



Biomnis

Clinical Information Form
Amino acids (plasma and urine)
Organic acids (urine)

INTERNATIONAL DIVISION

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Reserved for Biomnis

Customer Identification
*Compulsory Stick
your laboratory identification sticker here*

URGENT

PATIENT DETAILS

Mrs Mr Child Gender: M F Address:
First name(s):
Surname: Post code: [][][][][][] City:
Date of birth: [][][][][][][] Country:
Weight: Kg Height:, m. **Sample Date:** [][][][][][][]

CLINICIAN

First name(s):
Surname:
Address:
Post code: [][][][][][] City: Country:

TEST REQUESTED

Test(s): **Sample type:**
Test(s): **Sample type:**
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CLINICAL INFORMATION (OBLIGATORY) - 1

Paraclinical symptoms
EEG Scan, IRM scan, Skeletal X ray, evoked potentials, Histopathology tests
.....
.....
.....

Treatment: *(Please indicate full treatment history and doses and frequency of administration)*
.....
.....
.....

Diet: *(Please indicate protein and calories)*
.....
.....
.....

If other: please indicate
.....
.....
.....

CLINICAL INFORMATION (OBLIGATORY) - 2

Yes Unknown No

Family history

- Consanguinity
 Death of siblings?

Appearance of symptoms

- From birth
 From newly born
 Later on in life *(please specify):*

Morphology symptoms

- Hypotrophy
 Facial dysmorphism
 Marfanoid characteristics
 Others *(please specify):*

Neuromuscular and developmental symptoms

- Mental retardation
 Motor retardation
 Psychomotor regression
 Behavioral problems
 Speech difficulties
 Dizziness
 Coma
 Convulsions
 Ataxia
 Flexion spasms
 Hypotonia
 Hypertonia
 Neuropathy
 Macro/microcephaly
 Dyskinesia
 Myopathy
 Growth retardation
 Other *(please specify):*

Digestive symptoms

- Vomiting
 Difficulties eating
 Hepatomegaly
 Splenomegaly
 Other *(please specify):*

Cardiovascular symptoms

- Mycardiopathy
 Arterial or venal thrombosis
 Vascular problems
 Other *(please specify):*

Ocular symptoms

- Ocular problems
 Cataract
 Optic atrophy
 Retinal pigment
 Other *(please specify):*

ENT symptoms

- Deaf
 Breathing difficulties
 Pneumopathy
 Other *(please specify):*

Yes Unknown No

Osteoarticular symptoms

- Arthropathy
 Osteoporosis
 Other *(please specify):*

Renal symptoms

- Nephropathy
 Tubulopathy
 Renal failure
 Renal cysts
 Lithiasis
 Other *(please specify):*

Dermatology symptoms

- Hair abnormalities
 Eczema
 Pigmentation abnormalities
 Photosensitivity
 Other *(please specify):*

Biological abnormalities

- Metabolic acidosis
 Ketosis
 Hyperammonemia
 Hyperlactacidemia
 Hypoglycemia
 Hyperglycemia
 Hypo or hyperuricemia
 Anemia
 Leucopenia
 Thrombopenia
 Hepato-cellular insufficiency (cytolysis)
 Hyperproteinorrhachia
 Other *(please specify):*

Haemostasis:

Transaminase:

Lactates, pyruvates levels:

REMINDER | SAMPLES

Plasma

- Volume: 1 mL
 Nature: Heparin plasma (fasting if possible)
 Temperature : Frozen sample in one hour sampling

Urine

- Volume: 10 mL
 Nature: Sample 1st morning urine (fasting if possible)
 Temperature: Frozen sample in one hour sampling