

Tests Referred to External Laboratories:

The Doctor's Laboratory & The London Clinic

- Haematology profile (FBC) includes ESR
- Biochemistry profile
- Haematology and Biochemistry profile
- Haematology, Biochemistry & Lipids
- Hormones and Thyroid Profile (serum)
- Lipid profile (14 hour fast)
- Thyroid function test 1 (FT4 and TSH)
- Thyroid function test 2 (FT4, TSH & thyroid antibodies)
- Thyroid Plus Profile (as above plus total T4, Free T3 and Reverse T3)
- Free T3
- Thyroid antibodies
- Auto antibody screen
- B12 "Active" (serum) - holotranscobalamin
- B12 "Active" & folate (RBC) screen
- Diamine Oxidase (histamine intolerance)
- Ferritin
- Folate (red cells)
- Helicobacter pylori breath test
- Total IgE
- Immunoglobulins (A,G,M)
- Coeliac/gluten sensitivity antibody profile

Great Plains Laboratory

- Food Sensitivity Profile [IgG] (serum)
- Food Sensitivity Profile [IgG] (blood spots) (both above include 94 foods + candida)
- Organic Acids Profile - OAT (EMU)*
- Microbial Organic Acids Profile - MOAT (EMU)*
- Mycotoxins Profile - GPL-Myco(EMU)

- Enviro-Tox (OAT, GPL-TOX & Glyphosate)
- Phospholipase A2 Activity - PLA2 (EMU)
- Toxic Organic Chemicals Exposure Screen - GPL-TOX (EMU)
- Glyphosate (EMU)

Doctor's Data

- Comprehensive Stool Analysis with Parasitology (2 samples) [CSAP2]
- As above with 3-day samples [CSAP3]
- Comprehensive Parasitology (2 samples) [CP2]
- As above with 3-day parasitology samples [CP3]
- Stool Chemistry
- Stool Microbiology (bacteria & yeasts only)
- Stool Secretory IgA
- DNA/RNA Oxidative Damage Assay (urine)
- Hepatic Detoxification Profile (EMU)
- Methylation Profile (frozen plasma)
- Neurobiogenic Profile - Comprehensive (urine)
- Neurobiogenic Profile - Basic (urine)
- Porphyrins Profile (urine)

Saliva Hormones

- Adrenal Stress Profile (4 x saliva cortisol & DHEA)
- Melatonin Profile (3 x evening & night saliva samples)
- Hormone Complete Plus (Saliva: 4 x cortisol, DHEA, oestrogens, progesterone & testosterone)

Precision Analytical Dried Urine ("DUTCH") Profiles

- COMPLETE' Hormone Screen (sex and adrenal hormone & metabolite levels)
- Adrenal Hormone Profile
- Sex Hormone Profile
- Hormone Cycle Mapping (oestradiol & progesterone over monthly cycle)

Other tests - please list:

Please telephone for an appointment & let us know if you have any special requirements.

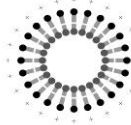
Appointments are available Monday - Thursday 9:30am - 5pm and Friday 9:30am - 2:00pm

Nearest underground stations are Great Portland Street, Regents Park and Oxford Circus (all 5-10 mins from Biolab)

All laboratory reports are returned to the referring clinician for interpretation.

Patients are requested to settle their accounts at the time of appointment

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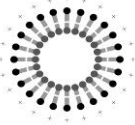


Biolab Medical Unit

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Pathology Request Form

(Please complete fully)

| Patient Details | Referring Clinician |
|---|---|
| Title Mr / Mrs / Ms / Master / Miss / Other: | Name: |
| Forenames: | Address: |
| Surname: | |
| Date of birth ____/____/____ | Telephone: |
| Sex: M / F Pregnant? No / Yes Weeks ____ | Fax: |
| Address: | E-mail: |
| | Your reference: |
| | GP's name and address: |
| Mobile telephone: | |
| Home telephone: | |
| E-mail: | Previous Biolab reference: ____/____/____ |
| <i>For non-medical referrals please include practitioner <u>AND</u> general practitioner's details</i> | |
| Alcohol: Yes / No | Smoking: Yes / No |
| Nutritional supplements: Yes / No | Medications: Yes / No |
| Clinical details and medications (optional): | |
| ACCOUNT TO: <input type="checkbox"/> CLINICIAN <input type="checkbox"/> PATIENT (Patients are required to settle their account at the time of testing) | |
| For postal samples please include a cheque or complete debit/credit card details below, or pay by bank transfer quoting the patient name in full to: Biolab Ltd, Sort code: 50-30-25 (National Westminster Bank), Account no. 33404445. | |
| Cardholder's name (as it appears on the card): _____ | |
| Card number: _____ Expiry date: _____ CCV (_____) (3 digits from reverse of card) | |
| Signature: _____ Thank you | |
| Appointment date and time: _____ | |

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MEDICAL DIRECTOR:

Dr Stephen Davies MA BM BCh FACN

LABORATORY DIRECTOR:

Dr Nicholas Miller MA MSc PhD MCB FRCPath

| | | |
|---------------------|---------------|-------------------|
| Sample date & time: | Patient name: | Biolab reference: |
|---------------------|---------------|-------------------|

Trace and toxic metals

Hair Trace & Toxic Element analysis - (please complete a Hair Analysis request form)

* Plasma Element Profile with RBC Mg (Ca, Cr, Cu, Fe, Mg, Mn, Se, Zn & red cell Mg)

Iodine in hair

* Iodine in urine Iodine/creatinine ratio

Blood Toxic Elements Screen (16 elements)

Blood Toxic Metals - Industrial (Pb, Mn, Cd)

6 hour Urine Toxic Elements Screen (18 elements) (urine volume = _____ ml)

Osteoporosis Urine Mineral Screen (Ca, Mg, P, Zn)

Post Arthroplasty Blood Toxic Metal Profile (Cr, Co, Mn, Mo)

DMSA Mercury Provocation Test (pre-arrange with laboratory)

Water Toxic Element Profile (13 elements)

Please tick boxes for individual tests (not available)

Samples collected by: _____

SST (gold)

Trace element EDTA (navy)

Heparin (green)

EDTA (lavender)

Fluoride oxalate (grey)

Blood spot samples

Urine (MSU)

6/24hr urine kit supplied

Stool kit supplied

Other (please specify): _____

| | Ca | Mg | P | Na | K | Fe | TIBC | Co | Cu | Zn | Cr | Mn | Mo | Se | Ni | I | Pb | Hg | Cd | Al | As | |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| * Plasma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Red Cells | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Whole Blood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Urine (msu) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24hr urine (vol = _____ ml) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Vitamins

* **Profiles**

Vitamin profile (A, C, E, carotenes, B₁, B₂, B₆)

Fat soluble vitamin profile (A, E, carotenes)

Blood B vitamins - functional (B₁, B₂, B₆)

B12 "Active" & folate (RBC) screen**

B12 (active B12) and methylmalonic acid**

Vitamin D profile (25-hydroxy vitamin D2 and D3)

Vitamin E profile (alpha, delta & gamma tocopherol)

Vitamin K1 and PIVKA**

* **Direct measurements**

Vitamin A (serum)

Beta carotene (serum)

Vitamin C (serum)

Vitamin E (serum) - alpha & gamma tocopherol

Lycopene (serum)

Lutein (serum)

Beta-cryptoxanthin

Coenzyme Q₁₀ (serum)

B12 "Active"***

Folate (red cells)**

Functional tests

B₁

B₂

B₆

B₃ (niacin)

Biotin

Profiles

Amino Acids Profile (24 hour urine volume = _____ ml)**

* Antioxidant Profile

Fatty Acids Profile (red cells)

Gut Permeability Profile (6 hour urine volume=_____ml)

* Health Risk Profile (3hr fast & no nutritional supplements for 24hrs)

* Health Risk Profile - Extended (3hr fast & no nutritional supplements for 24hrs)

* Osteoporosis Screen

Allergy Screens (IgE)

Food Panel (20 foods)

Inhalant Panel (30 inhalants)

Total IgE**

Allergy Screens (IgG)**

Food Intolerance Profile (94 foods & candida) (serum/blood-spot)

Other tests

Albumin

Antioxidant activity (total & nutritional)

Bile acids (total)

C-Reactive protein

Caeruloplasmin

Creatinine (urine)

D-Lactate

Fluoride (urine / water - please circle)

Glucose (fasting? Yes / No)

Glutathione (RBC)

Glutathione peroxidase (RBC & plasma)

Glutathione reductase (RBC)

Glycosylated haemoglobin (HbA1c)

Haemoglobin

Histamine (plasma)

Histamine (urine)

Homocysteine (3-4 hrs post protein meal)

Indican (urine)

Kryptopyrroles (urine-protect from light)

Paraoxonase

Superoxide dismutase

Sulphite (urine)

Tartrate-resistant acid phosphatase

Urinalysis

Challenge tests

Copper response test

D-xylose (5 hr urine volume=_____ml)

2½ hour glucose (overnight fast)

5 hour glucose (overnight fast)

2½ hour lactose (overnight fast)

1½ hour zinc (overnight fast)

3 hour zinc (overnight fast)

| | |
|--|---|
| <p>Tests requiring a special appointment: (Home sampling test kits also available)</p> <p>Breath hydrogen & methane tests (14 hour fast):</p> <p><input type="checkbox"/> Small Intestinal Bacterial Overgrowth [SIBO] [SIBO] (3 hours)</p> <p><input type="checkbox"/> Lactose intolerance (3 hours)</p> <p><input type="checkbox"/> Fructose intolerance (3 hours)</p> | <p>Other Biolab tests - please specify:</p> <p style="text-align: center;"><input type="checkbox"/> PTO for investigations referred to external laboratories</p> |
|--|---|

Key: * Patients are advised not to take nutritional supplements for 24 hours before tests