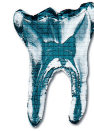




# Dentistry



Please tick the boxes clearly!

Name, first name of the patient \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

## Diagnosis / Suspected diagnosis

Invoicing is for the above patient

Attention: other invoice recipient \_\_\_\_\_

Sex

F  M

Blood collection date

D  M  M  Y  Y

Time of blood collection

h  h  m  m

## Other requests

Stamp / Signature of the referrer

## Lymphocyte transformation test (LTT) 24h €

<input type="checkbox"/> 1	LTT metals	2x H + S	156,19
mercury, copper, silver, tin, ethylmercury, gold, nickel, palladium, chromium, cobalt, molybdenum, aluminium, platinum, cadmium			
<input type="checkbox"/> 2	LTT plastics	2x H + S	156,19
TEGDMA, BISDMA, BISGMA, HEMA, MMA, UDMA, EGDMA, butanediol-1-4-methacrylate, hydroquinone, dimethyl-4-toluidine, benzoyl peroxide, formaldehyde, phthalate, camphorquinone			
<input type="checkbox"/> 3	LTT combination profile (dental check)	2x H + S	156,19
gold, nickel, palladium, chromium, cobalt, platinum, mercury, copper, silver, tin, MMA, HEMA, TEGDMA, BISGMA			
<input type="checkbox"/> 4	LTT gold alloys	2x H + S	156,19
gold, silver, platinum, copper, palladium, tin, gallium, indium, iridium, ruthenium, rhodium, tantalum			
<input type="checkbox"/> 5	LTT amalgam	2x H + S	122,98
mercury, copper, silver, tin, ethylmercury, phenylmercury, methylmercury			
<input type="checkbox"/> 6	LTT root canal filling material	2x H + S	156,19
raw gutta-percha, Balsam of Peru, eugenol, PDMS, silicone oil, bismuth oxide, silver, turpen-tine oil, colophony, triethanolamine, peanut oil, paraformaldehyde, bisphenol A, epichlorohydrin			
<input type="checkbox"/> 7	LTT titanium alloys	2x H + S	89,75
titanium, vanadium, aluminium, nickel			
<input type="checkbox"/> 8	LTT ceramics / cements	2x H + S	156,19
vanadium, aluminium, titanium, cobalt, chromium, barium, silicon, cerium, boron, manganese, antimony, phosphate cement, glass ionomer base cement			

## Testing of native materials €

<input type="checkbox"/> 10	<b>Lymphocyte transformation test (LTT) 24h</b>	2x H + S	
(if more than 4 mat. 1x H additionally)			
Number: _____ (please tick overleaf)			
If materials sent in, please enter them <u>here</u> :			
1.	_____		56,53
2.	_____		89,75
3.	_____		122,97
4.	_____		156,19
5.	_____	+ H	189,41

## Testing of native materials €

<input type="checkbox"/> 11	<b>Effector cell typing (IFN-<math>\gamma</math> / IL-10) 24h</b>	2x H + S	
Number: _____ (please tick overleaf)			
If materials sent in, please enter them <u>here</u> :			
1.	_____		64,11
2.	_____		104,91
3.	_____		145,71
4.	_____		186,51
<input type="checkbox"/> 13	<b>Basophil degranulation test (BDT) 24h</b>	H	
Number: _____ (please tick overleaf)			
If materials sent in, please enter them <u>here</u> :			
		in-house allergen	sent in allergen
1.	_____	41,78	52,17
2.	_____	60,25	81,03
3.	_____	78,72	109,89
4.	_____	97,19	138,75
5.	_____	+ H	115,66 167,61
<input type="checkbox"/> 14	Acrylate profile 24h	H	97,19
MMA, HEMA, TEGDMA, BISGMA			
Analysis can also be done from EDTA blood, 2 ml per allergen			

## Periodontitis / peri-implantitis €

<input type="checkbox"/> 15	11 marker microbes, pooled sample	ZA	87,45
<input type="checkbox"/> 16	aMMP-8 pooled sample	GCF PISF	28,86
<input type="checkbox"/> 16a	aMMP-8 individual analysis	GCF / PISF	28,86
Number of teeth _____ per analysis			
<input type="checkbox"/> 17	TNF- $\alpha$ inhibitor test with 6 essential oils 24h	H	128,13
lemongrass, lemon, lavender, rosemary, thyme, manuka			

## Periodontitis / genetics €

<input type="checkbox"/> 22	Degree of inflammation	! E or M	174,86
IL-1, IL-1RN, TNF- $\alpha$ -genotype			
<input type="checkbox"/> 23	Modulation of inflammation	! E or M	174,74
IL-6, IL-10			
<input type="checkbox"/> 24	Vitamin D3 receptor (VDR, taq)	! E or M	81,60

## Titanium intolerance €

<input type="checkbox"/> 21	Titanium stimulation test 24h	1 H	55,96
IL-1- $\beta$ / TNF- $\alpha$ according to titanium oxide stimulation			
Blood collection date - please be sure to enter this above!			
<input type="checkbox"/> 22	Degree of inflammation	! M or E	174,86
IL-1, IL-1RN, TNF- $\alpha$ -genotype			

## Mucous membrane immunity €

<input type="checkbox"/> 23	MBL serum level	S	28,86
<input type="checkbox"/> 24	IgA total	S	8,74
<input type="checkbox"/> 25	Granulocyte function, phagocytosis 24h	H	33,22

## Endodontics €

<input type="checkbox"/> 26	Mercaptans and thioethers 24h	H	79,27
<input type="checkbox"/> 27	RANTES	S	28,86
<input type="checkbox"/> 28	TNF- $\alpha$ -genotype (G-308A)	! E	99,09

## Inflammation €

<input type="checkbox"/> 29	TNF- $\alpha$ 24h	S	17,31
<input type="checkbox"/> 30	IP-10 (TH1 activity) 24h	S	27,98
<input type="checkbox"/> 31	CRP - highly sensitive 24h	S	11,66

## Foreign substance exposure (saliva) €

<input type="checkbox"/> 32	Alloy metals		
aluminium, antimony, barium, cadmium, cerium, chromium, gallium, gold, indium, iridium, cobalt, copper, manganese, molybdenum, nickel, palladium, platinum, mercury, silver, strontium, titanium, vanadium, zinc, zirconium, tin			
<input type="checkbox"/>	Morning saliva	Sp	104,92
<input type="checkbox"/>	Chewing gum saliva	Sp	104,92
<input type="checkbox"/>	Combined saliva	Sp	104,92
<input type="checkbox"/> 33	Acrylates (morning or baseline saliva)	Sp	132,88
BISGMA, BPA, MMA, TEGDMA, UDMA			
<input type="checkbox"/> 34	Individual analysis		
<input type="checkbox"/>	_____ per metal	Sp	23,90
<input type="checkbox"/>	_____ per acrylate 24h	Sp	53,62

EDX alloy analysis\*  
per material 59,50 € incl. MwSt.  
Implementation and invoicing by the Charité dental clinic. Invoicing **not** according to German medical fee schedule (GOÄ)!

**ATTENTION:** In the case of analyses marked with !, the patient consent form (see below left) must be signed by the patient!

24h = Receipt of sample 24 h after collection of blood

Prices are subject to change!

Blood collection and shipping materials for the LTT (blood collection sets) and periodontitis diagnostic material (paper points, buccal swabs, and aMMP-8 sets) can be obtained free of charge by contacting tel. +49 30 - 77001-220 / fax -236 / e-mail LTT@imd-berlin.de

## Patient consent form for genetic analyses

I have been adequately informed about the purpose, nature, scope, and informative value of the requested genetic test in accordance with the requirements of the German genetics diagnostics act "Gendiagnostikgesetz" (GenDG). I consent to this test and the sample collection that is necessary for it. I have no further questions. I have been informed that I may withdraw my consent at any time and decide against notification of the test results.

## Placing of the order

I hereby agree to the indicated laboratory analyses being carried out and billed at the above cost rates (German medical fee schedule (GOÄ)). Billing is carried out via the laboratory. I consent to the data necessary for billing, collection, and transfer being passed on to the clearing house.

In the case of minors, the name of a parent or legal guardian is required!

D  D  M  M  Y  Y

Date

Signature of patient

D  D  M  M  Y  Y

Date

Signature of patient

Material: S = serum, H = heparin blood, E = EDTA blood, ZA = dental pocket swab, M = buccal swab, GCF = gingival crevicular fluid, PISF = peri-implant sulcus fluid, Sp = saliva

