

# 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!)

**Patient:**

\_\_\_\_\_  
name, first name

\_\_\_\_\_  
date of birth

- First examination  
 Follow up examination

\_\_\_\_\_  
date of taking sample

**Indication (cause of request):** \_\_\_\_\_

\_\_\_\_\_  
pre existing conditions, treatments and medication

Herewith I declare my consent to the performance of the Serum-analysis

Please note that this blood test is designed solely for the purpose of assessing whether you are being affected by electromagnetic radiation or environmental damage. Our blood tests are not designed to diagnose other conditions. We advise you to discuss your results with your GP.

### Recipient of bill:

\_\_\_\_\_  
name, first name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
address

I declare to instruct Labo Tech Inc., Rostock, Germany, to perform the Serum-redox analysis. I promise to pay the costs for the laboratory analysis and the evaluation inclusive assessment, and further the costs of dispatching and transportation (payment on receipt of bill).

\_\_\_\_\_  
date 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.

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