

Forename
Birthday
Phone
e-mail

Name
Street, No.
City, Area Code
employer

I authorize that Bioxsys GmbH may carry out immune-histological and molecular-biological analysis.

single probe analysis

please mark here →

	amount
Estrogene Receptor α	80,44 €
Estrogene Receptor β	80,44 €
Progesterone Receptor A+B	80,44 €
Cyclin E	46,92 €
Keratin 18	46,92 €
Vimentin	46,92 €
Ki-67	46,92 €
Cyclooxygenase 2 (COX2)	46,92 €
Thymidine Phosphorylase (TP)	46,92 €
VEGF	46,92 €
EGFR	80,44 €
HER 2 protein expression	80,44€
gene amplification	204,59 €
c-kit/CD117	46,92 €
scientific report	67,02 €

oncobiogram

	amount
Estrogene Receptor α	
Estrogene Receptor β	
Progesterone Receptor A+B	
Cyclin E	
Keratin 18	
Vimentin	
Ki-67	
Cyclooxygenase 2 (COX2)	
Thymidine Phosphorylase (TP)	
VEGF	
EGFR	
HER 2 protein expression	
gene amplification	
detailed anamnesis	
scientific report	
	1.062,58 €

Declaration of Patient

I am fully aware that I am requesting treatment outside the range of services contractually covered by my health care plan. I also understand that my health care plan provides for sufficient treatment, and that the plan may reimburse only a portion of the costs of the above analysis or may not reimburse me at all. Furthermore, I am aware that I must pay for the cost of any subsequent treatment. My signature below acknowledges that I agree that the above analysis be done, and that I will be responsible for payment of the costs of the analysis. I understand that no promises or guarantees have been imply or explicitly offered regarding the results of any treatment based on the oncobiogram analysis.

I agree that medical personnel of Bioxsys GmbH will be allowed to contact me at regular intervals and to ask me about my health status, and that the data collected that way will be analyzed by scientific personnel of the company in medical research.

date

signature
