



DNA Research Center LTD
 Mickiewicza 31 st., 60-835 Poznań
 phone: 61 646 85 85, fax 61 623 25 26
 e-mail: bok@cbdna.pl

Order no:

fills CBDNA

Date and hour of specimen receiving:

Annex no 6 / P.1
 version 2

**ORDER FORM
 IMMUNOASSAYS**

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

Data marked in red is necessary for order acceptance

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

SINGLE TESTS:		
<input type="checkbox"/>	IM/001	<i>Borrelia burgdorferi</i> - ELISA IgM
<input type="checkbox"/>	IM/002	<i>Borrelia burgdorferi</i> - ELISA IgG
<input type="checkbox"/>	IM/003	<i>Borrelia burgdorferi</i> - ELISA IgG, IgM
<input type="checkbox"/>	IM/001K	<i>Borrelia burgdorferi</i> - identification and layering immuno complex ELISA IgM
<input type="checkbox"/>	IM/002K	<i>Borrelia burgdorferi</i> - identification and layering immuno complex ELISA IgG
<input type="checkbox"/>	IM/004	<i>Borrelia burgdorferi</i> - Western blot IgG (confirmation test for ELISA)
<input type="checkbox"/>	IM/005	<i>Borrelia burgdorferi</i> - Western blot IgM (confirmation test for ELISA)
<input type="checkbox"/>	IM/006	<i>Borrelia burgdorferi</i> - Western blot IgG + Western blot IgM (confirmation test for ELISA)
<input type="checkbox"/>	IM/004K	<i>Borrelia burgdorferi</i> - identification and layering immuno complex Western blot IgG
<input type="checkbox"/>	IM/005K	<i>Borrelia burgdorferi</i> - identification and layering immuno complex Western blot IgM
<input type="checkbox"/>	IM/006K	<i>Borrelia burgdorferi</i> - identification and layering immuno complex Western blot IgG, IgM
<input type="checkbox"/>	IM/007	<i>Babesia microti</i> - IFA IgM
<input type="checkbox"/>	IM/008	<i>Babesia microti</i> - IFA IgG
<input type="checkbox"/>	IM/009	<i>Anaplasma phagocytophilum, Ehrlichia chaffeensis</i> - IFA IgM
<input type="checkbox"/>	IM/010	<i>Anaplasma phagocytophilum, Ehrlichia chaffeensis</i> - IFA IgG
<input type="checkbox"/>	IM/011	<i>Bartonella henselae, Bartonella quintana</i> - IFA IgM
<input type="checkbox"/>	IM/012	<i>Bartonella henselae, Bartonella quintana</i> - IFA IgG
<input type="checkbox"/>	IM/013	<i>Toxoplasma gondii</i> - ELISA IgM
<input type="checkbox"/>	IM/014	<i>Toxoplasma gondii</i> - ELISA IgG
<input type="checkbox"/>	IM/015	<i>Mycoplasma pneumoniae</i> - IFA IgM
<input type="checkbox"/>	IM/016	<i>Mycoplasma pneumoniae</i> - IFA IgG
<input type="checkbox"/>	IM/019	<i>Chlamydia pneumoniae</i> - IFA IgM
<input type="checkbox"/>	IM/020	<i>Chlamydia pneumoniae</i> - IFA IgG
<input type="checkbox"/>	IM/021	<i>Yersinia enterocolitica</i> ELISA IgA
<input type="checkbox"/>	IM/022	<i>Yersinia enterocolitica</i> ELISA IgG
<input type="checkbox"/>	IM/023	<i>Chlamydia trachomatis</i> - IFA IgM
<input type="checkbox"/>	IM/024	<i>Chlamydia trachomatis</i> - IFA IgG

PANELS:		
<input type="checkbox"/>	IM/050	Tick-borne infections- screening <i>Borrelia burgdorferi</i> IgM/IgG, <i>Babesia microti</i> IgM, <i>Anaplasma phagocytophilum, Ehrlichia chaffeensis</i> IgM, <i>Bartonella henselae, Bartonella quintana</i> IgM, <i>Toxoplasma gondii</i> IgM

<input type="checkbox"/>	IM/051	Tick-borne infections- full <i>Borrelia burgdorferi IgM/IgG, Babesia microti IgM/IgG, Anaplasma phagocytophilum, Ehrlichia chaffeensis IgM/IgG, Bartonella henselae, Bartonella quintana IgM/IgG, Toxoplasma gondi IgM/IgG</i>
<input type="checkbox"/>	IM/052	Tick-borne co-infections <i>Babesia microti IgG; Anaplasma phagocytophilum, Ehrlichia chaffeensis IgG; Bartonella henselae, Bartonella quintana IgG</i>
<input type="checkbox"/>	IM/053	Panel of infection associated with LD <i>Mycoplasma pneumoniae IgM/IgG, Chlamydia pneumoniae IgM/IgG, Yersinia enterocolitica IgA/IgG</i>
TIME OF PROCESSING:		
<input type="checkbox"/>	STANDARD (to 7 working days of single test, 12 working days of panels)	
<input type="checkbox"/>	EXPRESS - in 48 working hours for single test (additional fee of 25 EUR), IM/006 and IM/006K (additional fee of 50 EUR) or 6 working days for panels (additional fee of 100 EUR)	
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	
COMMENTS:		

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