



BIOGNOST
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REQUEST LAB TEST
PLEASE ALWAYS USE 1 FORM PER SERUM

Patient Serum ID (as mentioned on tube)

.....

Laboratory	
Contact Person	
Phone Number	
Fax Number	
E-mail	@
IIFT results	<p>Type: ANA / ANCA /</p> <p>Manufacturer: EUROIMMUN / other:</p> <p>Your Results (incl. titer):</p> <div data-bbox="885 795 1353 952" data-label="Image"> </div> <p>Sample on Well number:</p> <p>Positive Control on Well number:</p> <p>Negative Control on Well number:</p>
<p>Please always send slide if IIFT was performed</p>	
Other results	<p>Test: EUROLine* / Western-Blot* / ELISA / other: <i>please specify and add normal values</i></p> <p>.....</p> <p>Manufacturer: EUROIMMUN / other:</p> <p>Your Results (incl. titer if quantitative):</p>
<small>* Add EUROLineScan result sheet</small>	
Requested tests	
Send results by	<p><input type="radio"/> E-mail:@.....</p> <p><input type="radio"/> Fax:</p> <p><input type="radio"/> Product Specialist</p>

Important notes:

- Please clean the incubated slide so that all remaining immersion oil is wiped off
- Put the sample tube in another plastic tube and send in a plastic bag
- This 'Request Lab Test' form should always be added separately to the serum tube
- Serum tubes without this 'Request Lab Test' form will not be processed