

Marie Appleton
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Newcastle upon Tyne
NE1 4LP

Laboratory specimen for Acylcarnitine analysis

Patient: _____

Birth date: _____

Diagnosis: _____

Additional clinical data when needed (email): _____

Helsinki _____
date

Signature M.D.

Test result address:

HUS Diagnostic Center
Dr. Maija Lappalainen
P.O.Box 224
FI-00029 HUS, FINLAND
email: huslab@hus.fi

Billing address:

HUS Group
Diagnostic Center
P.O.Box 94110
FI - 01051 LASKUT, FINLAND

Our reference: SAMPLE NUMBER

