

## 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 : .....

#### Requested test(s) (see [www.labgmd.nl](http://www.labgmd.nl))

Disease and/or analysis: .....

#### Material\* (see [www.labgmd.nl](http://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)  
 Meibergdreef 9  
 1105 AZ Amsterdam  
 The Netherlands

[www.labgmd.nl](http://www.labgmd.nl)  
[gms\\_metab@amc.nl](mailto:gms_metab@amc.nl)  
 Tel: +31(0)20-566 5393  
 Fax: +31(0)20-696 2596



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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.

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**Copy results should be sent to**

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

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**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	:	.....

\* 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.

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**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](http://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](http://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](http://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!**