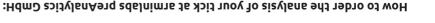
Analysis of the tick



- 1. Remove the tick carefully and in full if possible. Please use a customary tick slingor a tick tong. Under no circumstances cover the tick with glue, oil or similar things before the removal. The faster the tick is removed, the smaller is the probability of passing on tick-borne infections.
- 2. Please put the living/dead tick into the enclosed small grip seal bag. Please make sure that you close the grip seal bag well!
- 3. Fill out this lab order form completely and sign it.
- د. ٩ut the closed grip seal bag as well as this lab order form into the الم الم ولي ٩ut the closed grip seal b envelope and send it as a letter to arminlabs preAnalytics CmbH.
- 5. A few days after we have received the tick, you will receive a detailed report per e-mail or mail.

WWW.ARMINLABS.COM

PreAnalytics GmbH Zirbelstr. 58 86154 Augsburg GERMANY

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ped zidt ni

Put the tick

ArminLabs

ArminLabs PreAnalytics GmbH Phone: 0049.821.780 931 50 Fax: 0049.821.780 931 52 | info@arminlabs.com

DO YOU HAVE ANY QUESTIONS? CONTACT US!

Please send the tick to:

asnes aus

Ae pinpoint



AFFORDABLE | RELIABLE | QUICK

TICK PCR-TEST Act in time in case of a t

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

arminlabs

TEST ORDER FORM – TICK-PCR *

arminlabs

<u></u> Е	Borrelia-Test	(Borrelia burgdorferi se	nsu lato, Borrelia miyamotoi)	49,90 € incl. VAT
ד ()	BE-Test			49,90 € incl. VAT
О 1	rick-Screening		nsu lato, Borrelia miyamotoi, Anaplasma ttsia, Babesia, Bartonella)	89,90 € incl. VAT
About	the tick bite:			
DATE OF THE	E TICK BITE			17 mg
ZIP CITY				
Регзо	nal details:		Payment-Options:	
LAST AND FI	RST NAME		O Prepayment via bank trar	nsfer
STREET, NO.			Receiver: arminlabs preAnalytics GmbH IBAN: DE45 7205 0101 0030 8002 70 SWIFT-BIC: BYLADEM1MLM	
ZIP CITY			Bank-Details: Sparkasse So	chwaben-Bodensee
COUNTRY			Reference: Payer's name	
DATE OF BIR	тн		Credit Card	rd OAMEX
PHONE			CREDIT CARD NUMBER	Ŭ
^{email} Please s	end the results per:	⊖ Mail ⊖ Email	NAME AS ON CREDIT CARD	CARD VALIDATION CODE (CVV)
Total /	Amount:			
	mount (please add th sults will only be tra		€ e received the total amount!	
Payme	ent Agreement			
of all sele and charg	cted tests and that I have	to pay these costs myself and tics GmbH. In case of credit c	t not be covered by my health insurance. I d in advance. I agree that all laboratorypara ard payment, I agree thatarminlabs preAna	ameters will be tested
	AL CONTRACTOR			



DATE

SIGNATURE

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