

# Request Form A

Date (month / day / year)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Patient information

Last name

First and middle names

\_\_\_\_\_

\_\_\_\_\_ M. \_\_\_\_\_

Date of birth

Date of urine sampling

sex :  Male  Female

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Any medication (including infusion) used for 1-2 days before urine sampling

\_\_\_\_\_

glycerol,  mannitol,  glucose infusion,  MCT milk,  special diet : \_\_\_\_\_

## Symptoms and laboratory findings

- Vomiting       Mental retardation       Epilepsy       Convulsions       Hypotonia  
 Ketosis       Abnormal uric acid level (  yes  no. If yes,  high  low )  
 Lactic acidemia  Acidosis ( BpH      BE      )  Hypoglycemia (      mg/dl )  
 Hyperammonemia (      µg/dl )       Kidney stone (  yes  no )

## Major complaint

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Applicant ( responsible person ) information

Title ( Dr / Prof / Mr / Ms ) :

have paid

Last name

First and middle names

\_\_\_\_\_

\_\_\_\_\_ M. \_\_\_\_\_

*Signature*

e-mail address

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

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