Request for Vaginal Microbiota Analysis

Patient Data			
Surname:		First name:	
Date of birth:			
Address:			
Date of test delivery:		**Reference No.:**	

Is a nutritional consultation required? Yes ◯ No ◯

(In case of a nutritional consultation, LDM also sends the analysis report to the ASDD dietitian).

In which language is the report requested? Italian ◯ French ◯ German ◯ English ◯

Medical History (multiple selections possible)			
Vaginosis	☐	Candidiasis	☐
Complications from childbirth	☐	Sensitivity to sexually transmitted infections	☐
Other:			

Requesting party	
Stamp and signature of pharmacy/doctor	Patient's signature
	The patient authorizes LDM SA to carry out the microbiota analysis

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