



Biomnis

Clinical Informations Form  
**Porphyrins**

**INTERNATIONAL DIVISION**

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**PATIENT DETAILS**

First name(s): .....

Surname: .....

Date of birth:

Gender:  F  M

**CLINICIAN**

Name of clinician: .....

Department/ward: .....

Address: .....

Post code:     City: .....

Country: .....

E-Mail: .....

Telephone: .....

Date and time of sample collection:       at  hrs  min *(please indicate time)*

**CLINICAL DETAILS (necessary for result interpretation)**

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**STOOLS**

**Porphyrin analysis**

Secondary typing for all types of porphyria

- Stool sample following a 3-day rare meat free diet.
- **Storage and transport:** protect from light and keep refrigerated.

**BLOOD**

**Erythrocyte porphyrins (protoporphyrins etc.)**

Erythropoietic protoporphyria (diagnosis and follow-up)/Saturnism (lead poisoning)

- 2 x 5 mL of EDTA whole blood
- **Storage and transport:** protect from light and keep refrigerated.

These tests are transferred to the French National Reference Centre for Porphyria (Centre National de Référence des Porphyrines)-  
University Hospital of Louis Mourier of the Public Assistance Hospitals in Paris (CHU Louis Mourier de l'AP-HP)