



# 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: \_\_\_\_\_

## 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 & A) **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

<b>PadoBiom</b>	125.00	<b>PadoGen</b> (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 & A):

### 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 $\alpha$  gene, at position +3953 of the human interleukin (IL-)1 $\beta$  gene, at position +2018 of the human interleukin receptor antagonist gene (IL-1RN) and at position -308 of the human tumour necrosis factor  $\alpha$  gene (TNF- $\alpha$ ).

#### 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](#)). You can mark this with a cross in the following. Please contact us at [info@iai-test.de](mailto: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

Free hotline: 00800 32 32 62 62 | E-mail: [info@iai-test.de](mailto:info@iai-test.de) | Web: [www.iai-test.de](http://www.iai-test.de)

#### Contractual partners:

DE, UE & World: ParoX GmbH | Deutscher Platz 5, 04103 Leipzig, Germany | Tel.: +49 341 149 59 10 | Fax: +49 341 149 59 59

CH: Institut für Angewandte Immunologie IAI AG | Dorfstr. 4, 8132 Egg b. Zürich, Switzerland | Tel.: +41 326 855 462 | Fax: +41 326 855 492

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