

APPLICATION FORM

APPLICANT CONTACT DATA

Prescripitor's name: _____ Medical licence number: _____
 Hospital: _____ Unit: _____
 Address: _____ P.C.: _____ City: _____
 Phone: _____ Fax: _____ E-mail: _____

Patient identification data

Reference number: _____ Sex: _____ Age: _____
 Sample taking date: _____
 The patient has been informed and asked for consent.

Patient outstanding data¹

Parámetro	Value	Parámetro	Value	Parámetro	Value
Weight (kg)		Total Cholesterol (mg/dl)		ALT (U/L)	
Height (m)		HDL Cholesterol (mg/dl)		AST (U/L)	
BMI (kg/m ²)		Triglycerides (mg/dl)		GGT (U/L)	
Abdominal Perimeter (cm)		Insulin (U/L)		Bilirubin (mg/dl)	
Glucose (mg/dl)		R-HOMA		Ferritin (ng/ml)	

Previous surgeries: _____
 Previous pathologies : Diabetes Hypercholesterolemia Hypertension
 Hepatitis: A B C D E Other Details: _____
 Sintomatology: _____

Sample taking

Guidelines for OWL liver test blood sample collection:



Blood must be collected in starving in vacutainer SST II Advance tubes, without anti-clot and with a separator gel. Tubes must be plastic with cristal transparency and the inside recovered with silicon and clot activator or similar.



Needles vacutainer systems Blood Collection Set or similar.



Centrifuge following the extraction tube manufacturer's instructions. Once the phases are separated, collect the serum and immediately keep it at -80°C in Eppendorf tubes.



The sample transportation must be in dry ice to keep them freeze. Owl Genomics will pay for this service.



Sample processing and analysis will depend of the type of sample and the procedure needed in each case.

Please mark how you wish to recive the owl liver results report:
 E-mail Fax Mail

Important note: Please attach this form to the blood sample you send to analyze.

¹ The efficiency of the diagnosis may depend of the requested data supplied.