Radboudumc

# REQUEST FORM

## RESEARCH ANALYSIS $^{1}$H-NMR spectroscopy


**Radboud university medical center**
Laboratory for Diagnostics
Internal Post 815
Attn. Translational Metabolic Laboratory
PO Box 9101
6500 HB Nijmegen, The Netherlands
T (secretarial office TML): +31 24 361 45 67

Street address for courier shipment:
Geert Grooteplein Zuid 10
6525 GA Nijmegen, The Netherlands


| **Patient** | |
|---|---|
| Family name: | |
| First name: | |
| Middle name: | |
| Date of Birth: | |
| Patient deceased: | ☐ yes, date: |
| Gender: | ☐ M / ☐ F |
| | |
| Address: | |
| ZIP code and city: | |
| Country: | |

| **Referring physician** | |
|---|---|
| Name: | |
| Hospital: | |
| Speciality: | |
| Department: | |
| Address: | |
| ZIP code and city: | |
| Country: | |
| Phone: | |
| E-mail: | |
| CC result to: | |

| **Billing details**<br>*For costs see page 2* | |
|---|---|
| Name: | |
| Hospital: | |
| Department: | |
| Address: | |
| ZIP code and city: | |
| Country: | |
| Hospital VAT number: | |
| *Only required for EU residents (all amounts mentioned are excluding VAT, which sum shall be added to the invoice (if applicable) and shall be payable by client. For Services supplied to a VAT taxable recipient established within the EU (other than the Netherlands) or a recipient outside the EU, the reverse charge mechanism will likely be applicable according to article 196 VAT Directive 2006/112 European Commission. Services within the Netherlands is subject to 21% VAT. )* | |
| Payment reference: | |
| *(Such as order number, PO number, cost number, reference number, contact person, etc.)* | |

**Requested investigation**
*The turnaround time for the result will be 4-6 weeks*

☐ **Fish odour syndrome / Trimethylaminuria / Dimethylglycine dehydrogenase deficiency**
*Trimethylamine, Trimethylamine N-oxide and Dimethylglycine*

☐ **SELENBP1-mutation / Halitosis (bad breath)**
*Dimethyl sulfoxide and Dimethyl sulfone*

☐ Special request, please specify:

***To be filled out by lab employee:***
*Date received:* _____
*Reception time:* _____
*Signature employee:* _____




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| Specimen | Sample date | Time collected |
|---|---|---|
| ☐ Urine | | |
| ☐ Heparinized plasma | | |
| ☐ Serum | | |
| ☐ CSF | | |
| ☐ Other, please specify: | | |

| Nutritional status |
|---|
| ☐ Fasting for hours |
| ☐ After fish meal (Trimethylaminuria) (see instructions) |
| ☐ Special diet, please specify: |

| Medication |
|---|
| ☐ Antibiotics, please specify: |
| |
| ☐ Anticonvulsiva, please specify: |
| |
| ☐ Other, please specify: |
| |

| Specification of clinical data |
|---|
| |

| Instructions |
|---|
| • **Trimethylaminuria → DNA-test**<br>First-line diagnostics is mutation analysis of the *FMO3*-gene (requires uncentrifuged EDTA blood or isolated DNA; see https://order.radboudumc.nl/en/products/fmo3-trimethylaminuria).<br>In case of variants with unknown significance in the *FMO3*-gene, we recommend a second-line test using a fish meal loading test (a fish meal with preferably with 300 grams of fresh fish); see below. |
| • **Trimethylaminuria → fish load test**<br>In severe patients, TMA is already elevated without loading test. In patients with milder complaints, a loading test with a fish meal can help to confirm a diagnosis. For this we would like to analyse 2 urine samples from the patient:<br>1. Urine on normal diet<br>2. Urine collected during 2-4 hours after a fish meal (for example 300 grams codfish) |
| • **Volumina**<br>For $^{1}$H-NMR spectroscopy minimal volumes required are:<br>- Urine: 1 ml<br>- Heparinized plasma or serum: 1 ml<br>- CSF: 1 ml |
| • **Shipment of samples**<br>Urine, heparinized plasma/serum and/or CSF should be sent frozen on sufficient dry ice; if necessary, freeze samples at -20°C until shipment.<br>**Shipping address**: see top left on page 1. |

| **Costs research analysis $^{1}$H-NMR spectroscopy per sample**<br>*(analysis is not conducted under the ISO15189 accreditation of the laboratory)* | **EUR (ex VAT)** |
|---|---|
| ☐ Trimethylaminuria / Dimethylglycine dehydrogenase deficiency / SELENBP1-mutation | 440,- |
| ☐ Special request | inquire |

PRINT REQUEST FORM



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