



PROTEOMIS

**PROTEOMIS**  
CEIA LAB, sprl  
Bd Saint-Michel 119  
1040 BRUXELLES - Belgique  
Tél: +32 2 736 04 58  
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## 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"/>	142,00
⇒ I dry tube (no anticoagulant), 7.5 ml, gold-top ● (or red)		
Personalized interpretation and report	<input type="checkbox"/>	50,00
<b>Fedex prepaid shipment European Union (optional)</b>	<input type="checkbox"/>	45,00
<b>Fedex prepaid shipment Rest of the world (optional)</b>	<input type="checkbox"/>	90,00
Total amount		_____

### 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-046 - Request form - EN - 7 - 01/01/2023

# INSTRUCTION FOR BLOOD COLLECTOR

\*\*\* PROTEOMIS profile \*\*\*

Tubes to collect	PROTEOMIS Profile (CEIA Method)	1 dry tube (no anticoagulant), 7.5 ml, gold-top ● (or red)
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## Provided equipment

- Tubes :
  - 1 x 7,5 ml Vacutainer SST II Advance tube(s) with gold ● closure, gel and clotting activator.
  - 1 Vacutainer blood collection needle to be connected to the Vacutainer tube using the Vacutainer holder.
- 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 by Fedex via Proteomis :**
  - ⇒ Contact us to confirm the shipping prices
  - ⇒ Contact us to obtain a Fedex shipping note
  - ⇒ Place the envelope with the sample and request form in the Fedex Clinical Pack bag
  - ⇒ Contact your Fedex local customer services (France : **0820 123 800**, 08456 07 08 09) to schedule a pickup with Fedex or plan it with us
  - ⇒ Give the pack to the driver
  - ⇒ **You do not have to pay anything at pickup time PROTEOMIS-CEIA LAB has an account at Fedex Contact us if necessary**