

Request Form

Metabolic Screening



BIOCONTROL
VETERINÄR · LABOR · PARTNER

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Veterinary Laboratory within Bioscientia network

Please stick barcode here

Please stick the respective barcodes on the lab form, the sample(s) and in the lab journal and include the remaining barcodes in the shipment.

Please print

Owner: _____

Address: _____
Adresse nur bei
Rechnungstellung an
Tierhalter erforderlich

Owner's signature (for billing purposes) _____

Species

Dog
 Cat
 Horse
 Cattle
 Other *

Results

Fax
 Email/Internet

Gender

Male
 Female
 Neutered/spayed

Billing

Veterinary practice
 Owner

Breed: _____

Sampling date: _____

Name: _____

Age: Years: Months:

Hemolysed
 Lipaemic
 Icteric

Material	No
<input type="checkbox"/> EDTA-plasma	_____
<input type="checkbox"/> EDTA-plasma, frozen	_____
<input type="checkbox"/> Urine	_____
<input type="checkbox"/> Urine, frozen	_____
<input type="checkbox"/> Serum	_____
<input type="checkbox"/> Serum, frozen	_____

Further investigations / comments:

Phone No.: _____

Veterinary surgeon _____

Investigations	Material
<input type="checkbox"/> Amino acids in EDTA-plasma	1 ml EDTA-plasma, frozen
<input type="checkbox"/> Amino acids in urine (incl. COLA test)	10 ml urine, frozen
<input type="checkbox"/> Organic acids in urine	10 ml urine
<input type="checkbox"/> Mucopolysaccharides	10 ml urine
<input type="checkbox"/> Oligosaccharides	3 ml urine
<input type="checkbox"/> Taurin	1 ml EDTA-plasma, frozen

Clinical history and relevant details:

* Please specify species in the comment section



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