

Krankenkasse bzw. Kostenträger		
Name, Vorname des Versicherten		
geb. am		
Kostenträgerkennung	Versicherten-Nr.	Status
Betriebsstätten-Nr.	Arzt-Nr.	Datum



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male     female     divers

## REQUEST FORM FOR ANALYSIS OF ORGANIC ACIDS

Information about the patient	
Clinical information:	_____
Treatment:	_____
Pathological values:	_____
Serum	_____
Urine	_____
US/X-ray	_____
Stone analysis	_____

Please preserve samples according to instructions (see below).

PLASMA
<input type="checkbox"/> <b>Organic acids</b> Oxalate, Citrate, Glycolate, Glycerate, Hydroxy-oxo-glutarate (HOG), Sulfate, Phosphate
<input type="checkbox"/> Oxalate <input type="checkbox"/> Citrate <input type="checkbox"/> Glycolate <input type="checkbox"/> Glycerate <input type="checkbox"/> Hydroxy-oxo-glutarate (HOG) <input type="checkbox"/> Sulfate <input type="checkbox"/> Phosphate
<input type="checkbox"/> Other tests:  

SPOT URINE
<input type="checkbox"/> <b>Organic acids</b> Oxalate, Citrate, Glycolate, Glycerate, Hydroxy-oxo-glutarate (HOG), Sulfate, Phosphate
<input type="checkbox"/> Oxalate <input type="checkbox"/> Citrate <input type="checkbox"/> Glycolate <input type="checkbox"/> Glycerate <input type="checkbox"/> Sulfate <input type="checkbox"/> Phosphate <input type="checkbox"/> Hydroxy-oxo-glutarate (HOG) <input type="checkbox"/> Uric acid <input type="checkbox"/> Calcium <input type="checkbox"/> Magnesium <input type="checkbox"/> Cystine
<b>Weight</b> _____ <b>kg</b>
<b>Height</b> _____ <b>cm</b>
<b>Numer of samples</b> _____

24 H URINE
<input type="checkbox"/> <b>Organic acids</b> Oxalate, Citrate, Glycolate, Glycerate, Hydroxy-oxo-glutarate (HOG), Sulfate, Phosphate
<input type="checkbox"/> Oxalate <input type="checkbox"/> Citrate <input type="checkbox"/> Glycolate <input type="checkbox"/> Glycerate <input type="checkbox"/> Sulfate <input type="checkbox"/> Phosphate <input type="checkbox"/> Hydroxy-oxo-glutarate (HOG) <input type="checkbox"/> Uric acid <input type="checkbox"/> Calcium <input type="checkbox"/> Magnesium <input type="checkbox"/> Cystine
<b>Weight</b> _____ <b>kg</b>
<b>Height</b> _____ <b>cm</b>
<b>Urine volume</b> _____ <b>ml</b>
<b>Number of samples</b> _____

**Information on proper specimen preservation:**

**Plasma:** Please collect 2 – 3 ml of blood in a lithium heparin tube placed on ice and process within 10 min. For proper storage, the blood is first centrifuged at 1000 x g and 4°C for 5 min. Then, ultracentrifuge the resulting plasma at 1500 x g and 4°C for 20 min with a Centrisart-I ultrafiltration tube (Sartorius GmbH, Göttingen, Germany): 20 µL of 2 molar hydrochloric acid (HCL) is added per ml of plasma in the inner chamber of the ultrafiltration tube, thus ensuring simultaneous acidification (pH < 1.8) of the plasma. With this preservative method, it is possible to freeze the ultrafiltrate at -20°C for 14 to 21 days. Please ship samples on dry ice.

**Urine collection:** add 10 ml of 5% thymol in isopropanol or 10 ml of 6 N HCL per liter of urine to the collection container before collection. Store the urine in a cool place. Send 2 x 10 ml aliquots.

**Spot urine:** mix with thymol 5 % in isopropanol or with 6 N HCL (0.1 ml per 10 ml). Store urine in a cool place. Send 10 ml of urine. If this amount is not possible, you can also send less than 10 ml.



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Stamp, signature of sending physician
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Date \_\_\_\_\_