Test Request Form

Send sample to:

Praxis
Prof. Dr. med. M. Kramer
Facharzt für Laboratoriumsmedizin
Mönchhofstraße 52
DE - 69120 Heidelberg, Germany
info@mdkramer.de
Telefon: +49 (0) 6221-3218888
Telefax: +49 (0) 6221-3218882

Family Name:		First Name:
Address:		
Zip Code:	City:	Country:
Phone:	E-mail:	
Date of birth:	Sex: Male/Female	
Date and hour blood drawn:		
Name of requesting physician:		Your patient ref.:

	Please, check the parameters to be tested:	
☐	IgA-Auto-Antibodies against Transglutaminase 6 (TG6)	*€ 30,17**
☐	IgG-Auto-Antibodies against Transglutaminase 6 (TG6)	*€ 30,17**
☐	IgA-Auto-Antibodies against Transglutaminase 3 (TG3)	*€ 30,17**

A minimum of. 2 ml of serum in unbreakable protection container for medical specimen

*)according to German reimbursement code for privately insured patients.

The cost for the requested analyses will be invoiced directly to me by laboratory Prof. Dr. Kramer, at the above mentioned rate.

Signature: ______________________ Date: ______________________

A signed copy of this form must be sent together with your samples.

12.05.2020 – UA-Transglutaminase_English