

METABOLIC ANALYSIS LABS, INC
1202 ANN STREET
MADISON , WI 53713
Phone 608 255-2491
Fax 608 257-3015

TEST REQUEST FORM : L-CARNITINE , CLINICAL

CLIENT:

INSTITUTION _____

ATTENTION _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____ EMAIL _____

REQUESTING PHYSICIAN _____

→ PLEASE INCLUDE BILLING ADDRESS IF DIFFERENT THAN ABOVE.

SAMPLE IDENTIFICATION:

PATIENT NAME _____ PATIENT ID# _____

AGE / BIRTHDATE _____ SEX M ___ F ___

SAMPLE TYPE PLASMA ___ SERUM ___ URINE ___

SAMPLE # _____ SAMPLE DATE _____

SAMPLE REQUIREMENTS :

PLASMA: 1.0 milliliters (0.4 ml minimum volume) of plasma (heparin preferred, EDTA acceptable)
SERUM is also acceptable. Plasma or serum should be spun down and separated as soon as practical.
DO NOT send whole blood.

URINE: 1.0 milliliter (0.4ml minimum volume) of a spot urine collected without preservatives

SAMPLE STORAGE:

If it will be more than 1 day until shipment please store frozen, otherwise freeze or refrigerate.

SHIPMENT on a cold pack is recommended, shipment on dry ice is optional.

Ship via overnight delivery service to our address above.

Do not ship on a Friday or just prior to a holiday.