



Test request form Wellness test panels

1. Patient

Mrs Mr Gender: F M
 Surname:
 First name:
 Date of birth:
 Address:

 PC: City:
 Country:
 Name of family doctor:

Clinical information

Clinical information/Symptoms:

 Volume of urine: mL (for StressCheck)
 Weight:kg Height: cm

Date and time of sample:

at h min

Payment and responsibility

Please note that these types of test panels are not covered by public health insurance and the cost must be undertaken entirely by the patient. All costs associated with these panels must be paid by the patient at the time of sample collection. (Art. L6211-10 CPS).

I, the undersigned, (*surname, first name*)

.....
 consent to the laboratory collecting my sample with a view to performing the test panel(s) requested and agree to settle the total amount in full to the laboratory in charge of sample collection.

Signed:

On

Patient signature

2. Requesting healthcare professional

Surname:
 Forename:
 Address:

 PC: City:
 Country:
 E-mail:
 Name of family doctor:
 if different to requesting practitioner.

Prescription stamp

Referring laboratory

Laboratory ID code:
 Surname:
 First name:
 Address:

 PC: City:
 Country:

Laboratory identification

Reserved for Juvenalis

Juvenalis Test Panels

BasicCheck

Ultrasensitive CRP Candida serology TSH Glycated haemoglobin Iron + saturation Ferritin	Homocysteine Zinc Selenium Fatty acid status IgG casein Copper	Oxidated LDL Vitamin A Vitamin D (separate forms) Vitamin E/Cholesterol Uric acid
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Price: €195

Code: BASIC

Additional panels

With the exception of DermaCheck, not all tests proposed within BasicCheck are performed in the other panels.

We strongly recommend associating a BasicCheck panel with all other Juvenalis test requests to ensure an optimum interpretation of results.

AgeCheck : Man

Vitamin B12 Vitamin B9 Vitamin B2 Vitamin B6 Dihydrotestosterone Estradiol	Bioavailable testosterone SHBG FSH LH IGF-1 SDHEA	Pro PSA (PHI calculation) T4L T3L Pregnenolone sulfate Apolipoprotein A Apolipoprotein B
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Price: €490

Code: AAMAS

AgeCheck : Woman

Vitamin B12 Vitamin B9 Vitamin B2 Vitamin B6 Estradiol Free testosterone	SHBG T4L T3L IGF-1 SDHEA Pregnenolone sulfate	P1NP Serum crosslaps PTH Estrone FSH
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Price: €490

Code: AAFEM

NutriCheck

Vitamin B9 Vitamin B12 Vitamin C	Vitamin B2 Vitamin B6 Amino acid evaluation
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Price: €110

Code: NUTRI

DermaCheck

Vitamin A Vitamin E/Cholesterol Zinc	Copper Selenium Iodide
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Price: €95

Code: DERMA

Sportify

Magnesium Calcium Phosphorus Bone ALP Vitamin B9	Vitamin B12 Vitamin B6 Glutathion peroxidase Cortisol Testosterone Amino acids
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Price: €245

Code: SPORT

DigestCheck

Clinical examination of stools Fecal beta-defensin-2 Calprotectin fecal secretory IgA	Fecal zonulin Total IgA Anti-transglutaminase IgA Alpha 1 fecal antitypsin
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Price: €270

Code: DIGES

StressCheck

Serum and erythrocytic magnesium Vitamin B1 Vitamin B3 Vitamin B6	Vitamin B12 Ionised calcium Serotonin Tyrosine Cortisol Cortisol/DHEA-S ratio	T3L Sulfatoxymelatonin Mercury Aluminium Lead
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Price: €355

Code: NEURO

WeightCheck

Total protides Albumin PINI** T3L Apolipoprotein A Apolipoprotein B	Calcium Magnesium Phosphorus Chromium HOMA Leptin	Adiponectin Serotonin Vitamin B3 (PP) Vitamin B6 Vitamin B9
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Price: €290

Code: WEIGHT

OsteoCheck

PTH Phosphorus Bone ALP	Osteocalcin Serum crosslaps
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Price: €100

Code: OSTBP

Nutritol™ Food intolerance

<input type="checkbox"/> Nutritol 25	€99	Code: PAG25
<input type="checkbox"/> Nutritol 50	€149	Code: PAG50
<input type="checkbox"/> Nutritol 50VEGAN	€169	Code: PA50V
<input type="checkbox"/> Nutritol 100	€239	Code: PA100
<input type="checkbox"/> Nutritol 270	€449	Code: PA270

** Prognostic Inflammatory and Nutritional Index

JUVENALIS c/o EUROFINS BIOMNIS

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Pre-analytical protocol for the phlebotomy laboratory

It is essential to identify the sample type on each tube sent.

Fasting samples.

Exclude tubes with phase (gel) separators unless otherwise indicated.**

Sample to be stored at (°): ▲ Refrigerated temperature ❄ Frozen temperature < 1h

BasicCheck



Send:

- ▲ 7 mL serum
- ▲ 1 mL EDTA whole blood
- ▲ 5 mL Li heparinate whole blood
- ❄ 500 µL serum
- ❄ 2 x 500 µL serum (stored away from light)
- ❄ 500 µL EDTA plasma

AgeCheck: man



Send:

- ▲ 10 mL serum
- ❄ 5 mL EDTA whole blood (stored away from light)
- ❄ 3 mL serum
- ❄ 1 mL serum

AgeCheck: woman



Send:

- ▲ 8 mL serum
- ❄ 3 mL serum
- ❄ 1 mL serum
- ❄ 5 mL EDTA whole blood (stored away from light)

NutriCheck



Send:

- ▲ 2 mL serum
- ❄ 1 mL plasma Li heparinate
- ❄ 2 mL plasma Li heparinate (stored away from light)
- ❄ 5 mL EDTA whole blood (stored away from light)

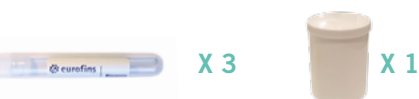
DermaCheck



Send:

- ▲ 10 mL urines (1st morning specimen)
- ▲ 4 mL serum
- ❄ 2 x 500 µL serum (stored away from light)

DigestCheck



Send:

- ▲ 1 stool sample (equivalent of a peach)
- ▲ 4 mL serum



Pre-analytical protocol for the phlebotomy laboratory

It is essential to identify the sample type on each tube sent.

Fasting samples.

Exclude tubes with phase (gel) separators unless otherwise indicated.**

Sample to be stored at (°): ▲ Refrigerated temperature ❄ Frozen temperature < 1h

Sportify



Send:

▲ 6 mL serum

- ❄ 2 mL EDTA whole blood (stored away from light)
- ❄ 2 mL Li heparinate plasma
- ❄ 1 dry tube with gel, centrifuged**
- ❄ 1 mL serum

StressCheck



Send:

- ▲ 3 mL serum
- ▲ 3 mL heparinated whole blood
- ▲ 5 mL sodium heparinate whole blood
- ▲ 5 mL EDTA whole blood
- ▲ 2 mL heparinated plasma

- ❄ 2 mL heparinated whole blood (no glass tube)
- ❄ 1 mL heparinated plasma
- ❄ 5 mL EDTA whole blood
- ❄ 1 dry tube with gel, centrifuged**
- ❄ 4 mL of urine collected from 8 p.m. to 8 a.m. (specify total urine volume)

OsteoCheck



Send:

▲ 1 mL serum

- ❄ 1 mL serum
- ❄ 2 mL serum

WeightCheck



Send:

- ▲ 10 mL serum
- ▲ 5 mL sodium heparinate whole blood

- ❄ 3 mL serum
- ❄ 4 mL EDTA whole blood (stored away from light)
- ❄ 1 dry tube with gel, centrifuged**
- ❄ 2 mL heparinated whole blood (no glass tube)

Nutritol™ Food Intolerances



Send:

▲ 3 mL serum

** non-decanted serum on dry tube with separator gel, centrifuge without opening the tube: essential



Health questionnaire

This medical questionnaire is to be completed by the patient to optimise the interpretation of the results.

Last name	
First name	
Date of birth	

Weight (kg)	
Height (cm)	

Do you suffer from any of the following disorders?	Never	Sometimes	Often
Headache, migraine, vertigo			
Intestinal discomfort, bowel movement disorders, nausea, bloating			
Insomnia, anxiety, stress, fatigue			
Problems with memory, concentration			
Appetite disorders, weight problems			
Recurrent infections (please specify)			
ENT problems, respiratory allergies			
Heart palpitations, shortness of breath			
Hair loss, brittle nails, skin problems...			
Joint and muscular pain, stiffness, cramps, tingling			
Other chronic pain (please specify)			
Food or respiratory allergies/intolerances			

Do you suffer from autoimmune disease(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please specify?		

Are you in the care of a healthcare professional?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, which speciality?		
Are you under medicinal treatment? If yes, please specify?		

Do you follow a particular dietary regime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please specify?		

Do you take dietary supplements (vitamins,minerals...)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, which ones?		

Do you participate in one or more sports regularly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Do you smoke?	<input type="checkbox"/> OUI	<input type="checkbox"/> NON
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Female patients: Are you post-menopausal?	<input type="checkbox"/> OUI	<input type="checkbox"/> NON
If no, please confirm the day of your menstrual cycle		

What are your reasons for doing this analysis?

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