



ORDER FORM

Last name, first name or NHS number _____

Address of the insured patient _____

Date of birth of the insured patient _____

Gender: female male

Dentist (client)
 Practice stamp and address

PadoTest[®]
 PadoSero PadoGen

Order/test number _____

Promotional code _____

Invoice to the patient (Germany & Switzerland only)

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

E-mail address of the patient: _____

PLEASE MARK DESIRED TEST(S) WITH A CROSS!

PadoTest[®] from 85.00 €

PA marker germ and serotype determination
 6 periodontopathogenic germs (*Aa, Fa, Pg, Pi, Td, Tf*) + *Aa* serotypes (a-f, incl. JP2 or WT) + total bacterial load

OR

PadoSero from 45.00 €

Aa serotype determination
 Determination of *Aa* and its serotypes (a-f, incl. JP2 or WT) + total bacterial load

SINGLE site test
 One paper point per test tube, up to a total of four test tubes

MULTI site test
 Pool sample: multiple paper points in one test tube

PadoGen (only available in DE & AT) 80.00 €

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

MANDATORY: complete declaration of consent on the reverse!

THIS IS A CONTROL ANALYSIS
 Comparison with previous analysis to check the progression (within 6 months after primary analysis)

Order/test number 1st analysis _____

Sampling points Tooth _____ Pocket depth _____ mm ● Tooth _____ Pocket depth _____ mm ●
 Tooth _____ Pocket depth _____ mm ● Tooth _____ Pocket depth _____ mm ●

Sampling date _____ Time of test: before treatment after treatment

CLINICAL INFORMATION

Clinic _____

Medication (antibiotics, antiseptics, probiotics) **Which? When?**

Staging I II III IV Grading A B C

Smoker yes no Diabetes yes no

Remarks (pre-existing diseases, hypersensitivities)

RESULT & SIGNATURE

E-mail (registration/result) _____

Result (to practice only) online* by e-mail by 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.

Place and date

Dentist's signature

Order: Please send me more **PadoTest[®]/PadoSero** sampling kits (4 kits per box). Quantity: _____ (boxes)

Prices incl. VAT at the applicable rate; price list overleaf

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	PadoSero	PadoTest®	PadoGen (only available in DE & A)	80.00
1 tooth site	45.00	65.00	Genetic analysis	
2 tooth sites	70.00	105.00		
3 tooth sites	95.00	145.00		
4 tooth sites	120.00	185.00		
Multi site test	45.00	65.00		
			Kombi-Analyse	130.00
			PadoTest® (incl. PadoSero) + PadoGen	

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.

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](https://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: €250.00).

Last name

Place and date

First name

Patient's or legal representative's signature

Date of birth

Initiating physician's signature