

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)

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
 Clinical laboratory geneticists:
 Dr. W. Kulik

Dr. S.M.I. Goorden
 Dr. M.M.C. Wamelink

Amsterdam UMC, location AMC
 Lab GMD (F0-132)
 Meibergdreef 9
 1105 AZ Amsterdam
 The Netherlands

www.labgmd.nl
gmz_metab@amc.nl
 Tel: +31(0)20-566 5393
 Fax: +31(0)20-696 2596



Results should be sent to

Name : Fimlab Laboratoriot Oy
Department : Office
Hospital/institute :
Address : PL 66
City and Zip-code : 33013 FIMLAB
Country : FINLAND
Phone :
Fax :
E-mail* : Office.Fimlab@Fimlab.fi

* 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 : Fimlab Laboratoriot Oy
In case of institution
Department :
Hospital/institute :
Address : PL 1008
City and Zip-code : 00071 OSTOLASKUT
Country : FINLAND
E-mail of financial contact :
VAT number : FI23925196

* 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

<p>Laboratory Genetic Metabolic Diseases (F0-132) Amsterdam UMC, location AMC Meibergdreef 9 1105 AZ Amsterdam The Netherlands</p>	 <p>UN3373 BIOLOGICAL SUBSTANCE CATEGORY B</p>
<p><u>DIAGNOSTISCH MATERIAAL</u> SPOED!</p>	