptococcus pneumoniae, B group Streptococci, Haemophilus influenzae, Listeria monocytogenes, enteroviruses, HSV1, HSV2, VZV, CMV, EBV, HHV6

TIME OF PROCESSING:

<input type="checkbox"/> STANDARD (7-14 working days)	<input type="checkbox"/> EXPRESS - it is possible to carry out a test in 48 working hours from sample delivery to our laboratory (additional fee of 50 EUR will be added to the price for test 725 and 100 EUR for test 726).
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RESULT SENDING ADDRESS OR DATA OF PERSON AUTHORISED TO RECEIVE IT PERSONALLY:

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

DECLARED WAY OF RECEIVING RESULTS:

<input type="checkbox"/> Letter (free of charge)	<input type="checkbox"/> Receipt of the Personal
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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