LABO TECH Labortechnik GmbH



Friedrich-Barnewitz-Str. 3

DE-18119 Rostock Germany

Tel.: 0049/381/5196112

Fax: 0049/381/5196113

Request of the Complex Serum-Redox-Difference **Provocation-Analysis**

(please fill out in full!)

		O First examination
Patien	name, first name	O Follow up examination
	date of birth	date of taking sample
Indica	tion (cause of request):	
pre exist	ting conditions, treatments and medication	
Herewith	n I declare my consent to the performance of	the Serum-analysis
Please n	note that this blood test is designed solely for	the purpose of assessing whether you are
being aff	fected by electromagnetic radiation or enviro	nmental demage. Our blood tests are not
designed	d to diagnose other conditions. We advise yo	ou to discuss your results with your GP.
Recipi	ient of bill:	
	Fort many	Dhara
	name, first name	Phone
	address	
I declare t	to instruct Labo Tech Inc., Rostock, Germany, to p	erform the Serum-redox analysis. I promise to pay
	for the laboratory analysis and the evaluation inclu	sive assessment, and further the costs of
dispatchi	ng and transportation (payment on receipt of bill).	
date	personal signature of the patient	 stamp
Please inf	form us about your use of dect-phone, mobile-wire	less computer ore if you life nearby mobile phone mast.

LABO TECH Labortechnik GmbH



Friedrich-Barnewitz-Str. 3

DE-18119 Rostock Germany

Tel.: 0049/381/5196112 Fax: 0049/381/5196113

Request of the Complex Serum-Redox-Difference Provocation-Analysis

	tion-Analysis	
(please fill	out in full!)	O First examination
Patient:		O First examination O Follow up examination
i auciii.	name, first name	_ O Tollow up examination
	date of birth	date of taking sample
Indication		
pre existing co	onditions, treatments and medication	
Herewith I de	clare my consent to the performance of	the Serum-analysis
being affected	d by electromagnetic radiation or enviro iagnose other conditions. We advise yo	r the purpose of assessing whether you are numental demage. Our blood tests are not ou to discuss your results with your GP.
	name, first name	Phone
	address	
I declare to inst	ruct Labo Tech Inc., Rostock, Germany, to p	perform the Serum-redox analysis. I promise to pay
	e laboratory analysis and the evaluation included transportation (payment on receipt of bill).	sive assessment, and further the costs of
date p	personal signature of the patient	stamp

Please inform us about your use of dect-phone, mobile-wireless computer ore if you life nearby mobile phone mast.