



Steroid Laboratory
 Children`s Hospital Gießen
 Prof. Dr. S. A. Wudy
 Feulgenstrasse 12
 D-35392 Gießen
 Germany

Filled out by lab!

Lab.-Nr.:	Probeneingang:

**Request for quantitative PLASMA (SERUM) STEROID PROFILE by
 Isotope Dilution / Gas Chromatography-Mass Spectrometry (ID/GC-MS)**

Surname: _____ First name: _____

Date of birth: _____ Sex: _____

Diagnosis: _____

Request: _____

Therapy / Test: _____

Sponsor: Invoice to clinic
 Private invoice **Private address:** _____

Weight (kg): _____ Height (cm): _____ Blood pressure: _____ mm Hg

Tanner stage: _____ Bone age: _____ Mens.cycle phase: _____

Sample date: _____ at least 1 ml plasma (serum), for neonates 0,5 ml

Sender (stamp) physician, clinic, ward/outpatient clinic, address, phone

Physician: _____

E-mail: _____

Signature: _____