GA-map ™ Dysbiosis Test

Test request form

Your Reference:

Please complete all sections in full (typed or Block Capitals) to avoid delays in the processing of samples.

SECTION 1: TO BE COMPLETED BY REFERRING PHYSICIAN

Physician's Name:

Patient ID

Date of birth (dd/mm/yyyy)

Address for correspondence:

Sex

☐ Female ☐ Male

Physician's signature (authorisation to receive test results)

Results to (email):

Phone (incl. International dialing code)

By signing I confirm that the patient has given their consent to use their faecal sample, results and the information given on this form in medical research, with the exception of their ID, which will be kept confidential. I hereby agree to receive results of the test on behalf of the patient.

Date (dd/mm/yyyy):

CLINICAL INFORMATION

Type of gut problems (symptoms)?

Has calprotectin been measured?

☐ Yes, month/year ☐ Result ☐ µg/g ☐ No

Colonoscopy?

☐ Yes, month/year ☐ ☐ No

Findings:

Diagnosis:

☐ Irritable bowel syndrome, IBS

- ☐ C-IBS (with constipation)
- ☐ D-IBS (with diarrhea)
- ☐ M-IBS (mixed)

Post infectious? Yes ☐ No ☐

☐ Inflammatory bowel disease, IBD

- ☐ Crohn's disease
- ☐ Ulcerative Colitis

Remission? ☐ Yes ☐ No

☐ Celiac ☐ Rheumatism ☐ Autism ☐ Diabetes

☐ Other:

MEDICATION

Use of antibiotics during the last four weeks:

☐ Yes ☐ No

Use of gastric acid inhibitors:

☐ Yes ☐ No

If yes, which?

Other regular medication?

Use of probiotics or prebiotics?

☐ Yes ☐ No

OTHER INFORMATION

Height ☐ cm Weight ☐ kg

Traveled outside EU or the USA in last 6 months?

☐ yes, where ☐ ☐ No

Diet

☐ Normal ☐ High protein diet ☐ Low carbohydrate diet

☐ Vegetarian ☐ Low fat diet ☐ Gluten-free diet

☐ LowFODMAP ☐ other, what ☐

Smoking

☐ Yes ☐ cigarettes per day ☐ No

Alcohol consumption (units per week *)

☐ 0 ☐ 1-4 ☐ 5-10 ☐ 10-16 ☐ more than 16

* 1 unit = 1 bottle of beer, 1 glass of wine or 4 cl of liquor

SECTION 2: TO BE COMPLETED BY THE PATIENT

Sampling date (dd/mm/yyyy):

Sampling time (hh:mm) (24h):

REMEMBER to send this form with your sample. We cannot perform the test without it.

Sample received Official use only

Save Form

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