



Biomnis

Clinical Information Form Molecular forms of prolactin

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PRESCRIBING CLINICIAN

Clinician's e-mail address:

Name of clinician:

Department/ward:

Address:

.....

Post code: [][][][][][] City:

Country:

PATIENT DETAILS

First name(s):

Surname:

Date of birth: [][][][][][][][][][]

Gender : F M

Sample collection date: [][][][][][][][][][]

REASON BEHIND THE REQUEST

ELEMENTS LEADING TO THE SUSPECTED PRESENCE OF ABNORMAL MOLECULAR FORMS OF PROLACTIN:

Circumstances that led to the discovery of hyperprolactinemia:

- Value released from an alternative laboratory: UI/l µg/l
- Name of analyser:
- Name of kit manufacturer:

Presence of galactorrhea:

YES

spontaneous

NO

induced

Menstrual cycles:

ovulatory

amenorrhea since

spaniomenorrhea

signs of oestrogen deficit

taking estroprogesteron contraception

Background:

number of children

miscarriage

primary sterility

pregnancy

secondary sterility

Administration of prolactin-lowering drugs:

PRL results?

previous

current

Is treatment with prolactin-lowering drugs in progress (neuroleptic agents):

YES

NO

Pituitary imagery result:

MRI

Development?

Were previous investigations undertaken for molecular forms of prolactin?

YES

NO

performed on: [][][][][][][][][][]

Previous history of hypoprolactinemia:

These tests are subject to referral.