



Auto-Antibodies for POTS-diagnostics

I ask you to determine the following markers:

- | | | |
|--------------------------|--|------------|
| <input type="checkbox"/> | Angiotensin-II-receptor-1 AT1R-auto-antibody | (€ 27,00) |
| <input type="checkbox"/> | Endothelin-receptor-A ETAR-auto-antibody | (€ 27,00) |
| <input type="checkbox"/> | Alpha1 adrenergic-receptor-auto-antibody | (€ 112,00) |
| <input type="checkbox"/> | Alpha2 adrenergic-receptor-auto-antibody | (€ 112,00) |
| <input type="checkbox"/> | Muscarinic cholinergic M1-receptor-auto-antibody | (€ 27,00) |
| <input type="checkbox"/> | Muscarinic cholinergic M2-receptor-auto-antibody | (€ 27,00) |
| <input type="checkbox"/> | Muscarinic cholinergic M3-receptor-auto-antibody | (€ 27,00) |
| <input type="checkbox"/> | Muscarinic cholinergic M4-receptor-auto-antibody | (€ 27,00) |
| <input type="checkbox"/> | Muscarinic cholinergic M5-receptor-auto-antibody | (€ 27,00) |
| <input type="checkbox"/> | Beta1 adrenergic-receptor-auto-antibody | (€ 27,00) |
| <input type="checkbox"/> | Beta2 adrenergic-receptor-auto-antibody | (€ 27,00) |

patient's name:

date/time of blood drawn:

- invoice to doctor/clinic
- invoice to patient

stamp & contact person:

patient's address/phone/E-mail:

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.....
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Notes for specimen collection and transport:

Collect serum with conventional serum tubes. Centrifuge after clotting and transfer about 1 ml of serum into a new tube (do not send whole blood or plasma tubes).

Ship at room temperature to our laboratory address (see above). Duration should not exceed more than 48h, therefore use a courier service like FedEx or similar. Please inform us about shipping by email with carrier/tracking number.

Agreement:

I agree that CellTrend GmbH, Im Biotechnologiepark 3, 14943 Luckenwalde receives my data for the purpose of examination and accounting. In case of an assertion of the claims I release my doctor from the duty of confidentiality.

I agree that the transmitted data, as well as the collected results are stored in paper and electronic form in accordance with the legal requirements and used in anonymous form for scientific purposes or for quality assurance purposes.

After completion of the analysis, I hereby transfer the remaining sample material to CellTrend GmbH and allow its use for quality assurance measures and scientific purposes in anonymised form.

Delete if not applicable

I am aware that I can withdraw my consent at any time without giving reasons. It can be revoked orally or in writing without personal disadvantages.

Place, Date _____

Signature _____