

Test Request Form

Send sample to:

Praxis Prof. Dr. med. M. Kramer
Facharzt für Laboratoriumsmedizin
c/o MVZ Dermatohistopathologie HD
Im Neuenheimer Feld 582, 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:			
<input type="checkbox"/>	IgA-Auto-Antibodies against Transglutaminase 6 (TG6)		€ 30,17*
<input type="checkbox"/>	IgG-Auto-Antibodies against Transglutaminase 6 (TG6)		€ 30,17*
<input type="checkbox"/>	IgA-Auto-Antibodies against Transglutaminase 3 (TG3)		€ 30,17*

(min. 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.