



Biomnis

Clinical Information Form
Hereditary spherocytosis
Eosin 5'-maleimide test - EMA

Document to be attached to samples

INTERNATIONAL DIVISION

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CLINICIAN

Clinician's Email:
Clinician's name:
Service:
Address:
.....
Post code: [][][][][] City:
Country:

PATIENT DETAILS

First name(s):
Surname:
Date of Birth: [][][][][][][][][][]
Gender: ☐ F ☐ M

Sample Date: [][][][][][][][][][]

CLINICAL AND BIOLOGICAL DETAILS

RBC Coombs: ☐ Positive ☐ Négative

Haemolysis: ☐ YES ☐ NO

Splenomegaly: ☐ YES ☐ NO

Jaundice: ☐ YES ☐ NO

Transfusion : ☐ YES ☐ NO

If yes, date: [][][][][][][][][][]

Family history:
.....

ADDITIONAL INFORMATION

- **No transfusion** in the 3 months preceding the sample
- Samples must be taken between Monday and Thursday (preanalytical stability: **96 h maximum**)
- **Type of sample:** EDTA whole blood
2 x 5 ml for adults – **2 ml** minimum for newborns
- **Temperature:** Refrigerated