

Test Request Form

Send sample to:

Praxis
Prof. Dr. med. M. Kramer
Facharzt für Laboratoriumsmedizin
Mönchhofstraße 52
DE - 69120 Heidelberg, Germany

Telefon: +49 (0) 6221-4340963
Telefax: +49 (0) 6221-4340964

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 2 (TG2; open form)	€ 30,17*
<input type="checkbox"/>	IgG-Auto-Antibodies against Transglutaminase 2 (TG2; open form)	€ 30,17*
<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*

A minimum of. 2 ml of serum in unbreakable protection container for medical specimen
*)according to German reimbursement code for private patients.

I am aware that the test is „research use only“; interpretation must be done by a health care professional. The cost for the requested analyses will be involved 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.