



Deutsches Chroniker Labor GmbH

Ziegeleistraße 3
06485 Quedlinburg/OT Gernode
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: _____

Adress: _____

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

Laboratory Order

O	SARS-CoV-2* Severe Acute Respiratory Syndrome-Coronavirus 2	IgG	LineBlot	53,62 €
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Detection of SARS-CoV-2 specific IgG antibodies after naturally acquired infection and after vaccination.

*Detection of antibodies against:

1. NP (nucleocapsid protein) of SARS-CoV-2 (detectable after infection)
2. Domains of the spike proteins (detectable after infection or vaccination):
 - a. S1 (including receptor binding domain = neutralizing antibodies)
 - b. S2 (antibodies against fusion proteins)

Place/ Date: _____

Signature _____