

Test Request Form

Send sample to:

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

info@mdkramer.de
Telefon: +49 (0) 6221-3218888
Telefax: +49 (0) 6221-3218882

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)

The cost for the requested analyses will be invoiced 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.