



ORDER FORM AND DECLARATION OF CONSENT

LABORATOIRES RÉUNIS

Laboratoires Réunis Luxembourg S.A.
Tél. +352 780 290-1
contact@labo.lu

Patient

Matricule:

Surname:

Maiden surname:
(if applicable)

First name:

Date of birth:

Gender: ☐ female ☐ male ☐ divers

No. & Street:

Postcode: City:

Country:

Phone/Mobile:

Email:

Prescribing physician

Physician code:

Surname:

First name:

No. & Street:

Postcode: City:

Country:

Phone/Mobile:

Email:

Prescription date:

Expiration date:

(2 months unless date specified, max. 6 months)

Date and time
of sample collection:

Data protection patient consent form

Your personal data are protected in compliance with the General Data Protection Regulation (GDPR) of 27 April 2016 of the European Parliament and the EU Council. Provisions relating to this regulation are available on our website www.labo.lu

Self-payment statement

With my signature I authorize Laboratoires Réunis to carry out the analyses as requested

I have been informed, that these analyses may not be reimbursed by the health insurance.

I will receive an invoice of Laboratoires Réunis and I agree to pay the charges for the laboratory services I receive.

Date and signature of patient

(or legal representative, e.g. both parents)

Stamp and signature of the physician

Patient

Matricule:

Date of birth:

Surname:

Maiden surname:

First name:



**In case of a request for genetic tests,
the consent form duly signed
by the patient and the physician must be attached.**

GENETIC TESTS



MyFitnessGenes® *

Analysis of 82 genetic variants distributed across 70 genes related to athletic potential, nutritional needs, sensitivities, and preventive measures associated with physical activity.

299,00 €



MyNutriGenes® *

Analysis of 102 genetic variants distributed across 75 genes associated with nutrition and weight management.

330,63 €



MyPharmaGenes® *

Analysis of 88 genetic variants distributed across 32 genes, allowing the assessment of response and risk of side effects related to more than 100 medications.

546,25 €



MyVitDGenes® *

Analysis of 16 genetic variants distributed across 7 genes related to vitamin D metabolism.

214,19 €



MyWellnessGenes® *

Analysis of 43 genetic variants distributed across 38 genes associated with nutrition and metabolic health.

222,81 €



Alopecia *

Analysis of genetic variants related to androgenetic alopecia, including specific polymorphisms in the AR gene and the 20p11.22 locus, allowing the assessment of hair loss risk.

122,48 €



Basic *

Analysis of 14 genetic variants distributed across 12 genes related to the body's regeneration abilities, to assess disease risks and optimize treatments for chronic conditions.

215,63 €



DETOX *

Analysis of 19 genetic variants distributed across 14 genes related to detoxification, involved in the breakdown of drugs, toxins, fats, homocysteine, catecholamines, and oxidative stress.

373,75 €



Thrombose *

Analysis of genetic variants related to the risk of thrombosis, distributed across 7 genes involved in blood coagulation and drug metabolism, allowing the assessment of predisposition to blood clot formation.

215,53 €



Emotional Balance *

Analysis of genetic variants distributed across 10 genes related to emotional regulation, allowing the identification of predispositions to depressive states, emotional instability, addictive behaviors, and anxiety disorders.

215,63 €



Hormon-Replacement-Therapy *

Analysis of 9 genetic variants distributed across 8 genes related to hormone replacement therapy, enabling the evaluation of therapeutic benefits and the risk of side effects based on individual predispositions.

215,63 €



Methylation *

Analysis of 14 genetic variants distributed across 11 genes that influence the effectiveness of the body's methylation and detoxification functions.

215,63 €



Titan-Implant-Loss *

Analysis of genetic variants in the IL1A, IL1B, IL1RN, and TNFA genes to assess the individual risk of peri-implantitis and failure of titanium dental implants, associated with an increased susceptibility to inflammatory responses.

122,48 €



Small Pharma *

Analysis of 20 genetic variants distributed across 4 genes, allowing the assessment of drug response and the risk of side effects.

299,00 €



Intolerance profile *

Fructose, lactose, gluten and histamine.

299,00 €



Fructose *

ALDOB

122,48 €



Histamine *

ABP1

122,48 €



AMY1A *

99,00 €



APO E *

99,00 €



COMT *

99,00 €



DIO2 *

99,00 €



FUT2 *

99,00 €



GUCY1A3 *

99,00 €



MAO-A *

99,00 €



OGG1 *

99,00 €

LEGEND

Italic: Internal lab code

EDTA: Whole blood

*: Genetic analysis(es) performed by ProteoPath GmbH (Trier, Germany)

: Genetic consent form to be completed and signed (on the last page)

Patient

Matricule:

Date of birth:

Surname:

Maiden surname:

First name:

Dear doctor, dear patient,

Please carefully complete all the fields below, as in accordance with the legislation on human genetic analysis to which the laboratory ProteoPath GmbH is subject, no analysis can be performed unless all of this information is included in the request.

With your signature you confirm that:
Mandatory

you have been fully informed by your physician about the statements and consequences of the genetic test and you have understood this explanation;

☐ Yes

you were able to ask all the questions you were interested in in the above-mentioned information session, and these were answered completely and understandably;

☐ Yes

you are aware that you can withdraw your consent and stop the investigation at any time (right not to know);

☐ Yes

you authorize Proteopath GmbH or a specialized medical cooperation laboratory to carry out genetic tests for you or for the above-mentioned person in your capacity as a legal guardian;

☐ Yes

you consent to the use of the sample material for the above genetic testing;

☐ Yes

your personal and medical data will be collected, processed and used by Proteopath GmbH;

☐ Yes

all information that you have provided, as well as all results of the examination, are subject to medical confidentiality and the legal requirements for data protection (GDPR) and may not be passed on to third parties without your express consent. You can revoke this consent or parts of it at any time and without giving reasons;

☐ Yes

the results will be reported to your treating physician or other physicians.

☐ Yes

You also agree to:
Optional

the storage and use of the test material obtained from the sample material for scientific and quality assurance purposes in pseudonymized form;

☐ Yes

the storage and use of collected data in pseudonymized form for scientific and quality assurance purposes.

☐ Yes

Patient

I certify that I have read all the information provided in this consent form and have received clear and precise information regarding the conduct of genetic tests.

I also declare that I have been informed about matters related to the confidentiality of my data, the processing of my samples for analysis, and my consent to a genetic test.

Surname

Maiden surname

First name

Date of birth

Date of consent signature

Signature of patient
or legal representative
e.g. both parents

Prescribing physician

I certify that I have provided the above-named patient with clear and precise information in accordance with the applicable national legislation on the conduct of genetic testing (e.g., Article L-1131.2 of the French Public Health Code or the German Genetic Diagnostics Act – Gendiagnostikgesetz).

I also declare that I am convinced that my patient is capable of giving consent, even if he/she is a minor or under legal guardianship.

Surname

First name

**Stamp and signature
of prescribing physician**