




**Juvenalis**  
WELLNESS TESTING  
BY EUROFINS BIOMNIS

In collaboration with  **iBiote™**



## Order form Gut microbiota

### 1. Patient

☐ Ms. ☐ Mr. Sex: ☐ F ☐ M

Last name: .....

Name at birth: .....

First name: .....

Date of birth:

Address: .....

.....

Postal code:      City: .....

Country: .....

Email (*obligatory*): .....

.....

Name of attending physician: .....

### Terms & conditions and patient agreement

Please note that this type of analysis remains the responsibility of the patient and therefore, the costs will not be assumed by statutory health insurer. The costs associated with this analysis must therefore be paid by the patient at the time of collection (*Art. L6211-10 CPS/French Public Health Code*).

I the undersigned (*family name, forename*)

.....

have taken cognizance of the above conditions. I give my agreement to carry out the sample collection procedure, in view of the carrying out of the analysis of the requested analysis.

Signed at: [place] .....

On [date]

**Patient signature**

Reserved for Juvenalis

### 2. Prescriber (if applicable)

Last name: .....

First name: .....

Address: .....

.....

Postal code:      City: .....

Country: .....

Email: .....

Name of attending physician: .....

..... if different from the prescriber.

**Stamp of prescriber**

### Laboratory taking sample (if applicable)

Contact no.: .....

Last name: .....

First name: .....

Address: .....

.....

Postal code:      City: .....

Country: .....

**Laboratory details:**

☐ Gut microbiota analysis

Code: JBIOT

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