



**Laboratory Genetic Metabolic Diseases**  
**Test request form Metabolite / Tumor diagnostics**



Accr.Nr: 157  
 ENISO 15189

Academic Medical Center  
 Lab. Genetic Metabolic Diseases (F0-132)  
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 Website: [www.labgmd.nl](http://www.labgmd.nl)

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*Dr. W. Kulik – clinical laboratory geneticist*

*Dr. S.M.I.Goorden – clinical biochemist, fellow IEM*

**To assure correct handling of your request, 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

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

Disease and/or analysis : .....

**Material\***

*For metabolic screening always at least send urine and EDTA blood*

						yes	no			
<input type="checkbox"/>	<b>Urine</b>	collection date.....	collection period.....	hrs	volume.....	ml	crisis	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>Blood</b>	sampling date.....	time.....	<input type="checkbox"/>	heparin	<input type="checkbox"/>	EDTA	deproteinized	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Plasma</b>	sampling date.....	time.....	<input type="checkbox"/>	heparin	<input type="checkbox"/>	EDTA			
<input type="checkbox"/>	<b>Serum</b>	sampling date.....	time.....							
<input type="checkbox"/>	<b>Bloodspot</b>	sampling date.....	time.....							
<input type="checkbox"/>	<b>CSF</b>	sampling date.....	time.....				deproteinized	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	.....	sampling date.....	time.....							
<input type="checkbox"/>	<b>Tissue</b>	sampling date.....	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**

.....

**Results should be sent to**

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

*\* Results will be sent per email when fax is unavailable, unless disagreed.*

No

**Copy results should be sent to**

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

**Invoice should be sent to\***

Name : .....  
In case of institution : .....  
    Department : .....  
    Hospital/institute : .....  
Address : .....  
City and Zip-code : .....  
Country : .....

*\* For EU countries only: 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.*

## Use this as address label

**Laboratory Genetic Metabolic Diseases (F0-132)**

**Academic Medical Center**

**Meibergdreef 9**

**1105 AZ Amsterdam**

**The Netherlands**



**BIOLOGICAL SUBSTANCE  
CATEGORY B**

**DIAGNOSTISCH MATERIAAL**

**SPOED!**



## INSTRUCTIONS

- Please use the test request form that applies:
  - 1) metabolite/tumor-, 2) enzyme-, 3) DNA-diagnostics.  
See [www.labgmd.nl/forms](http://www.labgmd.nl/forms)
- To assure correct handling of your request, please fill out the test request form completely **in English** and send it together with the sample(s). Grey fields are mandatory.
- Please include copies of all relevant correspondence with our laboratory concerning the request.
- In case of urgent requests (e.g. prenatal testing) please contact a staff member of the laboratory BEFORE sending the sample.
- Our laboratory is open on working days Monday to Friday from 8.30 AM to 5.00 PM. Our website [www.labgmd.nl](http://www.labgmd.nl) lists national holidays on which our laboratory is closed.
- Please make sure that sample(s) arrive on Monday to Thursday before 3 PM, on Friday and the day before a public holiday before 12 AM. Otherwise we cannot guarantee that we can process the samples appropriately.
- For test-specific information about material/shipment please visit our website [www.labgmd.nl](http://www.labgmd.nl)