



Biochemical Glucocerebrosidase-analysis

Internal laboratory
sample number

Enzymatic analysis in suspicious Gaucher cases

Name of patient: _____
 First name: _____
 Date of birth: _____
 Gender: male female
 Address: _____
 Date of sample: _____
 Type of sample: EDTA blood (7,5 ml)

Patient sticker

Sender: Mr. Ms.
Name of physician: _____
 Hospital: _____
 Street: _____
 City: _____
 Tel./Fax: _____

Stamp of facility

requested analysis: **Glucocerebrosidase**

If the causative GBA-mutation is known please add this information:

cDNA _____ aminoacid _____

Information:

Please send in at least 7,5 ml of **unfrozen** EDTA blood for analysis.

Contact:

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