THE STATE OF ISRAEL
MINISTRY OF HEALTH
THE CHAIM SHEBA MEDICAL CENTER
Affiliated to the Tel-Aviv University
Sackler School of Medicine
TEL-HASHOMER 5265601,ISRAEL



מדינת ישראל משרד הבריאות המרכז הרפואי המשולב ע״ש חיים שיבא מסונף לבית הספר לרפואה ע״ש סאקלר באוניברסיטת תל-אביב תל השומר 5265501, ישראל

מעבדה מטבולית טלפון: 03-5307068 פקס: 03-5307068

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Urine Steroid Metabolome Sample Form

DITUCTOTANI

(Please, fill in this form, adding complete anamnesis and send together with the sample, or by FAX: 03-5302552) (IT IS IMPORTANT TO FILL IN <u>ALL</u> THE FIELDS.)

Without this it is difficult to provide any focused comment in the report.

Instructions for sending samples: Send two plastic tubes with at least 5ml early morning urine each. When it is not possible to get all the 10 ml at once, you can pool together several samples until the volume is at least 10 ml. Close tube with a securely fastened cap. No preservatives, nor refrigeration, is needed if the sample is received within 2-3 days. Can be sent by express mail.

Test Code (Hitchaibuiot): 83593 x 2

PATIENT

	FILISICIAN	
Family Name	Name	•••••
First Name	Telephone	•••••
I.D. #	Fax	•••••
Birth Date	e-mail	•••••
Sex: M □ F □	HOSPITAL, CLINIC	•••••
HeightWeight		
Sampling Date		
Main Symptoms and Presumed Diagnosis:		
Treatment (especially steroids with timings):		
Was it discontinued previous to urine collection? When?		
- בתוקף מיום 3.10.2021	עמוד 1 מתוך 1 F-ME	ET-00140104-01