

URINARY TESTS		Code	\$*	€	Tick analysis
Porphyrins (Environmental toxicity biological marker)		PORE	108	90	<input type="checkbox"/>
Pterins (Neopterin+Biopterins - Immuno-Inflammation)		PTERE	72	60	<input type="checkbox"/>
8OHdG et 8OHG (Oxydative Stress ADN + ARN / nucleus + cytosol)		8DGE	144	120 180	<input type="checkbox"/>
F2-α-Isoprostane (Oxidative Stress membran)		ISOUE	144		<input type="checkbox"/>
Allantoin (Membran, cytosol, nucleus)		ALLUE	108	90	<input type="checkbox"/>
Creatine biosynthetic pathway (Urinary guanidoacetic acid, creatin & ratio Crn/GA)		CRNUE	108	90	<input type="checkbox"/>
3-Methylhistidine (3MH) (Muscular proteolysis index - catabolism)		3MHUE	72	60	<input type="checkbox"/>
Group : Urinary Organic Acids (Energy metabolites, Vitamins B metabolites, Neurotransmitters, Dysbiosis, Thiols, Indican)		ORGAE	306	255	<input type="checkbox"/>
Neurotransmitters (HVA, DOPAC, VMA, MHPG, 5HIA)		CATEE	150	125	<input type="checkbox"/>
Dysbiosis (Microbial métabolites+Indican)		DYSBE	186	155	<input type="checkbox"/>
Energy métabolites (Krebs' Cycle)		CKE	150	125	<input type="checkbox"/>
Métabolites des vitamines B		MVBE	150	125	<input type="checkbox"/>
Thiols (Cys, Hcys, Cys-Gly, GSH)		THUE	72	60	<input type="checkbox"/>
Indican		INDIE	36	30	<input type="checkbox"/>
Urinary modified nucleosides (proliferative markers issued from cell RNAs)		NUCME	72	60	<input type="checkbox"/>
Peptides (Gluten and casein intolerance)		PEPTE	108	90	<input type="checkbox"/>
Cryptopyrrole		CRYPE	54	45	<input type="checkbox"/>
Short Chain Fatty Acids		SCFA	72	60	<input type="checkbox"/>
Net Urinary Acid Excretion (NEAP-net endogenous acid production)		ANUE	72	60	<input type="checkbox"/>
Free urinary T3		T3LUE	40.80	34	<input type="checkbox"/>
Free urinary T4		T4LUE	40.80	34	<input type="checkbox"/>
Urinary androgene profile - Only for Men -		ANDRUE	222	185	<input type="checkbox"/>
Urinary estrogene profile - Only for Women -		ESTRUE	282	235	<input type="checkbox"/>
BLOOD TESTS					
Red Blood Cell Fatty acids	1 EDTA tube	AGMBE	216	180	<input type="checkbox"/>
Anti-oxidative vitamins		AECQE	216	180	<input type="checkbox"/>
Food specific IgG tested on 44 types of food	1 dry tube with separating gel	NUT44E	150	125	<input type="checkbox"/>
Food specific IgG tested on 90 types of food		NUT90E	270	225	<input type="checkbox"/>
Food specific IgG tested on 270 types of food		NU270E	750	625	<input type="checkbox"/>
Plasma steroid profile		STPLE	270	225	<input type="checkbox"/>
Plasma neopterin		NEOPE	72	60	<input type="checkbox"/>
Lipopolysaccharides - LPs (Microbiota mutualism)		LPSE	72	60	<input type="checkbox"/>
Adipocyte Function Profile (Leptin, RBP4, NGAL, ICAM-1, LPs, ZAG, Adiponectin, BDNF)	OBE	432	360	<input type="checkbox"/>	
TOTAL				€	

Results delay : 10 to 15 days by email. We discourage self-prescription, a physician with the appropriate knowledge is the best interlocutor to advise you on your health status.

*Indicative prices



SALIVARY SAMPLES

ANALYSIS		\$	€	
Morning Cortisol (1 collection 30mn to 1 hour after wake up)	CORSAE	72	60	<input type="checkbox"/>
Cortisol Cycle (4 collections : 7:00am-12:00am-5:00pm-10:00pm)	CORCYE	192	160	<input type="checkbox"/>
Salivary Neopterin	NEOSAE	72	60	<input type="checkbox"/>
Salivary Steroïds profile	STSAE	222	185	<input type="checkbox"/>
Cortisol + Salivary Neopterin	NCSAE	144	120	<input type="checkbox"/>
Cortisol Cycle + Salivary Neopterin	NCCYE	264	220	<input type="checkbox"/>

Determination Technique LC-MS/MS

Patient Informations (Please, fill in CAPITAL LETTERS all informations):

Name : _____

First name : _____

Date of birth: ____ / ____ / ____ Sex ____ Height (cm) _____ Wheight (kg) _____

Date and hour of collection : _____

Address : _____

City : _____ Country : _____ Postal Code : _____

Phone : _____

Email : @

Payment : CB cheque* physician wire transfer (join copy)

* Cheque are in \$ and named to Laboratoire de biologie médicale please add +15\$

Card number : _____ Exp. date : ____ / ____ SC :

Pratician :

Name : _____ Email : _____ @ _____

Address : _____

Phone : _____

Saliva collection instructions

- ✓ Saliva collection must happen **30 à 40 minutes after wake up** for Morning Cortisol, **at the 4 indicated hours for Nycthemeral Cycle of Cortisol**.
- ✓ Collection must be done before drinking, eating or teeth brushing.
- ✓ Rinse your mouth with clear water, swallow one of two times and drain the rest of water in your mouth. Then put saliva in the tube without using the cotton. We need **at least 2 ml of saliva**.
- ✓ If there is at least a little blood stain on the sample, don't use it and take a new one with another Salivette.
- ✓ Fill the form with **date and hour of collection(s)**, and all the requested informations.
- ✓ Put the sample + form + payment in the envelope and send it back to us.

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