

Please fill in in block letters!

Patient details

☐ male ☐ female Date of Birth: _____

First name _____

Family name _____

Street and house number _____

Postal code and city _____

Country _____



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REQUEST FORM

A13s-5 Gastrointestinal Microbiology

Barcode or Practice Stamp

PLEASE PRINT OR USE ADDRESS LABEL!
DO NOT USE ANY PAPER CLIPS, STAPLES OR STICKERS !

Important Notice:
Please pack the stool tube with the request form separately in the shipping bag for stool samples!

Diagnostic Test Directory

- I. Molecular Genetic Stool Diagnostics
- II. Classical Stool Analysis Via Cultivation
- III. Gastroenterological Diagnostics
- IV. Metabolome Diagnostics
- V. Vaginal Diagnostics
- VI. Infection Diagnostics

For Individual Requests:

I. Molecular-Genetic Stool Analyses

Compact, Practice-Oriented Microbiome Analyses

Evaluation of findings and therapy recommendations are included

- ☐ A712A **Microbiome Mini** OS, Fe
(Bacteriome + mycobiome) Diversity, phyla distribution, enterotype, relevant bacteria (e.g. F. prausnitzii, A. muciniphila) and 7 facultative pathogenic yeasts. Functional groups (besides butyrate-, equol-, histamine- and H2S-formation etc., synthesis of secondary bile acids, estroboloma, TMA metabolism, phenol, indole and ammonia are considered further on.)
- ☐ A712B **Microbiome Midi** OS, Fe
(Bacteriome + mycobiome + parasites) Microbiome Mini includes 7 facultative pathogenic yeasts and common single-celled parasites. Examination of important functional groups (see above)
- ☐ A712BW **Microbiome Midi Plus** OS, Fe
(Bacteriome + mycobiome + parasites + worms and microsporidia) Microbiome Mini includes 7 facultative pathogenic yeasts, common single-celled parasites as well as worms and microsporidia. Examination of important functional groups (see above)
- ☐ A178B **Blastocystis**
Secondary differentiation of pathogenic and apathogenic subtypes upon detection

Large Microbiome Analyses

- ☐ A712C **Microbiome Maxi** OS, Fe
(Bacteriome + mycobiome + parasites) Microbiome Mini including additional bacterial genera and species, 7 facultative pathogenic yeasts and all common parasites, as well as functional groups (see above)
- ☐ A178B **Blastocystis**
Secondary differentiation of pathogenic and apathogenic subtypes upon detection
- ☐ A712CW **Microbiome Maxi Plus** OS, Fe
(Large bacteriome + mycobiome + single-celled parasites + worms and microsporidia) Microbiome Maxi with human pathogenic worms and microsporidia
- ☐ A178B **Blastocystis**
Secondary differentiation of pathogenic and apathogenic subtypes upon detection

PLUS - Complementary Parameters

- ☐ A750 **Maldigestion, Malabsorption, Mucosa Immune System** 2Fe
Digestive residues, pancreatic elastase, bile acids, α -1-antitrypsin, calprotectin, slgA
- ☐ A501 **Leaky Gut** Fe, T909
Zonulin, histamine
- Further Molecular Genetic Profiles**
- ☐ A171 **Mucin-/Butyrate Formation Profile** OS, Fe
Faecalibac. prausnitzii, Akkermansia muciniphila
- ☐ A121 **Mycobiome: Relevant Yeasts** OS, Fe
(including pathogen quantification)
C. albicans, C. tropicalis, C. glabrata, C. parapsilosis, C. dubliniensis, C. krusei, C. lusitanae
- ☐ A121N **Yeast Control Measurement** OS, Fe
☐ C. albicans
☐ C. tropicalis
☐ C. glabrata
☐ C. parapsilosis
☐ C. dubliniensis
☐ C. krusei
☐ C. lusitanae
- ☐ A169 **Worms, Microsporidia** OS, Fe
Tapeworms, roundworms, pinworms (oxyurus), hookworms, New World hookworm, dwarf tapeworms, whipworms, dwarf threadworms, Enterocytozoon spp. / Encephalitozoon spp.

II Classical Stool Analysis Via Cultivation

Profiles

- ☐ A110 **Microbiological Flora Status** Fe
(Detection of 9 aerobic and 4 anaerobic bacteria and 4 yeasts by cultivation)
- ☐ A111 **Florastatus Plus** Fe
Florastatus + F. prausnitzii, Akkermansia muciniphila
- ☐ A120 **Mycological Flora Status** Fe
* the detection of yeasts is followed by biochemical differentiation
- ☐ A125 **D-Arabinitol in Urine** T908
- ☐ A130 **Basic Profile Intestinal Tract** 2Fe
Flora status, digestive residues, pancreatic elastase, bile acids, α -1-antitrypsin, calprotectin, slgA
- ☐ A131 **Basic Profile Intestinal Tract Plus** 2Fe
Basic Profile Intestinal Tract + F. prausnitzii, Akkermansia muciniphila
- ☐ A020 **Stress Basic Profile** 2Fe, T909
Basic Profile Intestinal Tract + Zonulin, Histamine

Diarrhea-causing Pathogens

- ☐ A140 **Bacterial Enteritis Pathogens** Fe
Salmonella, Shigella, Campylobacter, Yersinia, Cl. difficile GDH
- ☐ A179 **Viral Enteritis Pathogens Profile, PCR** OS, Fe
Norovirus GI + GII, Rotavirus, Adenovirus, Astrovirus, Sapovirus
- ☐ A178 **Parasites Profile, PCR** OS, Fe
(6 parameters) Giardia lamblia, Entamoeba histolytica, Cryptosporidium spp., Cyclospora cayetanensis, Blastocystis hominis, Dientamoeba fragilis
- ☐ A178B **Blastocystis**
Secondary differentiation of pathogenic and apathogenic subtypes upon detection
- ☐ A178C **Blastocystis Subtypes Single Request** OS, Fe
Differentiation of pathogenic and apathogenic subtypes
- ☐ A178N **Parasites Control Measurement** OS, Fe
☐ Giardia lamblia
☐ Entamoeba histolytica
☐ Cryptosporidium spp.
☐ Cyclospora cayetanensis
☐ Blastocystis hominis
☐ Dientamoeba fragilis
- ☐ A170N **Worms, Worm Eggs** 3x Fe
- ☐ A440 **EHEC** Fe
- ☐ A450 **Cl. difficile GDH Toxin A, Toxin B Profile** Fe

Stool: Fe = Stool; **OS** = OmicSnap; **Blood:** S = Serum; **EDTA** = EDTA Whole-Blood; **Hep** = Heparin; **Whole-Blood;** **Urine Diagnostics:** Midstream Urine, green UM*;
Other Materials: T + number = Special Test Set; = Sample Pick-up or Express Shipment required; = Light-Protected; **Abstr.** = Smear (Cotton swab);
 = Genetic Consent required - Detailed Legend see last page.



Supplementary Functional Stool Parameters

Profiles

<input type="checkbox"/> A180	Digestive Residues	Fe
Quantitative proof of fat, nitrogen, sugar, water		
<input type="checkbox"/> A190	Maldigestion:	Fe
Pancreatic elastase, bile acids		
<input type="checkbox"/> A200	Malabsorption: α-1-AT, Calprotectin	Fe
<input type="checkbox"/> A390	Immunity of the Mucous Membranes: sIgA	Fe
<input type="checkbox"/> A400	Colonisation Resistance: β-Defensin	Fe

Single Parameters

<input type="checkbox"/> A310	Haemoglobin	T910
<input type="checkbox"/> A330	Calprotectin	Fe
<input type="checkbox"/> A340	α-1-Antitrypsin	Fe
<input type="checkbox"/> A350	Lactoferrin	Fe
<input type="checkbox"/> A360	Lysozyme	Fe
<input type="checkbox"/> A370	PMN-Elastase	Fe
<input type="checkbox"/> A380	Pancreatic Elastase	Fe
<input type="checkbox"/> A420	EPX	Fe

Early Detection of Colorectal Carcinomas

<input type="checkbox"/> H205	ColoAlert	T920
A new sensitive test for the early recognition of colorectal cancer in stool based on the detection of occult blood, the amount of human DNA and existing oncogenic mutations in the KRAS and BRAF genes. <i>(Innovation Award 2017)</i>		
<input type="checkbox"/> A210	Calprotectin, Haemoglobin	Fe
<input type="checkbox"/> A320	Haemoglobin/Haptoglobin	T910
<input type="checkbox"/> A430	M2PK in Stool	Fe

Intestinal Permeability

<input type="checkbox"/> A500	Zonulin	Fe
<input type="checkbox"/> A550	Zonulin in Serum	S
<input type="checkbox"/> A505	IFAB-P	S
<input type="checkbox"/> A560	Pee Spot	T915
Detection of Leaky Gut (small intestine), lactose and sucrose intolerance		

Autonosodes

<input type="checkbox"/> A610	Alcoholic Dilutions	Pharmacy retail price 57,18 €
<input type="checkbox"/> A620	Globules	Pharmacy retail price 64,27 €

Delivery Address for Stool Auto-Nosodes:

Name of Pharmacy:

Address:

III. Gastroenterological Diagnostics

Sugar Intolerances

<input type="checkbox"/> B110	Lactose Breath Test	T901
H2 and methane		
<input type="checkbox"/> B140	Lactose Intolerance Gene Test	EDTA ⚡
(Mutation in the LCT gene)		
<input type="checkbox"/> B900	Bacterial Cleavage Activity of Fructose and Sorbitol in Stool	Fe
(Often increased in connection with intolerances)		
<input type="checkbox"/> B120	Fructose Breath Test	T900
H2 and methane		
<input type="checkbox"/> B150	Fructose Intolerance Gene Test	EDTA ⚡
<input type="checkbox"/> B130	Sorbitol Breath Test	T902
H2 and methane		
<input type="checkbox"/> B135	Fructose-Sorbitol-Combination Breath Test	T917
H2 and methane		
<input type="checkbox"/> B105	SIBO	T929
(Bact. overgrowthsyndrome) Breath test for the detection of small intestine miscolonization		

Gluten Intolerance

<input type="checkbox"/> A480	Gladin and Transglutaminase AB (TG2) in Stool	Fe
<input type="checkbox"/> B170	Gladin and Transglutaminase AB (TG2) in Serum	S
<input type="checkbox"/> B180	Anti-WGA IgG	S
(wheat germ agglutinin)		
<input type="checkbox"/> B190	Genetic Disposition	EDTA ⚡
Celiac Disease: HLA-DQ2 / DQ8		

Special Indications: Skin and CNS

<input type="checkbox"/> B174	Transglutaminase 3 Antibodies IgA	S
Autoimmune diseases of the skin, e.g. dermatitis herpetiformis duhring		
<input type="checkbox"/> B176	Transglutaminase 6 Antibodies IgA and IgG	S
Transglutaminase of the CNS, e.g. in gluten ataxia		

Histamine Intolerance

<input type="checkbox"/> C385	Histamine Degradation Capacity	S
<input type="checkbox"/> C390	Diaminooxidase (DAO)	S
<input type="checkbox"/> C395	Co-Factors of DAO	EDTA, Hep
Small blood count, vit. B6, Cu + Zn in WB		
<input type="checkbox"/> A410	Histamine in Stool	T909
<input type="checkbox"/> A112	Histamine Producing Bacteria	Fe
<input type="checkbox"/> C410	Methylhistamine in Urine	T908
<input type="checkbox"/> C415	Histamine in Urine	T908

Stomach Diagnostics

<input type="checkbox"/> B220	Helicobacter pylori Ag in Stool	Fe
<input type="checkbox"/> B210	Helicobacter pylori Pathogenicity Factors	S
<input type="checkbox"/> B230	Pepsinogen 1 (Anacidity, hypoacidity)	S

Intestinal Diagnostics

<input type="checkbox"/> B250	Crohn's Disease: p-ASCA-AB	S
<input type="checkbox"/> B260	Colitis Ulcerosa: x-ANCA	S
<input type="checkbox"/> B270	Indican and Skatole in Urine	2e OU

IV. Metabolome Diagnostics

Metabolome In Stool

<input type="checkbox"/> A650	Fatty Acids	Fe
Butyrate, acetate, propionate, iso fatty acids		
<input type="checkbox"/> A660	β-Glucuronidase	Fe
Regulation of the reabsorption of hormones, phytoestrogens, toxins, drugs or carcinogenic substances		
<input type="checkbox"/> A670	Irritable Bowel Basic* Profile	T909
Histamine, tryptophan: Frequent causes of irritable bowel syndrome are histamine excess or tryptophan deficiency		
<input type="checkbox"/> A671	Irritable Bowel Complete* Profile	T909
Histamine, tryptophan, serotonin, GABA, exclusion of fructose malabsorption *optimal results are attained in combination with microbiome analysis (A712) and parameters for maldigestion, malabsorption, mucosa immune system (A750) and zonulin (A500)		

Control Measurements

<input type="checkbox"/> A651	Tryptophan	T909
<input type="checkbox"/> A410	Histamine in Stool	T909
<input type="checkbox"/> A652	Serotonin	T909
<input type="checkbox"/> A653	GABA	T909

Metabolome In Urine

<input type="checkbox"/> A675	TMA and TMAO Formation	T928
TMAO: bacterial causes of cardiovascular diseases, including consideration of the starting substances: choline , betaine and L-carnitine <i>(do not eat seafood/fish 2 days before sampling !!)</i>		

<input type="checkbox"/> A685	Tryptophan-Metabolism Plus	T928
Comprehensive analysis of the TRP metabolism: Serotonin formation, kynurenine pathway with kynurenine, kynurenic acid, 3OH-kynurenine, quinolinic acid, IDO activity, KMO activity. Additionally: Neopterin (screening for IFN-g mediated TH1 activation)		
<input type="checkbox"/> A677	Equol Formation from Soy Products	T930
After consumption of soy milk		
<input type="checkbox"/> A681	Bacterial Uremic Metabolites	T928
Hippuric acid, HPPHA, indole-3-acetic acid, indoxyl sulfate, p-cresol sulfate, phenylacetylglutamine, tryptamine		

Metabolome In Blood

<input type="checkbox"/> A695	Metabolism of Bile Acids	S
Gut-liver axis: bacterial bile acid metabolites as a cause of diseases and regulators of important biological functions. Total bile acids, primary -, secondary -, tertiary bile acids, ratios, cytotoxic and neuroprotective Bile Acids Bacterial. Incl. interpretation of findings and therapy options		

V. Vaginal Diagnostics



pH Value

<input type="checkbox"/> V712	Vaginal Microbiome	T921
Diversity, vagitype, dominant lactobacilli flora, H2O2, lactic acid formation, accompanying anaerobic flora, bacterial vaginosis associated bacteria + Candida incl. interpretation of findings and therapy recommendation		

VI. Infection Diagnostics

Diagnostics for:

- Borreliosis
- EBV
- Ehrlichiosis, Tick-Born Encephalitis/TBE
- tick-borne co-infections

Serological Pathogen Testing:

- Virus-Serology
- Bacterial Serology
- Candida-Serology

Please see request form A13, chapter IV

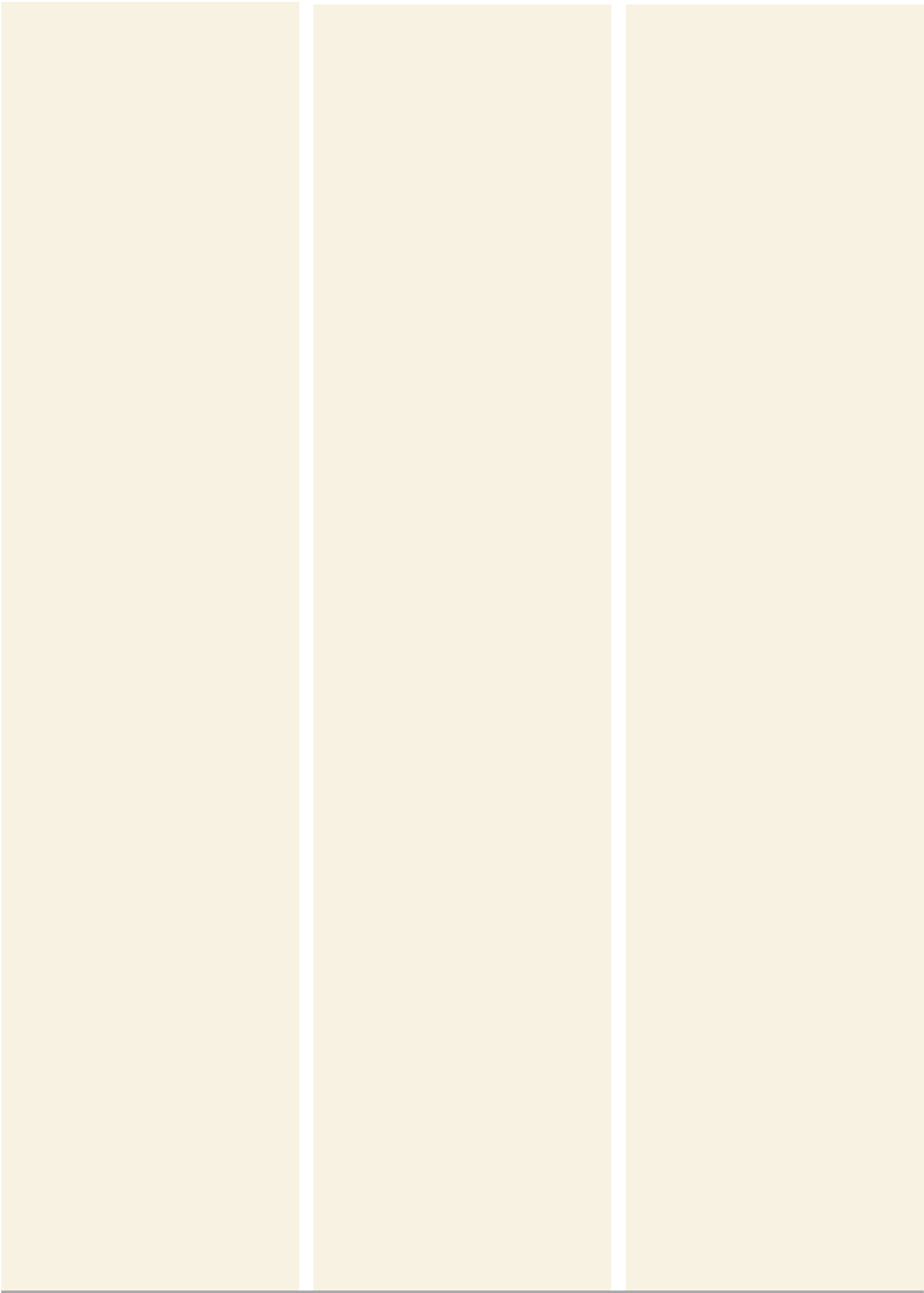
Bacteria Analyses

<input type="checkbox"/> K430	Swab, other/miscellaneous:.....Swab	
Diarrhea-causing pathogens (Please see A140, A178, A179, A440, A450)		
<input type="checkbox"/> K440	Urine Culture	U green

Aromatograms

<input type="checkbox"/> K362	Vaginal Swab	T911
(Please see separate request form)		
<input type="checkbox"/> K366	Vaginal Swab including Aromatogram	T911
(Please see separate request form)		
<input type="checkbox"/> K381	Bacteria and Fungi in Urine	U green
<input type="checkbox"/> K386	Bacteria and Fungi in Urine including Aromatogram	U green
<input type="checkbox"/> K391	Bacteria and Fungi in Throat and Nose Swabs	Swab
<input type="checkbox"/> K395	Bacteria and Fungi in Throat and Nose Swabs including Aromatogram	Swab
<input type="checkbox"/> K400	Bacteria and Fungi in Superficial Wound Swabs	2 Swabs
<input type="checkbox"/> K405	Bacteria and Fungi in Superficial Wound Swabs including Aromatogram	2 Swabs





MEDICAL HISTORY

Patient Data:

Blood Pressure: mm Hg

Body Height: cm Weight: kg

Medication, Dosage, Taken since:

Complaint Pattern / Anamnesis:

Diagnoses

Please mark known diseases or complaint patterns of the patient

Digestive Tract

- | | |
|-----------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Colitis ulcerosa | <input type="checkbox"/> Intestinal mycosis |
| <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Diarrhoea |
| <input type="checkbox"/> Diverticulosis | <input type="checkbox"/> Dyspepsia |
| <input type="checkbox"/> Fructose malabsorption | <input type="checkbox"/> Cholelithiasis |
| <input type="checkbox"/> Gastritis | <input type="checkbox"/> Haemorrhoids |
| <input type="checkbox"/> Colon carcinoma | <input type="checkbox"/> Lactose Intolerance |
| <input type="checkbox"/> Crohn's disease | <input type="checkbox"/> Meteorism |
| <input type="checkbox"/> Food Intolerances | <input type="checkbox"/> Ulcus complaints |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Celiac Disease |
| <input type="checkbox"/> Pancreas Insufficiency, exocrine | <input type="checkbox"/> Stomatitis |
| <input type="checkbox"/> Irritable colon | |

Respiratory Tract

- | | |
|-------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bronchial asthma | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Rhinitis | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Tonsillitis | |

Skin/Hair

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Furuncles | <input type="checkbox"/> Loss of hair |
| <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Dry skin |
| <input type="checkbox"/> Urticaria | <input type="checkbox"/> Cellulitis |

Cardiovascular System

- | | |
|---------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Angina pectoris | <input type="checkbox"/> Arteriosclerosis |
| <input type="checkbox"/> High blood-pressure | <input type="checkbox"/> Cardiac insufficiency |
| <input type="checkbox"/> Lipid metabolic disorder | |

Urogenital Tract

- | | |
|------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Cystitis | <input type="checkbox"/> Urinal Tract Infection |
| <input type="checkbox"/> Prostatic hypertrophy | <input type="checkbox"/> Vaginal mycosis |

Allergies

- | | |
|------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Food allergies | <input type="checkbox"/> Pollinosis |
| <input type="checkbox"/> Neurodermatitis | |

Psyche/Nervous System

- | | |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Polyneuropathy |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Hyperactivity (ADS) | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Fatigue | |

Hormonal Dysfunction

- | | |
|--------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Menopause | <input type="checkbox"/> Hypothyroidism |
| <input type="checkbox"/> Premenstrual complaints | <input type="checkbox"/> Hyperthyroidism |

Musculoskeletal System

- | | |
|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Athrosis | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Bechterew's disease | <input type="checkbox"/> Rheumatoid arthritis |

Declaration of Consent for Genetic Analysis (*Gene Diagnostics Law*)

Patient

Stamp Hosp. / Surgery

Name, First Name

Date of Birth: / /

My physician has informed me about the relevance and scope of the respective diagnostic tests, in particular about their purpose, nature, extent, significance and consequences.

yes ☐ no ☐

I have given my consent to the collection of required sample material.

yes ☐ no ☐

I was given sufficient time before agreeing to the above mentioned analysis and I have the right to revoke my Declaration of Consent in written form at any time.

yes ☐ no ☐

I agree that the remaining sample material can be kept for later verification, additional requests by my physician or for scientific purposes (i.e. method development) until revoked.

yes ☐ no ☐

The requested analysis can be forwarded to a specialized medical cooperation laboratory.

yes ☐ no ☐

The test results might be saved for a longer time than the specified 10 years period.

yes ☐ no ☐

Place and Date

Signature

Patient Statement:

I herewith agree with the requested tests. I have been informed about the costs.

I agree to provide personally identifiable information (name, address, payer, insurance number, date of birth and gender, if applicable, body height and weight, history and medication), if required for any requested analysis. (Regulation (EU) 2016/679 Art. 6 (1) (b)). I give this consent voluntarily and can revoke it at any time with immediate effect for the future informally without giving any reason. This is what my doctor has explained to me.

Place and Date

Signature/Legal Representative

Material Legend:

Blood

- | | | |
|-----------|---|----------------------------------------------------------------------|
| S | = | Serum |
| Sz | = | Serum - must be centrifuged
(also in case of short shipping time) |
| Szg | = | Serum centrifuged frozen |
| EDTA | = | EDTA Whole-Blood |
| EDTA-PI | = | EDTA-Plasma |
| HCY | = | Special Vial Homocysteine |
| Hep | = | Heparin Whole-Blood |
| NaF | = | Sodium Fluoride Whole-Blood |
| CPDA/ACDB | = | Citrate Transport Med. |
| Citrat | = | Citrate Blood 1:10 |
| CP | = | Citrate Plasma |
| SpezR | = | Special Vial |

Urine Diagnostics

- | | | |
|---------|---|-------------------------------------------------------------------------|
| U | = | Standard Urine, yellow UM* |
| U green | = | Midstream Urine, green UM* |
| 1.MU | = | First Morning Urine, yellow UM* |
| 2.MU | = | Second Morning Urine, yellow UM* |
| U24 | = | Urine collected over a period of 24 hours, yellow UM* |
| U# | = | Midstream Urine, in case of professional exposure
after end of shift |

*Urine Monovette

Other Materials

- | | | |
|---------|---|------------------------------------------------|
| OS | = | OmicSnap |
| Fe | = | Stool |
| Swab | = | Smear (Cotton Swab) |
| T + Nr. | = | Special Test Set,
depends on requirements |
| EXP | = | Sample Pick-up or
Express Shipment required |
| | = | Light-Protected |
| | = | Genetic Consent required |



A 1 3 s - 4 - E N - 4