

Metabo Test INFAI®
Body fluid NMR Request Form

Please read shipment instructions and provide the following information

Referring Laboratory

 Laboratory/H Hospital : _____
 Street address : _____
 City/State/Zip Code : _____

Referring Physician

 Name : _____
 Laboratory/Hospital : _____
 Street address : _____
 City/State/Zip Code : _____
 Phone : _____
 E-mail : _____

Patient information

 Name : _____
 Date of Birth : ____ - ____ - ____ Sex: E K

Sample Information
 Urine : Sample Date: ____ - ____ - ____
 Serum : Sample Date: ____ - ____ - ____
 CSF : Sample Date: ____ - ____ - ____

Clinical Findings

Indication for NMR-Spectroscopy

Medication at time of sampling

Shipment instructions

NMR investigations:

- Urine: 2 mL; Serum or Plasma: 1 mL, CSF: 1 mL
- Read and follow the urine collection instructions

Samples should be sent frozen on dry ice to the following address:

INFAI GmbH
Gottfried-Hagen-Str. 60-62 • 51105 Köln • Germany