



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

EDTA
MYFITGEN


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 €

EDTA
MYNUTGEN


MyNutriGenes® *

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

330,63 €

EDTA
MYPHARMGEN


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 €

EDTA
MYVITDGEN


MyVitDGenes® *

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

214,19 €

EDTA
MYWELLGEN


MyWellnessGenes® *

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

222,81 €

EDTA
ALPOGEN


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 €

EDTA
BASICGEN


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 €

EDTA
DETOXGEN


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 €

EDTA
THRMBGEN


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 €

EDTA
EMOTIOGEN


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 €

EDTA
HRTGEN


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 €

EDTA
METHYLGEN


Methylation *

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

215,63 €

EDTA
TITANGEN


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 €

EDTA
SMPHARMGEN


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 €

EDTA
INTOLGEN


Intolerance profile *

Fructose, lactose, gluten and histamine.

299,00 €

EDTA
FRUCGEN


Fructose *

ALDOB

122,48 €

EDTA
LACTGEN


Lactose *

MCM6

122,48 €

EDTA
HISTAGEN


Histamine *

ABP1

122,48 €

EDTA
AMY1AGEN


AMY1A *

99,00 €

EDTA
APOEGEN


APO E *

99,00 €

EDTA
COMTGEN


COMT *

99,00 €

EDTA
DIO2GEN


DIO2 *

99,00 €

EDTA
FUT2GEN


FUT2 *

99,00 €

EDTA
GUCY1A3GEN


GUCY1A3 *

99,00 €

EDTA
MAOAGEN


MAO-A *

99,00 €

EDTA
OGG1GEN


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	Surname
Date of birth	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		
<p>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.</p> <p>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.</p>	Surname	
	Maiden surname	
	First name	
	Date of birth	
	Date of consent signature	
	Signature of patient or legal representative e.g. both parents	<div></div>

Prescribing physician

<p>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).</p> <p>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.</p>	Surname
	First name
	Stamp and signature of prescribing physician