



ORDER FORM

PadoBiom®

Last name, first name / code of the insured patient

 Address of the insured patient

 Date of birth of the insured patient _____

Dentist (client)
 Practice stamp, address

Order/test number

Promotional code

Gender: Female Male

Invoice to the patient (Germany & Switzerland only)

Invoice to the practice (individual billing included – discounts possible)

E-mail address of patient: _____

FILL OUT THE FORM ONLINE instead: www.iai-test.de/order

MANDATORY: CLINICAL INFORMATION

● Sampling points Tooth _____ Pocket depth _____ mm ● Clinical attachment loss (CAL) _____ mm
 ► **IMPORTANT: Sampling must always be carried out using exactly two paper points from the deepest pocket of the periodontium.**

● Bleeding on probing (BOP) Yes No ● Grading A B C ● Staging I II III IV

● Classification Periodontal/gingival health Stable periodontitis patient Localised periodontitis
 Gingivitis Generalised periodontitis

● Sampling date _____ ● Time of PadoBiom®: Before treatment After treatment

● Date of last antibiotic treatment _____ ● Date of last instrument-based treatment _____

● Tooth loss due to periodontitis Yes No ● Smoker Yes No ● Diabetes Yes No

OPTIONAL INFORMATION

● Other medication (antiseptics, probiotics, etc.) Which? When? _____

● Family history (periodontal diseases in family history) _____

● Remarks (pre-existing diseases, hypersensitivities) _____

ADDITIONALLY: GENETIC PREDISPOSITION TEST (+ €80.00)

PadoGen (only available in DE & AT) **MANDATORY:** complete declaration of consent on the reverse!

Genetic predisposition test: Determination of genetically-related susceptibility to inflammation (IL-1α, IL-1β, IL-1-RN, TNF-α)

RESULT & SIGNATURE

E-mail (registration/result) _____

Result (to practice only) Online* E-mail Mail

* Retrieval with customer account only (registration at www.iai-test.de)

I have understood and agree to the dentist's declaration on the reverse. The patient's consent has been noted.

Place, date Dentist's signature

Order: Please send me more PadoBiom® sampling kits (four kits per box). Quantity (boxes): _____

DENTIST'S DECLARATION: DENTIST'S INFORMATION AND CONSENT

The patient has been informed that there is no fundamental right to reimbursement from the statutory health insurance company. If the invoice is to be sent directly to the patient on completion of the analysis, I, the dentist, confirm that I have informed the patient about the costs according to the following table.

The analysis result will be sent to the dental practice in each case. Personal data will be treated as confidential.

PRICE OVERVIEW

| | | | |
|---------------------------|--------|---|-------|
| PadoBiom | 125.00 | PadoGen (only available in DE & A) | 80.00 |
| Microbiome-based analysis | | Genetic analysis | |

Prices in EUR/CHF as of 03/2024. Subject to change without notice. Prices incl. VAT at the applicable rate.

For **PadoGen** only (only available in DE & AT):

DECLARATION OF CONSENT for a molecular genetic analysis pursuant to the German Genetic Diagnostics Act (GenDG)

Requested genetic analysis:

Molecular genetic characterisation of polymorphisms at position -889 of the human interleukin (IL-)1 α gene, at position +3953 of the human interleukin (IL-)1 β gene, at position +2018 of the human interleukin receptor antagonist gene (IL-1RN) and at position -308 of the human tumour necrosis factor α gene (TNF- α).

Information:

Determination of the genetically-related susceptibility to inflammation through the analysis of polymorphisms of the above genes enables the course of periodontal diseases to be forecast. Integration into a special therapy and prophylaxis concept enables the faster progression of periodontal apparatus destruction to be delayed in patients with a genetically-related increased susceptibility to inflammation.

I consent

- to the above analysis and sampling, have been informed about its importance by the physician providing my treatment, have understood this and have had sufficient time to reflect.
- to the sample being sent to a specialised, cooperating medical laboratory if necessary and to its being used for any necessary check of the result or further analyses for diagnosis.
- to the retention of the analysis results obtained beyond the specified period of 10 years following the determination of the findings.
- to the following physicians or institutions being notified of the findings: my initiating physician, other physicians providing treatment, and _____.
- to the archiving and use of the analysis material for quality assurance.
- to my being informed about the result. I have been informed about my right not to know.

Please delete where not applicable. I can revoke each point of the declaration of consent at any time.

PadoGen: genetic consultation

According to Section 10 of the German Genetic Diagnostics Act (GenDG) and Section 69 of the Austrian Genetic Engineering Act (GTG), we can offer you the option of a **genetic consultation by qualified human genetics specialists** on receipt of the test result ([content of the consultation, see \[www.iai-test.de/service/genetischeberatung\]\(http://www.iai-test.de/service/genetischeberatung\)](#)). You can mark this with a cross in the following. Please contact us at info@iai-test.de to arrange an appointment. Subsequently changing your appointment is possible before sending in the sample.

If you choose not to make use of this option, you expressly declare your waiver of the genetic consultation.

I would like a chargeable dental-genetic consultation (cost: €500.00).

Last name

Place and date

First name

Patient's or legal representative's signature

Date of birth

Initiating physician's signature