



**Acylcarnitine Profile Analysis**  
 with Tandem Mass Spectrometry

- dried blood spot     plasma     urine

Name: ..... Data ...../...../.....



Keep for medical record.

**Acylcarnitine Profile Analysis**  
 with Tandem Mass Spectrometry

- dried blood spot     plasma     urine

Patient name..... Date of birth.....

Sex ..... Date of collection.....

Requesting Physician .....

**E-mail (mandatory)** .....

Hospital name .....

Hospital address .....

**CLINICAL PROBLEMS** .....

.....

.....

- |   |  |
|---|--|
| <input type="checkbox"/> Lethargy       | <input type="checkbox"/> Rhabdomyolysis      |
| <input type="checkbox"/> Vomiting       | <input type="checkbox"/> Cardiomyopathy      |
| <input type="checkbox"/> Hypoglycemia   | <input type="checkbox"/> Arrhythmias         |
| <input type="checkbox"/> Liver disease  | <input type="checkbox"/> Seizures            |
| <input type="checkbox"/> Encephalopathy | <input type="checkbox"/> Coma/sudden death   |
| <input type="checkbox"/> Reye syndrome  | <input type="checkbox"/> Developmental delay |
| <input type="checkbox"/> Myopathy       |  |

**Treatment:**

1. ....
2. ....
3. ....

If analysis is done for free, the result will be sent only by e-mail!

