

FEUILLE DE DEMANDE D'ANALYSES / ANALYSES REQUEST FORM

PATIENT PATIENT		RENSEIGNEMENTS CLINIQUES - TRAITEMENT CLINICAL COMMENTS - TREATMENT	
<b>Sexe</b> Sex F <input type="checkbox"/> M <input type="checkbox"/> Animal <input type="checkbox"/>			
<b>Nom</b> Last Name			
<b>Prénom</b> First Name			
<b>Né(e) le</b> Date of birth		<b>DDR / Date of last menstrual Period</b>	
<b>N° carte patient</b> Patient card N°		<b>Date début grossesse</b> Date of conception	
<b>Votre référence</b> Your reference		<b>Nombre de foetus</b> Number of fetus	<b>Poids patiente</b> Patient weight
			Kg

**PRELEVEMENT / SPECIMEN**

Date Sampling date: \_\_\_\_\_ et heure de prélèvement and sampling time: \_\_\_\_\_ Diurèse Diuresis: \_\_\_\_\_ ml / \_\_\_\_\_ Heures Hours: \_\_\_\_\_

Nombre de tubes total : Total number of tubes: \_\_\_\_\_ = \_\_\_\_\_ **T° AMBIANTE ROOM T°** \_\_\_\_\_ + \_\_\_\_\_ **REFRIGERES REFRIGERATED** \_\_\_\_\_ + \_\_\_\_\_ **CONGELES FROZEN** \_\_\_\_\_

ANALYSES / ANALYSES		
<b>AUTO-IMMUNITÉ / IMMUNOLOGY</b> <input type="checkbox"/> 34301 Ac anti-cardiolipine Anti-Cardiolipin Ab <input type="checkbox"/> ACCIT Ac anti-CCP <input type="checkbox"/> 36302 Ac anti-endomysium Ig A Endomysial Ab IgA <input type="checkbox"/> 93901 Ac Anti-gliadine IgA Gliadin Ab IgA <input type="checkbox"/> 93902 Ac Anti-gliadine IgG Gliadin Ab IgG <input type="checkbox"/> 35202 Ac anti-muscle lisse Smooth Muscle Antibodies <input type="checkbox"/> NUCL Ac anti- nucléaires, dépistage Antinuclear Ab Screening <input type="checkbox"/> 37001 Ac anti-nucléaires + anti-Ag nucléaires solubles (ident.) Antibodies to Nucleic + Acid Antigens <input type="checkbox"/> 34601 Ac anti-phospholipides Phospholipid Antibodies <input type="checkbox"/> ASCAC Ac anti-saccharomyces cerevisiae ASCA <input type="checkbox"/> 40705 Ac anti-thyroglobuline Thyroglobulin Ab <input type="checkbox"/> 40605 Ac Anti-TPO Thyroid Peroxidase Ab <input type="checkbox"/> 37402 Ac anti-transglutaminase IgA Tissue Transglutaminase IgA	<b>HEMATOLOGIE / HAEMATOLOGY</b> <input checked="" type="checkbox"/> <input type="checkbox"/> EPHB Etude des Hb Hemoglobin electrophoresis <input checked="" type="checkbox"/> <input type="checkbox"/> 82501 Méthémoglobine Methemoglobin <input checked="" type="checkbox"/> <input type="checkbox"/> 86801 Protéine C activité Protein C, Functional <input checked="" type="checkbox"/> <input type="checkbox"/> 86901 Protéine S activité Protein S, Functional  <b>MICROBIOLOGIE / MICROBIOLOGY</b> <input checked="" type="checkbox"/> <input type="checkbox"/> HBVPC HBV ADN, quantification Hepatitis B ADN, quantification <input checked="" type="checkbox"/> <input type="checkbox"/> HCVBD HCV ARN, quantification Hepatitis C RNA, quantification <input checked="" type="checkbox"/> <input type="checkbox"/> PCRC1 HCV ARN, recherche qualitative Hepatitis C RNA, qualitativ <input type="checkbox"/> <input type="checkbox"/> HBV Sérologie de l'HBV Total anti-HBc Ab, anti-HBs Ab, HBs Ag <input type="checkbox"/> <input type="checkbox"/> HDAC Sérologie de l'HDV Hepatitis Delta Ab  <b>TRISOMIE 21 / DOWN'S SYNDROME</b> <input type="checkbox"/> <input type="checkbox"/> T21 T 21 (marqueurs sériques 2 <sup>e</sup> trim.) Down's Risk Profile (2 <sup>nd</sup> trimester)  Feuille de consentement OBLIGATOIRE Informed consent required <input checked="" type="checkbox"/> <b>Congelé / Frozen</b>	<b>PHOSPHOCALCIQUE (BILAN) / OSTEOPOROSIS</b> <input checked="" type="checkbox"/> <input type="checkbox"/> 77501 IGF-1 (Somatomedin) <input type="checkbox"/> <input type="checkbox"/> 72509 Phosphatases Alcalines iso-enzymes Alk Phosphatase Isoenzymes <input checked="" type="checkbox"/> <input type="checkbox"/> 47701 Vitamine D - 25 OH <input type="checkbox"/> <input type="checkbox"/> 47702 Vitamine D -1,25 OH  <b>REPRODUCTION - ENDOCRINOLOGIE</b> <b>REPRODUCTION - ENDOCRINOLOGIE</b> <input type="checkbox"/> <input type="checkbox"/> 10701 Androstenedione (Delta4) <input checked="" type="checkbox"/> <input type="checkbox"/> SCTX CTX sérique / serum <input checked="" type="checkbox"/> <input type="checkbox"/> AMH Hormone anti-mullérienne Antimullerian Hormone <input checked="" type="checkbox"/> <input type="checkbox"/> 19601 Inhibine B <input type="checkbox"/> <input type="checkbox"/> 19401 17 OH Progesterone <input type="checkbox"/> <input type="checkbox"/> 78202 PTH intacte Parathyroid Hormone (whole)  <b>TOXICOLOGIE / TOXICOLOGY</b> <input type="checkbox"/> <input type="checkbox"/> 52901 Cuivre Copper <input type="checkbox"/> <input type="checkbox"/> 58201 Plomb Lead
<b>NATURE / SPECIMEN TYPE</b>	<b>AUTRES ANALYSES / OTHER ANALYSES</b>	<input checked="" type="checkbox"/> <b>Sang total / Whole blood</b>

La feuille de demande d'analyse a valeur de commande et implique l'acceptation des conditions techniques et tarifaires du laboratoire Cerba  
 Signing this form constitutes order to Laboratoire Cerba and means acceptance of our general conditions of sales

**T° AMBIANTE / ROOM TEMPERATURE**

Etiquette à joindre au(x) prélèvement(s) à T° ambiante  
 Add this label to room temperature specimen(s)

**CONGELE / FROZEN SPECIMEN**

Etiquette à joindre au(x) prélèvement(s) congelé(s)  
 Add this label to frozen specimen(s)