

Test Request Form

Send sample to:

Praxis
Prof. Dr. med. M. Kramer
Facharzt für Laboratoriumsmedizin
Mönchhofstraße 52
DE - 69120 Heidelberg, Germany

Telefon: +49 (0) 6221-4340963
Telefax: +49 (0) 6221-4340964

Family Name:		First Name:	
Address:			
Zip Code:	City:	Country:	
Phone:	E-mail:		
Date of birth:	Sex: Male/Female		
Date and hour blood drawn:			
Name of requesting physician:		Your patient ref.:	

Nagalase Test (Serum) € 67,04

(min. 1 ml of serum in unbreakable protection container for medical specimen)

I am aware that the test is „research use only“; interpretation must be done by a health care professional. The cost for the requested analyses will be involved directly to me by laboratory Prof. Dr. Kramer, at the above mentioned rate.

Signature: _____

Date: _____

A signed copy of this form must be sent together with your samples.