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| **ZellScanLabor** | **Datum** | **ZellScanLabor@gmx.de** |  |  |
|  |  |  |  |  |  |  |
| **Name** |  | **Adresse** |  |  |  |  |
| **Alter** |  | **eMail** |  |  |  |  |
| **Telefonnummer** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **als zusätzliches Organ bitte testen:** |  |  |  |  |  |
| Immunsystem |   |  |   |  |  |  |
| Gifte, Pilze, Bakterien, Viren |   |  |   |  |  |  |
| Zelle und Gewebe |   |  |   |  |  |  |
| Blut |   |  |   |  |  |  |
| Herz-Kreislauf |   |  |   |  |  |  |
| Herz |   |  |   |  |  |  |
| Niere Harnorgane |   |  |   |  |  |  |
| Verdauungsapparat |   |  |   |  |  |  |
| Atmungsapparat |   |  |   |  |  |  |
| Genitalapparat |   |  |   |  |  |  |
| Bewegungsapparat |   |  |   |  |  |  |
| Nervensystem |   |  |   |  |  |  |
| Stress, Psyche |   |  |   |  |  |  |
| Haut Haare |   |  |   |  |  |  |
| Zähne |   |  |   |  |  |  |
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|  |  |  |  |  |  |  |
| Datum |   | Unterschrift |   |   |   |  |

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