

SAMPLE SUBMISSION FORM

Human Diagnostic Analyses

STATENS
SERUM
INSTITUT



Address for results

Customer number (if known):
Organisation:
Department:
Contact name (att):
Tel:
E-mail:
Address:
Country:

NB! We only supply diagnostic results to healthcare professionals. Please state and confirm your profession.

.....
Profession
.....
Signature

Billing address (if different from results)

Customer number (if known):
Organisation:
Department:
Finance officer (att):
Tel:
E-mail:
Address:
Country:
VAT no. (EU- countries):

NB! For human diagnostics, we do not bill any third party (e.g. patients). We only bill healthcare professionals or their organizations.

Patient information

Name:
Date and year of birth:
Sex:
ID (e.g. social security number):

Requested testcode/name:

Sample material:

- ☐ Blood without additives
- ☐ Blood with anticoagulant, state which:
- ☐ Serum
- ☐ Plasma
- ☐ Biopsy from:
- ☐ Faeces
- ☐ Urine
- ☐ Swab from:
- ☐ Other:

Sample ID and date:

Relevant clinical information:
.....

Please check the box, if further processing of the sample or personal data for other purposes than the ordered sample analysis (e.g. scientific research purposes or statistical purposes) has been limited in connection with the collection of the sample ☐.

Please send this form together with the specimen to:
Statens Serum Institut
PDC, Laboratorievej 55, bygning 85
5 Artillerivej
DK-2300 Copenhagen S
DENMARK

Full payment is required by wire transfer: Remember to include the sample ID.

When ordering an analysis at SSI, you confirm that you agree to the terms set forth in our "General conditions of sales, delivery and service" as found on our webpage.