

## 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](http://www.labgmd.nl))

Disease and/or analysis: .....

#### Material\* (see [www.labgmd.nl](http://www.labgmd.nl))

For metabolic screening always send an urine sample (at least 10 ml) and an EDTA-plasma sample (at least 1 ml).

**Note:** For some specific tests an EDTA whole blood sample (minimal 4.5 ml) is required, specifically essential fatty acids (PUFA's), galactose-1-phosphate, plasmalogens and cardiolipins (bloodspot also possible), see also: [www.labgmd.nl](http://www.labgmd.nl)

	collection/sample:				yes no
<input type="checkbox"/> Urine	date .....	collection period..... hrs	volume..... ml	crisis	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Plasma	date .....	time .....	<input type="checkbox"/> EDTA <input type="checkbox"/> heparine		
<input type="checkbox"/> Blood	date .....	time .....	<input type="checkbox"/> EDTA <input type="checkbox"/> heparine	deproteinized	<input type="checkbox"/> <input type="checkbox"/>
<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.  
Material at ambient temperature should arrive at our lab within 24 hours.

#### 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](http://www.labgmd.nl)  
[gmz\\_metab@amc.nl](mailto:gmz_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	:	.....
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.

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**Form completed by**

Name	:	.....
Function/Department	:	.....
Date	:	.....
Signature	:	.....

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*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!**