

Please place collection kit barcode here.

Requisition Form

* Please complete the required fields.

Order Information			
*Test Item	<input type="checkbox"/> Greenbiome Gut Gut <input type="checkbox"/> Greenbiome Perio&Denti Perio & Denti <input type="checkbox"/> Greenbiome Obesity Obesity		
*Collection Date	YYYY/MM/DD	*Sample Type	<input type="checkbox"/> Buccal swab <input type="checkbox"/> Stool 1g (swab)

Patient Information			
*First Name		*Last Name	
*Date of Birth	YYYY/MM/DD	*Sex	<input type="checkbox"/> M / <input type="checkbox"/> F
*Primary Ethnicity	<input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Others : _____		
City/State		Country	

Physician Information			
*First Name		*Last Name	
*Institution		E-mail	

* Please include any additional clinical history.

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 : (YY/MM/DD) Name: _____ (Signature)

