

**Testing request**  
**Special Immunohematology and Gene Diagnosis**  
**MAINTRAC - vital circulating tumor cells, quantitative**



I, \_\_\_\_\_ m \_\_\_\_\_ f \_\_\_\_\_  
 First Name, Surname Date of Birth

\_\_\_\_\_  
 Street, House Number Post Code, City, Country

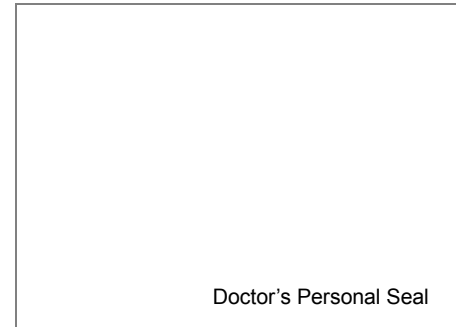
Diagnosis: \_\_\_\_\_ First Diagnosed: \_\_\_\_\_

Tumor formula: T \_\_\_ N \_\_\_ M \_\_\_ ER \_\_\_ PR \_\_\_ HER2/neu \_\_\_\_\_

Prior therapies (surgery/chemotherapy/radiation ) \_\_\_\_\_

Current therapies/medication \_\_\_\_\_

Having consulted my physician (see stamp), I hereby order the following analyses from the Laboratory for Special Immunology and Gene Diagnostics in Bayreuth



**Required are 15ml EDTA blood (unrefrigerated, shipped by regular mail) *Blood collected on:***

<input type="radio"/> <b>MAINTRAC</b> vital circulating tumor cells (HEA), cell number determination in all solid tumors GOÄ A3700, 75	€250.00
<b>Tumor-specific tests (including cell number determination)</b>	
<input type="radio"/> Mamma (ER, PR, HER2/neu amplification)	GOÄ A3700 (2x), 4086 (2x), A 3920, 3924, 4851, 75 €629.03
<input type="radio"/> Prostate (PSA, PSMA, B7-H3, AR)	GOÄ A 3700 (2x), 3696 (3x), 3697, 75 €505.46
<input type="radio"/> Lung (EGFR amplification)	GOÄ A 3700 (2x), 3924, 4851, 75 €407.82
<input type="radio"/> Colon (Thomsen-Friedenreich antigen)	GOÄ A 3700, 3696 (2x), A 3920, 75 €376.75
<input type="radio"/> Gut (c-kit)	GOÄ A 3700, 3696 (2x), A 3920, 75 €376.75
<input type="radio"/> Melanoma (Melan-A)	GOÄ A 3700, 3696 (2x), A 3920, 75 €376.75
<input type="radio"/> Kidney (Anti-tumor cell antibodies)	GOÄ A 3700, 3696 (2x), 4851, 75 €330.06
<input type="radio"/> Ovaries (ER, PR)	GOÄ A 3700, 3696 (2x), A 3920, 75 €376.75
<input type="radio"/> Sarcomas (PLAP)	GOÄ A3700, 3696 (2x), A 3920, 75 €376.75
<input type="radio"/> Carcinoma of unknown primary (ACUP)	GOÄ A 3700 (2x), 3696 (3x), 3697, 75 €599.31
<input type="radio"/> Predifferentiation of MAINTRAC-cells (ER, PLAP, PSA/B7H3, Melan-A)	3697(3x), A 3920
<b>Optional, <i>in addition to</i> cell number determination in MAINTRAC cells</b>	
<input type="radio"/> Her2/neu amplification (FISH)	GOÄ A 3700, 3924, 4851 €167.82
<input type="radio"/> EGFR amplification (FISH)	GOÄ A 3700, 3924, 4851 €167.82
<input type="radio"/> Apoptosis detection - incipient cell death (TUNEL)	GOÄ A 3700, 3922, 3696, 4851 €219.44
<input type="radio"/> Anti-tumor cell antibodies (immunoglobulin)	GOÄ 3696 (2x), 4851 €90.06
<input type="radio"/> Growth fraction (Ki67)	GOÄ 4086, A3920 €140.77
<input type="radio"/> Tumor stem cells (ALDH overexpression)	GOÄ A 3700 (2x), 3696 €439.71
<input type="radio"/> Estrogen receptor (ER)	GOÄ 4086, A 3920 €140.77
<input type="radio"/> Progesterone receptor (ER)	GOÄ 4086, A 3920 €140.77
<input type="radio"/> Stem cell factor receptor (c-Kit)	GOÄ 4086, A 3920 €140.77
<input type="radio"/> Epidermal growth factor receptor (EGFR)	GOÄ 4086, A 3920 €140.77
<input type="radio"/> Thomsen-Friedenreich antigen (liver affinity)	GOÄ 3692 (2x), A 3920 €136.75
<input type="radio"/> Androgen receptor (AR)	GOÄ 4088, A 3920 €140.77
<input type="radio"/> <b>Chemosensitivity of circulating tumor cells to</b>	(per tested medication) €299.14
the following medications	.....
.....	.....
<input type="radio"/> See back for selection of medications	See back for panel prices
<input type="radio"/> <b>High-purity isolation of circulating tumor cells</b> for expression or mutation analysis (Approx. 50 cells), consultation required	€1470.00
<input type="radio"/> <b>Cryopreservation (liquid nitrogen)</b> for up to 4 years, sufficient for chemosensitivity testing with approx. 5 medications, including documentation of cell viability and medical alert card	€2,499.19
<input type="radio"/> Immune status	(reimbursed by statutory health insurance)
<input type="radio"/> Thrombosis risk (increased risk of metastasis) Please request application form for THROMBOTRAC test separately	

*Please send a copy of the results to my home address.*

I am aware that I have to pay for the requested MAINTRAC tests myself. This does not exclude reimbursement by my health insurance.  
 I do **not** agree to the anonymous evaluation of my results for scientific purposes .

Place, Date \_\_\_\_\_

Signature \_\_\_\_\_

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**Chemosensitivity of circulating tumor cells**

1 medication	€299.14
2 medications	€598.28
3 medications	€897.42
4 medications	€1,173.07
5 medications	€1,449.45
6 medications	€1,725.45
7 medications	€1,971.20
8 medications	€2,217.57
9 medications	€2,463.95

Examples of the most common types of cancer:

**Breast Cancer:**

- |                                       |                                    |  |
|---------------------------------------|------------------------------------|--|
| <input type="radio"/> 5- Fluorouracil | <input type="radio"/> Epirubicin   | <input type="radio"/> Cyclophosphamide |
| <input type="radio"/> Methotrexate    | <input type="radio"/> Docetaxel    | <input type="radio"/> Paclitaxel       |
| <input type="radio"/> Carboplatin     | <input type="radio"/> Capecitabine | <input type="radio"/> Gemzar           |
| <input type="radio"/> Other: .....    |                                    |  |

**Bronchial Carcinoma**

- |                                  |                                   |                                    |
|----------------------------------|-----------------------------------|------------------------------------|
| <input type="radio"/> Cisplatin  | <input type="radio"/> Carboplatin | <input type="radio"/> Etoposide    |
| <input type="radio"/> Ifosfamide | <input type="radio"/> Vincristine | <input type="radio"/> Bevacizumab  |
| <input type="radio"/> Irinotecan | <input type="radio"/> Pemetrexed  | <input type="radio"/> Other: ..... |

**Colon Cancer:**

- |                                  |                                       |                                    |
|----------------------------------|---------------------------------------|------------------------------------|
| <input type="radio"/> Cisplatin  | <input type="radio"/> Oxaliplatin     | <input type="radio"/> Carboplatin  |
| <input type="radio"/> Irinotecan | <input type="radio"/> 5- Fluorouracil | <input type="radio"/> Capecitabine |
| <input type="radio"/> Docetaxel  | <input type="radio"/> Other: .....    |                                    |

**Stomach Cancer:**

- |                                    |                                       |                                    |
|------------------------------------|---------------------------------------|------------------------------------|
| <input type="radio"/> Oxaliplatin  | <input type="radio"/> 5- Fluorouracil | <input type="radio"/> Docetaxel    |
| <input type="radio"/> Capecitabine | <input type="radio"/> Irinotecan      | <input type="radio"/> Other: ..... |

**Melanoma:**

- |                                    |                                   |                                    |
|------------------------------------|-----------------------------------|------------------------------------|
| <input type="radio"/> Dacarbazine  | <input type="radio"/> Fotemustine | <input type="radio"/> Temozolomide |
| <input type="radio"/> Other: ..... |                                   |                                    |

**Ovarian Cancer:**

- |                                    |                                  |                                 |
|------------------------------------|----------------------------------|---------------------------------|
| <input type="radio"/> Carboplatin  | <input type="radio"/> Paclitaxel | <input type="radio"/> Docetaxel |
| <input type="radio"/> Topotecan    | <input type="radio"/> Treosulfan | <input type="radio"/> Caelyx    |
| <input type="radio"/> Other: ..... |                                  |                                 |

**Prostate Cancer:**

- |                                 |                                    |
|---------------------------------|------------------------------------|
| <input type="radio"/> Docetaxel | <input type="radio"/> Other: ..... |
|---------------------------------|------------------------------------|

**Other Cancers:**

- medications: .....

**Frequently requested naturopathic medication:**

- |                                 |                                    |                                 |
|---------------------------------|------------------------------------|---------------------------------|
| <input type="radio"/> Helixor A | <input type="radio"/> Helixor M    | <input type="radio"/> Helixor P |
| <input type="radio"/> Iscador U | <input type="radio"/> Iscador Qu   | <input type="radio"/> Iscador P |
| <input type="radio"/> Isorel A  | <input type="radio"/> Isorel M     | <input type="radio"/> Isorel P  |
| <input type="radio"/> Eurixor   | <input type="radio"/> Cefalektin   | <input type="radio"/> Amygdalin |
| <input type="radio"/> Ukrain    | <input type="radio"/> Other: ..... |                                 |

Please send me:  
 Testing requests for  
 MAINTRAC  
 Laboratory  
 information material

(We will call you back)