



Greenbiome Requisition and Consent Form

Barcode

*All required fields MUST be filled in.

| Patient Information | | | |
|---|--|---|--|
| First Name* | | Last Name* | |
| Date of Birth* | DD / MM / YYYY | Sex* | <input type="checkbox"/> M <input type="checkbox"/> F |
| City / State / Country | | MRN | |
| Additional Comments | Please note any additional clinical history | | |
| Primary Ethnicity* | <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Others | | |
| Physician Information | | | |
| Clinic / Hospital Name* | | Department* | |
| Name* | | Email | |
| Specimen Information | | | |
| Collection Date* | DD / MM / YYYY | Sample Type* | <input type="checkbox"/> Buccal swab <input type="checkbox"/> Stool 1 g (swab) |
| Test Selection | | | |
| <input type="checkbox"/> Greenbiome Gut | | <input type="checkbox"/> Greenbiome Perio&Denti | |

Greenbiome Objective

To check the possibility of disease risk through the balance of oral microbes in the body and to provide a lifestyle and treatment guideline for each individual to ensure a healthy life.

Greenbiome Limitations

This test is NOT a diagnostic test. For disease diagnosis and treatment decisions, medical doctor should be consulted. The disease risk index included in this test is calculated by considering only the effects of microorganisms in the body, and the index may vary with additional research findings. Various factors such as lifestyle, genetics, and environment may also affect the risk and on set of the diseases.

- I consent for providing above described personal information. Confirmed
- I was fully explained and understood the limitations of this test and the confirmations prior to requesting a test, and hereby I request this test. Confirmed

Date DD / MM / YYYY

Name _____ (Signature)

