



Deutsches Chroniker Labor GmbH
Ziegeleistr. 3
06485 Quedlinburg/OT Gernrode
Germany

Submitted by:

Fax:

I agree to the German Chronic Disease Laboratory (DCL) carrying out the subsequent laboratory tests indicated by marking. The laboratory examination fees are calculated on the basis of the German fee schedule for doctors (GOÄ, Fkt. 1.15). The cost of each test is stated within every analysis. With my signature I confirm that I have been informed about the costs of the laboratory assignment. I acknowledge that the order may not be entitled to reimbursement by health insurances. The payment is due at the time of receiving the test results and invoice handout. I have received a copy of this patient contract. I agree that my data will be forwarded to a clearing house for billing purposes. By signing this document I confirm the order.

Last name: _____ Surname: _____

Address: _____

Date of birth: _____ Date of blood sample: _____ DCL laboratory-no. of initial findings: _____

Borrelia burgdorferi s.l.				Test	Fees in €		
O	O	Borrelia*	afzelii	IgG	IIFT	136,76	
			burgdorferi CH				
			burgdorferi USA				
			garinii				
	O	Borrelia*	Borrelia*	afzelii	IgM	IIFT	136,76
				burgdorferi CH			
				burgdorferi USA			
				garinii			
	O	O	Borrelia*	afzelii	IgG	Blot	53,62
				afzelii			
		O	Borrelia*	burgdorferi	IgG	Blot	53,62
				burgdorferi			
		O	Borrelia*	garinii	IgG	Blot	53,62
				garinii			
O		Borrelia*	VisE	IgG	IIFT	68,38	
			OspC				
O	Borrelia*	VisE	IgM	IIFT	68,38		
		OspC					

Material needed for all WB- and IIFT-tests:

1 x ca. 8 ml blood (Serum-tube)

3 ml serum will be needed for the test.

Test preparation:

1. Take 1 tube (approx. 8 ml) full of blood
2. Store it at room temperature for 30 min
3. Centrifuge for 15 min at 2000 x g
4. Use pipette to transfer excess blood into a new tube

If a centrifuge is not available, please send in approximately 8 ml of full-blood (1 tube).

Please keep the blood sample refrigerated until it is being send to the laboratory. Do not freeze!

*Suggested test combination for diagnosing Lyme disease

Place/Date: _____

Signature: _____