

Doctor Information



Doctor Order Form

Molecular Biological Detection
of Periodontopathogenic Bacteria

Patient Information

Last name of patient

First name of patient

Sex: ☐ Female ☐ Male

Date of birth (MM/DD/YY)

Address, City, ZIP Code, State (voluntary)

See sampling instructions on back!

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Multi-site sample with micro-IDent[®] plus for the detection of 11 periodontal pathogens Price: US \$ 99

Date of sampling

Maximum pocket depth

mm

Very important: Please probe prior to sampling, inform the lab of the deepest pocket in the space provided. The deepest pocket will harbor the greatest threat to health plus will provide the most important microbiological information. Sampling should only take place if patient did NOT undergo any antibiotic treatment, including low-dose, for at least 6 weeks.

up to 5
paper points

Tooth/Site

3

Smoking

☐ Smoker

☐ Non-smoker

Antibiotic allergies

☐ No

☐ Amoxicillin (Penicillin)

☐ Metronidazole

☐

Comments

4

Payment

Method of payment

Test can only be performed if the payment information is complete and valid

Payment by Credit Card

☐ Visa

☐ MasterCard

☐ American Express

☐ Check #

Card Holder Name

Credit Card Number

Security Number

Expiration Date (MM/YY)

Card Holder Signature

SIGN HERE AFTER
PRINTING

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Result report

Please send test result by

☐ E-Mail:

☐ Fax

New kits

☐ Please send

(Number) sampling kits

Control analysis

See guidelines overleaf

Prev. test #:

Date ____/____/____

Operation guidelines for sampling

Doctor Order Form

A multi-site sample with **micro-IDent®plus** supplies data on quality and quantity of 11 periodontopathogenic bacterial species, and their affiliation to so-called "Bacterial complexes".

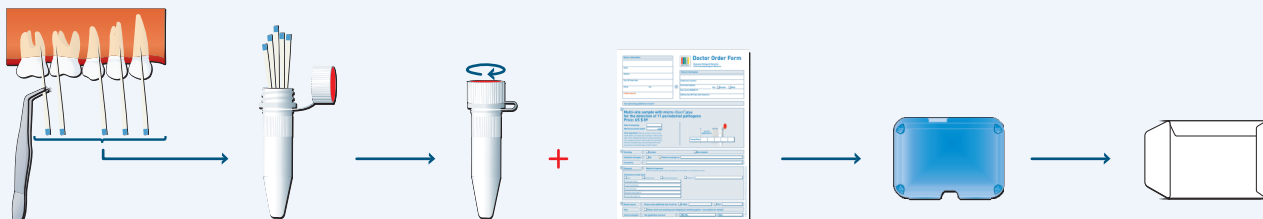
- 1 Please record Patient information and Doctor information
- 2 Add date of sampling and maximum pocket depth. VERY IMPORTANT: Please probe prior to sampling, inform the lab of the deepest pocket in the space provided. The deepest pocket will harbor the greatest threat to health plus will provide the most important microbiological information. Sampling should only take place if patient did NOT undergo any antibiotic treatment, including low-dose, for at least 4 weeks.
- 3 Fill out the requested information concerning smoking and antibiotic allergies.
- 4 Method of payment must be complete and valid.
- 5 Add respective E-Mail address or fax number.

Performance of a Control Analysis:

To check whether the initial treatment was successful and/or whether the patient was compliant with home care, we recommend retesting patients 6 weeks after therapy. When submitting retests, please provide the patient's previous test code (ANA #) and analysis date.

Specimen collection

- Kit contents: 5 sterile paper points, 1 transfer tube, 1 order form. Store sampling sets at 59°-77°F (15°-25°C). For minimum shelf life see bottom of package.
- Prior to sampling, the supra-gingival plaque should be removed with a sterile curette and the site of sampling should be dried with a sterile cotton roll.
- Using a sterile pair of forceps insert one paper point at a time into the 5 deepest pockets. Leave the paperpoint in this position for 10 seconds. Place the paperpoint into the transfer tube. Follow this procedure for all 5 points.
- Record the sites of sampling and maximum pocket depth on the order form.
- Place order form and transfer tube back into blue box, enclose into shipping pouch and adhere label provided by Hain Diagnostics. Test results will be returned with a few days via email or fax.
Since the analysis is DNA-based, no special terms of transport must be observed. However, a long-lasting shipment (ex. over a weekend or bank holiday) should be avoided. If necessary, store sample in a refrigerator until a speedy shipment can be ensured.



Questions? Call toll free (866) 756 4246