

### BiomeOne® Analysis

Request: BiomeOne® analysis of the intestinal microbiome and the associated evaluation of response to checkpoint inhibitor therapy (anti-CTLA4, anti-PD-1 or anti-PD-L1).

Please fill out the form and send it by e-mail to [service@biome-dx.com](mailto:service@biome-dx.com) or by mail to Biome Diagnostics GmbH, Handelskai 92, 1200 Vienna.

**To be filled out by the patient**

Last Name: _____	Biological gender: <input type="checkbox"/> Female
	<input type="checkbox"/> Male
First Name: _____	Height (cm): _____
Date of Birth (DD/MM/YYYY): _____	Weight (kg): _____
Mobile: _____	

<b>Invoice address</b>	<b>Shipping address - Fill in in case of variation from the invoice address</b>
Last Name: _____	Last Name: _____
Frist Name: _____	First Name: _____
Address: _____	Address: _____
Zip Code/ City: _____	Zip Code/City: _____
Country: _____	Country: _____

E-Mail: \_\_\_\_\_

The invoice will be send by email.

How did you learn about Biome Diagnostics? \_\_\_\_\_

**Note**

It is recommended to wait at least 30 days after the last administration of systemic antibiotics before collecting a stool sample.

The results of the BiomeOne® refer exclusively to the analysis of the intestinal microbiome. Whether a patient benefits from cancer immunotherapy with checkpoint inhibitors depends on several factors. Therefore, the results serve as additional information for the attending physician and should not be used as the sole basis for a treatment decision. Any treatment decision is the sole responsibility of the attending physician.

BiomeOne® has been developed by Biome Diagnostics GmbH. Biome Diagnostics GmbH is double ISO-certified (ISO 9001 und ISO 13485). BiomeOne® and the parameters "Clinical Response" in the report on diagnostic findings meet the requirements of the European Directive 98/79 EC for in vitro diagnostic medical devices and are registered as a CE-IVD product. The parameter "Compatibility" is Research-Use-Only (RUO).

**Consent for BiomeOne® Analysis**

I hereby declare my consent to the arranged BiomeOne® analysis and agree to the required collection of the stool sample.

I hereby consent to all data collected being electronically stored, processed, used and transmitted by Biome Diagnostics GmbH. For more information on data protection and your rights in this regard, please visit <https://www.mybioma.com/en/general-terms/>.

I hereby confirm that I will bear the full cost (1000€ incl. VAT) for the BiomeOne® analysis.

\_\_\_\_\_  
Patient  
(Capital letter)

\_\_\_\_\_ X  
Patient  
(Date, signature)

**To be filled out by the attending physician**

Title: \_\_\_\_\_

Details about the cancer disease of the patient

Last Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

First Name: \_\_\_\_\_

Tumor stage according to UICC: \_\_\_\_\_

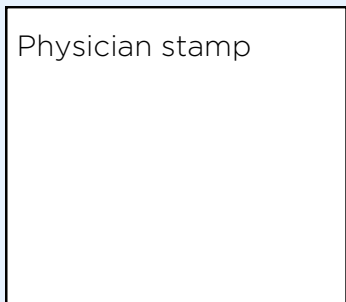
Clinic/Practice: \_\_\_\_\_

Line of treatment: \_\_\_\_\_

Medical speciality: \_\_\_\_\_

\_\_\_\_\_

**The BiomeOne® analysis will be send to the attending physician. Please note the email address here:** \_\_\_\_\_



\_\_\_\_\_  
Attending physician  
(Capital letter)

\_\_\_\_\_ X  
Attending physician  
(Date, signature)