

B12 Metabolite Panel Requisition Form
Anemia Metabolite Laboratory

Referral Laboratory:

Address:

Phone Number:

Fax Number:

Reporting Fax Number:

Contact Person:

Fax Contact Person:

Patient Name:

Patient Date of Birth:

Sample ID Number:

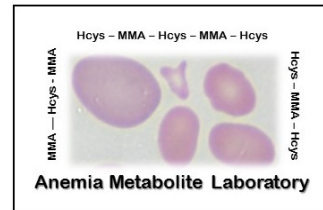
Sample Date:

Sample Type:

Test Ordered: **B12 Metabolite Panel (which includes methylmalonic acid, homocysteine, 2-methylcitric acid and cystathionine)**

Please Send Samples and Completed Requisition Form to:

Sally P. Stabler, MD
Anemia Metabolite Laboratory
12700 E. 19th Ave., MS B170
RC2, Room 9490E
Aurora, CO 80045



Phone: (303)-724-4086 or (303)-724-4092
Fax: (303)-724-4087