



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 1<sup>st</sup> morning urine (fasting if possible)  
 Temperature: Frozen sample in one hour sampling