



**PROTEOMIS**  
 CEIA LAB, sprl  
 Bd Saint-Michel 119  
 1040 BRUSSELS - Belgium  
 Tel: +32 2 736 04 58  
 Fax: +32 2 736 58 02

## Request form

Profile nr. :	Reserved
Entry date :	

### Patient information\*

Last name : \_\_\_\_\_

First name : \_\_\_\_\_

Birthdate : (dd/mm/yyyy) : \_\_\_\_\_ Gender :  M  F

Address : \_\_\_\_\_

Zip code : \_\_\_\_\_ City : \_\_\_\_\_

Country : \_\_\_\_\_

Tel : \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail : \_\_\_\_\_

### Referring physician (name or stamp)\*

\_\_\_\_\_

### Sample information \*

Date of collection : \_\_\_\_\_

Hour : \_\_\_\_\_

\* Please, complete in capital letters

### Clinical information

Weight : \_\_\_\_\_ Height : \_\_\_\_\_

Antecedents (give date) : \_\_\_\_\_

Subjective complaints : \_\_\_\_\_

Known diagnosis : \_\_\_\_\_

Suspected diagnosis : \_\_\_\_\_

Objective signs : \_\_\_\_\_

Important treatment followed by the patient : \_\_\_\_\_  
*If possible, use ICD-10 codes from the WHO International Classification of Diseases*

### Requested analyses €

PROTEOMIS Profile	<input type="checkbox"/>	136,00
⇒ 1 dry tube (no anticoagulant), 7.5 ml, gold-top ● (or red ●)		
Trace elements assessment	<input type="checkbox"/>	120,00
⇒ 1 dry tube (no anticoagulant), 7.5 ml, gold-top ● (or red ●)		
⇒ 1 EDTA tube, 5 ml, green ● of purple-top ●		
Oxydative-stress assessment	<input type="checkbox"/>	120,00
⇒ 1 dry tube (no anticoagulant), 7.5 ml, gold-top ● (or red ●)		
⇒ 1 EDTA tube, 5 ml, green ● or purple-top ●		
Fatty acid assessment	<input type="checkbox"/>	100,00
⇒ 1 dry tube (no anticoagulant), 7.5 ml, gold-top ● (or red ●)		
<b>Fedex prepaid shipment European Union (optional)</b>	<input type="checkbox"/>	35,00
<b>Fedex prepaid shipment Rest of the world (optional)</b>	<input type="checkbox"/>	80,00
<b>Total amount</b>		

### Payment method

Bank transfer :  
 IBAN : BE05 3101 1277 1175  
 BIC : BBRUBEBB

Credit card

EUROCARD/MASTERCARD  VISA

Name : \_\_\_\_\_

Card number : \_\_\_\_\_

Control Code : \_\_\_\_\_ Expires : \_\_\_\_\_

Date : \_\_\_\_\_ Signature : \_\_\_\_\_

### Patient consent

I understand that the analyses mentioned above are not reimbursed by Social Security and that I shall be charge for the cost of these.

Date : \_\_\_\_\_ Signature : \_\_\_\_\_

FO-TECH-041 - Request form - EN - 5 - 01/08/2019

# INSTRUCTION FOR BLOOD COLLECTOR

\*\*\* PROTEOMIS profile \*\*\* Trace-elements \*\*\* Oxydative-stress \*\*\*

Tubes to collect	PROTEOMIS Profile (CEIA Method)	1 dry tube (no anticoagulant), 7.5 ml, gold-top ● (or red ●)
	Trace elements Serum : Al, Co, Cu (serum), Cr, Fe, Mn, Mo, Ni, Se, Si, V Blood : Zn, Pb, Ru, Cd	1 dry tube (no anticoagulant), 7.5 ml, gold-top ● (or red ●) 1 EDTA tube, 5 ml, green ● or purple-top ●
	Oxydative-stress	1 dry tube (no anticoagulant), 7.5 ml, gold-top ● (or red ●) 1 EDTA tube, 5 ml, green ● or purple-top ●
	PROTEOMIS Profile + Trace elements + Oxydative-stress	2 dry tubes (no anticoagulant), 7.5 ml, gold-top ● (or red ●) 2 EDTA tubes, 5 ml, green ● or purple-top ●
	Fatty acid assessment	1 dry tube (no anticoagulant), 7.5 ml, gold-top ● (or red ●)

## Provided equipment

- Tubes :
  - 1(2) 7,5 ml Vacutainer SST II Advance tube(s) with gold ● or red ● closure, gel and clotting activator.
  - 1 Vacutainer blood collection needle to be connected to the Vacutainer tube using the Vacutainer holder.
  - 1(2) 5 ml EDTA Vacutainer tube(s), green ● or purple closure ● if trace elements and/or oxydative stress is asked
- A waterproof bag
- A protective container
- This analysis request form
- A Fedex prepaid request form to be completed
- A user's guide for blood collection (if Sartedt tubes)
- A user's guide for shipment
- A padded envelope, UN3373 marked for postal shipment
- A Fedex « Clinical Pack » bag (if shipped via Fedex)

## Method for collecting and sending

### Sample :

- When possible, the blood sample is taken on an empty stomach.
- **Write on the tube : patient's first and last name, birthdate, collection date**
- If possible, centrifuge the dry tubes only at 1800-2200 g (=ca 3000 rpm) during 10 minutes and collect the serum.
- Place the tube in the protective container
- Then, place the container into the waterproof bag, pull away the blue release liner and press to close the bag
- Place the prescription, the analysis request form in the side pocket of the bag
- Place in the padded envelope
- Ship to :  
**PROTEOMIS**  
**CEIA LAB sprl**  
**Bd Saint-Michel 119**  
**B-1040 Brussels - Belgium**

### Important :

- ⇒ do not freeze the samples
- ⇒ if shipment is delayed, keep the samples in the refrigerator at + 4°C.
- ⇒ do not forget to fill in the analysis request form and to give full details of the patient

### • If shipment via Fedex :

- ⇒ Place in the Fedex Clinical Pack bag
- ⇒ Fill in the Fedex shipment form (red indicated areas)
- ⇒ Contact your Fedex local customer services (France : **0820 123 800**, 08456 07 08 09)
- ⇒ Schedule a pickup with Fedex
- ⇒ Give the pack to the driver
- ⇒ **You do not have to pay anything at pickup time**  
**CEIA LAB has an account at Fedex n° 1714-1818-6**  
**Use this number for billing information**
- ⇒ Fill in the billing information on the Fedex form like this :
  - ⇒ Section 7a 'Payment Bill transportation charges to', tick the box 3 'Third party'
  - ⇒ 'FedEx acct No' : 1714-1818-6
- ⇒ You will be charged by CEIA at the price given on the first page (applicable for EU countries)

**7a Payment Bill transportation charges to:**

Enter FedEx Acct. No. or Credit Card No. below.

Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash Cheque

FedEx Acct. No. **1714-1818-6** FedEx Use Only

Credit Card No. \_\_\_\_\_

Credit Card Exp. Date \_\_\_\_\_

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**7b Payment Bill duties and taxes to:**

ALL shipments may be subject to Customs charges, which FedEx does not estimate prior to clearance.

Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party

Enter FedEx Acct. No. below.

FedEx Acct. No. **171418186**