Analysis of the tick



How to order the analysis of your tick at arminlabs preAnalytics GmbH:

- the smaller is the probability of passing on tick-borne infections. oil or similar things before the removal. The faster the tick is removed, tick slingor a tick tong. Under no circumstances cover the tick with glue, 1. Remove the tick carefully and in full if possible. Please use a customary
- Please make sure that you close the grip seal bag well! 2. Please put the living/dead tick into the enclosed small grip seal bag.
- 3. Fill out this lab order form completely and sign it.
- envelope and send it as a letter to arminlabs pre Analytics CmbH. 4. Put the closed grip seal bag as well as this lab order form into the
- report per e-mail or mail. 5. A few days after we have received the tick, you will receive a detailed





Fax: 0049.821.780 931 52 | info@arminlabs.com

ArminLabs PreAnalytics GmbH

DO YOU HAVE ANY QUESTIONS? CONTACT US!

ArminLabs PreAnalytics GmbH

Zirbelstr. 58 86154 Augsburg

GERMANY





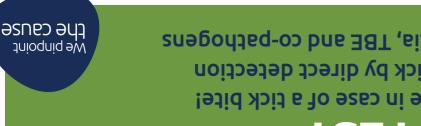




LICK

for Borrelia, TBE and co-pathogens Test the tick by direct detection Act in time in case of a tick bite!







armin labs

TEST ORDER FORM – TICK-PCR *



Personal details: Payment-Options:	Tick-Screening (Borrelia burgdorferi se	ensu lato, Borrelia miyamotoi)
Receiver: arminlabs preAnalytics GmbH IBAN: DE45 7205 0101 0030 8002 70 SWIFT-BIC: BYLADEM1MLM Bank-Details: Sparkasse Schwaben-Bodensee Reference: Payer's name Credit Card VISA Mastercard AMEX PHONE EMAIL Please send the results per: Mail Email Total Amount: Total Amount (please add the selected tests)	Personal details:	Payment-Options:
Total Amount (please add the selected tests) €	STREET, NO. ZIP CITY COUNTRY DATE OF BIRTH PHONE EMAIL	Receiver: arminlabs preAnalytics GmbH IBAN: DE45 7205 0101 0030 8002 70 SWIFT-BIC: BYLADEM1MLM Bank-Details: Sparkasse Schwaben-Bodensee Reference: Payer's name Credit Card VISA Mastercard AMEX CREDIT CARD NUMBER
Payment Agreement I hereby declare that I wish to order laboratory tests which might not be covered by my health insurance. I am awareof the costs of all selected tests and that I have to pay these costs myself and in advance. I agree that all laboratoryparameters will be tested and charged by arminlabs preAnalytics GmbH. In case of credit card payment, I agree thatarminlabs preAnalytics GmbH will charge my credit card with the total amount.	Total Amount (please add the selected tests) The results will only be transferred after we hav Payment Agreement I hereby declare that I wish to order laboratory tests which might of all selected tests and that I have to pay these costs myself an and charged by arminlabs preAnalytics GmbH. In case of credit of the cost of the	e received the total amount! nt not be covered by my health insurance. I am awareof the costs d in advance. I agree that all laboratoryparameters will be tested