



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

ORDER FORM
Respiratory tract 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.....	 date signature of the person authorized	
City:..... ZIP code:.....			
Date of birth: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/>			
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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SINGLE TESTS:

- 104 Legionella pneumophila (legionellosis), qualitative PCR
- 106 Streptococcus pneumoniae, qualitative PCR
- 108 Mycoplasma pneumoniae, qualitative PCR
- 120 Haemophilus influenzae , qualitative PCR
- 122 Chlamydomphila pneumoniae, qualitative Real Time PCR
- 124 Bordetella pertussis, qualitative PCR

PANELS:

- 712 PNEUMO-BACTER 6 Panel – 6 bacteria species identification: Streptococcus pneumoniae, aemophilus influenzae, Mycoplasma pneumoniae, Chlamydomphila pneumoniae, Legionella pneumophila, Bordetella pertussis, qualitative multiplex PCR
- 713 PNEUMO-VIRUS 12 Panel – identification of 12 viruses: AdV, MPV, 229E/NL63 Coronavirus, PIV1, PIV2, PIV3, FluA, FluB, RSVB, RSVB, Rhino A/B, OC43/HKU1 Coronavirus, qualitative multiplex PCR
- 714 PNEUMO-TOTAL 18 PANEL – identification of 12 viruses and 6 bacteria species: ADV, MPV, wirus grypy A, wirus grypy B, RSVB, RSVB, Rhinovirus A/B, Coronavirus OC43, Coronavirus 229E/NL63, wirus paragrypa 1, paragrypa 2, paragrypa 3; Mycoplasma pneumoniae, Haemophilus influenzae, Streptococcus pneumoniae, Chlamydomphila pneumoniae, Legionella pneumophila, Bordetella pertussis, qualitative multiplex PCR

TIME OF PROCESSING:

- STANDARD (to 7 working days)
- EXPRESS - it is possible to carry out a test in 48 working hours for tests 712 (additional fee of 50 EUR will be added to the price), 713 and 714 (additional fee of 100 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:

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