REQUEST FORM

MEASURMENT OF THYROID ANTIBODIES

Request for measurement of the following Thyroid antibodies (Ab):

☐ Anti-peroxidase Ab (TPO) ☐ Anti-thyreoglobulin Ab (TG) ☐ Thyrotropin receptor Ab (TRAb)

Sample requirement: 2 ml serum per sample **(blood drawing should be done in fasting condition (no meals and no medication intake).**

Sample preparation: Centrifugation of the blood sample 1-2 hours after blood withdrawal and subsequent serum transfer into a new plastic tube. The serum samples should be shipped on dry ice. Thawing samples before delivery to the laboratory is not recommended. For logistical reasons, all samples are destroyed after the measurement. Therefore, a return of the material is not feasible.

Sample shipment address:
University Medical Center
Johannes Gutenberg-University Mainz
Department of Internal Medicine I and Outpatient Clinic
Unit of Endocrinology and Metabolic Diseases
Molecular Thyroidlaboratory
Building 302T, level one
Langenbeckstr. 1
55131 Mainz
Phone (Fax): +49- 6131 – 17- 2290 (3460)

Costs: Invoicing is carried out in accordance with the current rates of the DKG-NT (German Hospital Federation) tariff, Column 7.

Patient details:	**If available following clinical details:**
Surname / name:	Diagnosis:
Date of birth:	TSH:
Sex: □ female □ male	Free T3:
Date of blood withdrawal:	Free T4:
Patient address:	Current treatment:
Pregnancy: □ yes □ no	Other details:
Measurement requested by:	
Hospital / Institution:	
Name of consultant:	
Address to which results should be sent:	
Address to which invoice should be sent:	