



**Swiss Vitamin Institute**  
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### 1. Patient

Last name :  
Name :  
Gender :  
Date of birth:  
Reference number :

### 2. Applicant – Nco g. 'adress and division qhthe laboratory

### Attending physician

### 3. Sample

Date and time of blood collection :  
Date of shipment :

### 4. 7 `]b]WU` ]bX]WU]c]bg

Diagnosis :

### 5. Jitamin analyses :

- |                                     |                            |   |   |                                      |
|-------------------------------------|----------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> A          | <input type="checkbox"/> E | <input type="checkbox"/> B <sub>1</sub> | <input type="checkbox"/> B <sub>12</sub>              | <input type="checkbox"/> Biotin (H)  |
|                                     | <input type="checkbox"/> D | <input type="checkbox"/> B <sub>2</sub> | <input type="checkbox"/> Pantothenic acid             | <input type="checkbox"/> C           |
| <input type="checkbox"/> β-carotene | <input type="checkbox"/> K | <input type="checkbox"/> B <sub>6</sub> | <input type="checkbox"/> Folic acid (B <sub>9</sub> ) | <input type="checkbox"/> PP (Niacin) |

### 6. Practical information :

- QUANTITY  
**0.5 ml of serum or plasma for one vitamin**  
**1.0 ml of serum or plasma for 2-5 vitamins**  
*NB – Any coagulant can be used*
- PACKAGING
  - In unbreakable watertight tubes
  - Wrap the tubes up with aluminium foil for the light sensitive vitamins analyses (vitamin A, β-carotene, E, D, K et B<sub>2</sub>)
  - With patient's name, date of blood collection and reference
  - Enclose this form duly and legibly filled in
- SHIPMENT
  - Bring immediately the blood sample to the Institute or
  - Freeze it at -20° C and ship it in a cooling box, **especially for vitamin C analysis**

*NB – Please do not ship samples on friday*  
*Thank you for your collaboration*