

מעבדה מטבולית  
טלפון: 03-5307068 פקס: 03-5302552

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## Urine Steroid Metabolome Sample Form

(Please, fill in this form, adding complete anamnesis and send together with the sample, or by FAX: 03-5302552)  
(IT IS IMPORTANT TO FILL IN ALL THE FIELDS.)

Without this it is difficult to provide any focused comment in the report.

**Instructions for sending samples:** Send two plastic tubes with at least 5ml early morning urine each. When it is not possible to get all the 10 ml at once, you can pool together several samples until the volume is at least 10 ml. Close tube with a securely fastened cap. No preservatives, nor refrigeration, is needed if the sample is received within 2-3 days. Can be sent by express mail.

**Test Code (Hitchaibuiot):** 83593 x 2

### PATIENT

Family Name.....

First Name.....

I.D. #.....

Birth Date.....

Sex: M  F

Height.....Weight.....

Sampling Date.....

### PHYSICIAN

Name.....

Telephone.....

Fax.....

e-mail.....

HOSPITAL, CLINIC.....

**Main Symptoms and Presumed Diagnosis:**

**Treatment (especially steroids with timings):**

**Was it discontinued previous to urine collection? When?**