



## BIOCHEMICAL GENETICS LABORATORY SERVICE REQUEST

Patient Code: \_\_\_\_\_  
Lab Order No.: \_\_\_\_\_

### Patient information

Name: \_\_\_\_\_ ☐ Male ☐ Female  
Date of Birth:     /     /     CPR No.:     Nationality:     Weight:    

### Referring Institution Details

Referring Clinic/hospital: \_\_\_\_\_  
Ordering Physician: \_\_\_\_\_  
Physician Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Dr. Signature & Stamp: \_\_\_\_\_  
Date: \_\_\_\_\_

### Type of Specimen

☐ Serum ☐ Dried blood spots (DBS) ☐ Other (please specify): \_\_\_\_\_  
☐ Plasma ☐ Whole blood \_\_\_\_\_

Collection date:     /     /     Time of collection:    

### Test Ordered (please tick code)

#### Neonatal Tests:

DSBN001	<input type="checkbox"/> Amino-Fatty-Organic Acids (TMS)
DSBN006	<input type="checkbox"/> IRT (Cystic fibrosis)
DSBN007	<input type="checkbox"/> TSH

Other tests for referral laboratories, please Specify:

#### Clinical History & Comments:

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## Specimen Requirements

Type of Analysis	Type of Specimen	Specimen Volume	Transport Temperature
Neonatal Screening (Acid Disorders and DELFI A Tests)	Dried Blood Spots (DBS)	3 rings of blood spots on NBS filter card	Let it dry at least 3-4 hours before transport at room temperature