

NMT KIT ORDERING FORM



Thank you for your interest in our kit. Before ordering, please read carefully the information below:

• **Background information, significance of the test**

The Neurotoxic Metabolite Test aims at detecting the presence of abnormal metabolites in the urine. These metabolites are related to the production of hydrogen sulfide (H₂S). Although H₂S is naturally present in the body, and plays some normal physiological functions, an excess production can be very detrimental. Overproduction of H₂S may result from metabolic dysfunctions, but also from the overgrowth of certain bacteria in the gut (alteration of the normal intestinal flora=gut dysbiosis). Our preliminary results indicate that a strong proportion of Chronic Fatigue Syndrome/Myalgic Encephalomyelitis(CFS/ME) patients present such dysbiosis, and test positive with the NMT test; but positivity may be associated with other conditions, related to intestinal dysfunction.

• **The test is a research test only**

The test has not yet been approved as clinical diagnostic test, and should be considered as “research use only”. We are in the process of getting the accreditation but this will take several months. Meanwhile, we cannot recommend the use of this test to diagnose or prevent any disease. Interpretation of the results should be done by a health care professional.

• **Technical requirements**

Instructions are included with the test kit. It is important to note the following:

- Use the kit without delay; store at 2°-6°C (fridge)
- Antibiotic use during the last six weeks may affect the result
- Urine should be “First Morning Urine” (fasting)

I – FILL IN YOUR ADDRESS, INDICATE THE NUMBER OF KITS YOU WANT TO PURCHASE

Shipping information	
Name :	
Street address :	
ZIP, city :	Country :
Phone :	Email :

Your Order				
		Price per kit	Number of kits	Total cost
I wish to order :	Neurotoxic Metabolite Kit	30€ (Including Shipping & VAT) (+Additional Kit 20€)	-----	----- €
Signature :				

II – INDICATE HOW YOU WANT TO PAY

<input type="checkbox"/> I pay by Visa/MasterCard and give my credit card information	
Name on card: _____	Card Number : _____
_____	Expiry: ____

<input type="checkbox"/> I pay by transferring money to the account: DEXIA bank, Tienen, Belgium Account: 068-8893144-17 IBAN: BE61 0688 8931 4417 BIC: GKCCBEBB
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You still have to fill in the form and send it back, with your full address. As communication for the transfer/paypal payment, indicate your name as appears on this ordering form

<input type="checkbox"/> I make a Paypal payment, on the Paypal account info@proteabiopharma.com

III – SEND BACK THIS FORM

This can be done by fax (+32 2 481 53 11), by email (info@proteabiopharma.com) or by post (Protea Biopharma, Z.1-Researchpark 100, B-1731 Zellik Belgium)