

Laboratory Genetic Metabolic Diseases

Test request form Metabolite diagnostics

Please fill out this form completely (grey fields are mandatory) and send it in together with the sample(s).

Patient information

Family name :

First name :

Date of birth : Day Month Year

Sex : Male / Female

Address :

ZIP code :

Country :

Reference number :

Requested test(s) (see www.labgmd.nl)

Disease and/or analysis:

Material* (see www.labgmd.nl)

For metabolic screening always send urine (at least 10 ml) and EDTA blood (at least 4.5 ml). Please note sample date and time.

	collection/sample:				yes no
<input type="checkbox"/> Urine	date	collection period	hrs	volume	ml crisis <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Blood	date	time		<input type="checkbox"/> heparine <input type="checkbox"/> EDTA	deproteinized <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Plasma	date	time		<input type="checkbox"/> heparine <input type="checkbox"/> EDTA	
<input type="checkbox"/> Serum	date	time			
<input type="checkbox"/> Bloodspot	date	time			
<input type="checkbox"/> CSF	date	time			deproteinized <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	date	time			
<input type="checkbox"/> Tissue	date	tissue type; specify			

*Please send urine, plasma, CSF and tissues on dry ice, whole blood at ambient temperature, all by courier.

Relevant clinical and laboratory findings and medication

Clinical biochemist IEM:

Dr. F.M. Vaz

Dr. S.M.I. Goorden

Clinical laboratory geneticists:

Dr. W. Kulik

Dr. M.M.C. Wamelink

Amsterdam UMC, location AMC

Lab GMD (F0-132)

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Results should be sent to

Name :
Department :
Hospital/institute :
Address :
City and Zip-code :
Country :
Phone :
Fax :
E-mail* :

* For privacy reasons results will be faxed. Results can only be sent by email if a secure email option is provided.
Please provide email address for correspondence.

Copy results should be sent to

Name :
Department :
Hospital/institute :
Address :
City and Zip-code :
Country :
E-mail :

Invoice should be sent to*

Name :
In case of institution :
 Department :
 Hospital/institute :
Address :
City and Zip-code :
Country :
E-mail of financial contact :
VAT number :
Financial reference number :

* Be sure to include all information needed by the financial department of your institution.

* For EU countries only:

VAT number of your institution must be provided.

Original S2 forms (formerly E 112) should be filled out completely and can be sent in together with the sample(s) or separately.

Form completed by

Name :
Function/Department :
Date :
Signature :

Please note that without the above requested information the requested test(s) cannot be performed.

INSTRUCTIONS

- Please use the appropriate request form: (Metabolite-, Enzyme- or DNA- diagnostics) See www.labgmd.nl (Protocols & Forms).
- Be sure to fill out the test request form completely in English (grey fields are mandatory).
- Please include copies of relevant correspondence concerning the request.
- Please include all information needed by the financial department of your institution.
- In case of urgent requests (e.g. prenatal testing) please contact a staff member of the laboratory BEFORE sending the sample.
- Samples should arrive Monday through Thursday from 8:30 AM to 4:00 PM and Friday or the day prior to a national holiday before 12:00 AM. Our website www.labgmd.nl lists national holidays on which our laboratory is closed.
- For test-specific information about material/shipment please visit our website www.labgmd.nl



Use this as address label

Laboratory Genetic Metabolic Diseases (F0-132)

Amsterdam UMC, location AMC

Meibergdreef 9

1105 AZ Amsterdam

The Netherlands



**BIOLOGICAL SUBSTANCE
CATEGORY B**

DIAGNOSTISCH MATERIAAL

SPOED!