

# SAMPLE SUBMISSION FORM

## Human Diagnostic Analyses



### 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 send this form together with the specimen to:**

Statens Serum Institut  
PDC, B85  
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.*