

MEDICAL FORM

Patient's name:

Vial number:

Gender:

Date of birth (DD/MM/YY):

Address:

Country:

City:

Postcode/Zip code:

Physician's email:

Phone number:

Patient's email:

Fax number:

(All fields are mandatory and should be completed)

EXAMINATION & TEST ORDER

1. **Primespot** neurotropic viral / immunocytokines profile

2. **SNPs** pharmacokinetic / pharmacodynamic

3. **Predispot** SNPS related to development of disease

4. **Paldispot** detection of Lyme disease pathogens strains

5. **Other** (please write clearly)

MEDICAL STATUS

Present diagnosis of Disease:

.....

Date of Primary diagnosis:

.....

MEDICAL RECORD

[Comments / additional information]:

.....

GENETIC PEDIGREE & FAMILY HISTORY

[Comments / additional information]:

.....

PRIMARY DIAGNOSIS

Surgeries (including dates):

.....

Medication therapies (including dates):

.....

Biological therapies (including dates):

.....

VAT number (EEA - EU):

.....

National Insurance number (GB):

.....

Umsatzsteueridentifikation nummer (D):

.....

Codici fiscale (IT):

.....

Social Security number (USA):

.....

TERMS & CONDITIONS

Cancellation policy: In case of canceling the analysis order or sample sending the policy will be as follow: a. In case of canceling during the first two days after shipping (sending) date, there will be a 25% charge of the total cost; b. In case of canceling between the third date of shipping and 24 hours before the end of analysis, there will be a 50% charge of the total price; c. In case of canceling 24 hours before the final results there will be no refund.

Declaration – terms & Conditions: Samples shipments by client to Biocentaur or subcontractor means total acceptance of the terms and conditions written below. 1) “Client” means the shipper who seeks for laboratory services. 2) “Sample” or “Samples” means the blood sample drawing from patient which have been put in provided vials with preservative liquid or tissue sample that have been piut in provided vials with specific preservative liquid. 3) The Client certifies that the samples have been collected under the consent of the patient and according to the existnglaws and medical regulations. 4) Only the client is liable for the samples package and transportation until their delivery at Laboratories. 5) Biocentaur or subcontractor should inform directly the Client in case of inexpedient samples. 6) Samples shipment and delivery together with the laboratory diagnosis mailing of any kind (e.g. e-mail, registered mail, faxetc.) conclude Biocentaur’s or subcontractor’s assignment. 7) Client’s Payment to Biocentaur or subcontractor is independent of the Social Insurance real payment to Client. 8) Any Biocentaur’s or subcontractor’s liability for damages of any kind related the mailed laboratory diagnosis directly or indirectly is limited to the involved amount. 9) Client shall respond any Biocentaur’s or subcontractor ’s request to follow up the medical incident. 10) Client certifies that the patient has granted Biocentaur or subcontractor the right to retain and use part of the samples for scientific and research purposes as well as to include the medical incident namelessly in medical releases of any kind. 11) All products and services provided by Biocentaur or subcontractor consist protected industrial and/or intellectual property of Dr. Ioannis Papatiriu. 12) The sole and exclusive right to any inventions, patents, patent applications, copyrights, trademarks or trade secrets – or any other form of intellectual property whether registered or not – used or made by Biocentaur or subcontractor in the performance of the present assignment, shall be the property of Biocentaur and subcontractor. 13) Information regarding the industrial and/or intellectual property of either party, as well as other proprietary or confidential information, shall be received and treated in confidence and not disclosed to others, except with the prior consent of the party concerned. 14) The responsibility for the patient’s price (end price) lays to the physician’s additional cost due to interpretation and phlebotomy. Also additional cost may be added due to distributer fees. 15) The interpretation of the lab analysis for clinical purposes is a responsibility of the undersigned clinician and not a responsibility of the laboratory personnel. 16) Any analysis on liquid biopsy CTC’s included is considered out of standard of care. 17) If patient’s clinician decide that the analysis should include the evaluation of natural products & botanicals, patient must be aware of this and give consent to that. 18) The outcome of the results maybe utilized from clinicians or not according to their discretion. 19) The doctor has informed about the updated status of global guidlines concerning liquid biopsy to the patient and the responsible clinician have decided to proceed on liquid biopsy (CTC’s) analysis. 20) The laboratory carries no responsibility for the treatment decisions and planning of the patient clinicians. 21) CTC’s may have altered phenotype from the primary tumor biopsy based on the scientific literature. 22) Bad sampling or poor quality of samples affect the outcome of the results or make the analysis not possible. 23) Any misuse of sampling process or any misuse of data of the analysis releases the lab from any responsibility. 24) Any additional cost that is related to phlebotomy, samples, consulting, commissioning does not affect the price policy of the test and should be separate.

RECEIVING RESULTS

Would you (the patient) like to receive the results to your personal email?

Yes No

Do you wish Biocentaur to maintain your personal data after the completion of your sample's testing?

Yes No

***Patient's signature**

Do you wish Biocentaur to maintain your personal data after the completion of your sample's testing?

Yes No

***Physician's signature**

Disclaimer: R.G.C.C. Group, is not responsible for emailing the results to the patient.

Physician's name

***Signature**

Patient's name

***Signature**

*Mandatory fields.

The validity and the truth of the written patient's data is the responsibility of the undersign doctor, clinic or hospital. By providing a signature, the patient and the attendant physician accept the cancelation policy as well as the terms and conditions mentioned above. The above fields with an asterisk [] are mandatory and should be completed.

DETAILS OF DONOR

Name of donor: *Signature

Name of relative: *Signature

Name of a doctor (as witness): *Signature

Date:

*Mandatory fields.

INVOICE TO Patient Doctor Branch office / Representative Other

Name: Postcode/Zip code:

Address: Phone number:

City: Fax number:

Consent to remove tissue / blood for diagnosis and research

This form requests your permission to take a sample of your blood or one or more small pieces of tissue to be used for medical research. This sample, or cell lines or other products derived from it, may be used by a number of different research organizations, or it may be stored for an extended period awaiting use. It is also possible that it may eventually be used by a commercial Company to develop future drugs. We would like you to be aware of this and of the fact that, by signing this form, you give up any claim that you own the tissue or its components, regardless of the use that may be made of it. You should also be aware of, and agree to, the possible testing of the tissue for infectious agents, such as the AIDS virus or hepatitis.

I give my consent for Biocentaur Limited and subcontractor to use some of my tissue / blood sample, sent to them recently for the purpose of analysis, to be further used by them for the purposes of medical research and development. In agreeing to do this I relinquish any claim to this tissue / blood sample and to how it may be used for research purposes. I also understand and agree that my tissue / blood sample may be tested for infectious agents such as the HIV virus or hepatitis viruses, in order for it to be used for research purposes. I understand that the sample will be coded, and therefore be anonymous, and that absolute confidence will be maintained. Finally, I understand that if any infection or other information important for my health is found, I have the right to be informed if I choose, either directly or through my doctor.