



AFFORDABLE | RELIABLE | QUICK

TICK PCR-TEST

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

WWW.ARMINLABS.COM

Analysis of the tick

How to order the analysis of your tick at arminlabs preAnalytics GmbH:

1. Remove the tick carefully and in full if possible. Please use a customary tick slinger or 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.
4. Put the closed grip seal bag as well as this lab order form into the envelope and send it as a letter to arminlabs preAnalytics GmbH.
5. A few days after we have received the tick, you will receive a detailed report per e-mail or mail.



Put the tick
in this bag
and seal well.



Please
send
the tick
to:

**ArminLabs
PreAnalytics GmbH**
Max-Fischer-Str. 11
86399 Bobingen
GERMANY

DO YOU HAVE ANY QUESTIONS? CONTACT US! 

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

- Borrelia-Test** (Borrelia burgdorferi sensu lato, Borrelia miyamotoi) **49,90 €** incl. VAT
- TBE-Test**..... **49,90 €** incl. VAT
- Tick-Screening** (Borrelia burgdorferi sensu lato, Borrelia miyamotoi, Anaplasma phagocytophilum, Rickettsia, Babesia, Bartonella)..... **89,90 €** incl. VAT

About the tick bite:

DATE OF THE TICK BITE

ZIP | CITY



Personal details:

LAST AND FIRST NAME

STREET, NO.

ZIP | CITY

COUNTRY

DATE OF BIRTH

PHONE

EMAIL

Please send the results per: **Mail** **Email**

Payment-Options:

Prepayment via bank transfer

Receiver: **arminlabs preAnalytics GmbH**

IBAN: **DE45 7205 0101 0030 8002 70**

SWIFT-BIC: **BYLADEM1MLM**

Bank-Details: **Sparkasse Schwaben-Bodensee**

Reference: **Payer's name**

Credit Card

VISA

Mastercard

AMEX

CREDIT CARD NUMBER

NAME AS ON CREDIT CARD

EXPIRATION DATE (MM/YY)

CARD VALIDATION CODE (CVV)

Total Amount:

Total Amount (please add the selected tests) €

The results will only be transferred after we have received the total amount!

Payment Agreement

I hereby declare that I wish to order laboratory tests which might not be covered by my health insurance. I am aware of the costs of all selected tests and that I have to pay these costs myself and in advance. I agree that all laboratory parameters will be tested and charged by arminlabs preAnalytics GmbH. In case of credit card payment, I agree that arminlabs preAnalytics GmbH will charge my credit card with the total amount.



DATE

SIGNATURE