

## REQUISITION OF AMYLOID DIAGNOSTICS

AT THE DEPARTMENT OF CLINICAL PATHOLOGY

**- must be enclosed when sending material**

Patient's name:	
Date of birth	
Home department	
Requesting physician:	
Phone and email	

### Invoicing information:

Department:	
Hospital:	
Contact person:	
Invoicing address:	
Invoicing e-mail address:	

**Please ensure that the invoicing information is filled in correctly.**

### Amyloid determination for:

Requisition No:	
From the pathology department at hospital:	

Requested test	(please select)
Cardiac biopsy only proteomics @ DKK 4,188,-	
Other organs Immune EM + proteomics @ DKK 8,445,-	

### **PLEASE SEND VIALS AND BLOCKS TO:**

Department of Clinical Pathology,

Secretariat 1, attention: Chief Physician, Hanne Møller

Odense University Hospital, J.B. Winsløvs Vej 15, 2nd floor, Entrance 240

DK 5000 Odense C

Tel.: +45 6541 4806

**Please scan and forward the requisition to:** E-mail: [ode.kp@rsyd.dk](mailto:ode.kp@rsyd.dk)