

**Information on laboratory testing for
neurological or dermatological biomarkers of gluten sensitivity:
Antibodies against Transglutaminase-6 and Transglutaminase-3**

You are a **physician*** and would like to perform a laboratory test for the **neurological (anti-TG-6) or dermatological (anti-TG-3) biomarkers** of gluten sensitivity.

- For this purpose, please ship a **serum** sample as indicated below
- Please enclose the completed **examination order** (see below)

You are a **patient** and would like these examinations to be carried out.

- Please, share this information with your doctor and ask for more information.
- The doctor will arrange blood collection and shipment of the blood sample

Here is information about the procedure:

- For the examination 2 – 3 ml of serum are needed.
- Blood should be collected in a standard serum tube
- After clotting, serum should be separated and transferred into separate tube

- **Serum sample and the completed test order form (see below)** should be sent by **mail or courier service to:**

**Office Prof. Dr. med. M. Kramer
Laboratory Medicine
Mönchhofstr. 52
D-69120 Heidelberg
Germany**

- If you have any questions, please send me an **E-Mail:**
info@mdkramer.de



Prof. Dr. med. M. Kramer

Test Request Form

Send sample to:

Praxis
Prof. Dr. med. M. Kramer
Facharzt für Laboratoriumsmedizin
Mönchhofstraße 52
DE - 69120 Heidelberg, Germany

Telefon: +49 (0) 6221-3218888
Telefax: +49 (0) 6221-4340964

Family Name:		First Name:	
Address:			
Zip Code:	City:	Country:	
Phone:	E-mail:		
Date of birth:	Sex: Male/Female		
Date and hour blood drawn:			
Name of requesting physician:		Your patient ref.:	

	Please, check the parameters to be tested:	
<input type="checkbox"/>	IgA-Auto-Antibodies against Transglutaminase 6 (TG6)	€ 30,17*
<input type="checkbox"/>	IgG-Auto-Antibodies against Transglutaminase 6 (TG6)	€ 30,17*
<input type="checkbox"/>	IgA-Auto-Antibodies against Transglutaminase 3 (TG3)	€ 30,17*

A minimum of. 2 ml of serum in unbreakable protection container for medical specimen

*)according to German reimbursement code for privately insured patients.

The cost for the requested analyses will be invoiced directly to me by laboratory Prof. Dr. Kramer, at the above mentioned rate.

Signature: _____ Date: _____

A signed copy of this form must be sent together with your samples.