

# Submission sheet



lifespın GmbH . Am BioPark 13 . 93053 Regensburg, Germany

Address of the physician



Number of Samples	Attending physician	Date	Instructed investigation	Material
			Amino Acid Profile	



The report is sent to the attending physician.



Shipping after consultation with lifespın (optional dry ice)



Customer material (incl. measured samples) is destroyed max. 24h after sample processing has been completed.



Unlabeled patient samples will not be processed.

The pseudonymized data should not be entered into the lifespın database and used for research and development activities

**Please put the Submission sheet in the package.**

Shipment to: lifespın GmbH  
Am Biopark 13  
93053 Regensburg



customerservice@lifespın.health



+49 941 942 898 22

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Date, Signature, Stamp (attending physician)

# Submission sheet



No	Date of Sample Collection	Time of Sample Collection	Sample-ID	Biological Gender (please mark)	Date of Birth	Further Information (e.g: Abnormalities in specimen collection, ingestion of dietary supplements, fasting status, etc.)
1				<input type="checkbox"/> Male <input type="checkbox"/> Female		
2				<input type="checkbox"/> Male <input type="checkbox"/> Female		
3				<input type="checkbox"/> Male <input type="checkbox"/> Female		
4				<input type="checkbox"/> Male <input type="checkbox"/> Female		
5				<input type="checkbox"/> Male <input type="checkbox"/> Female		
6				<input type="checkbox"/> Male <input type="checkbox"/> Female		
7				<input type="checkbox"/> Male <input type="checkbox"/> Female		
8				<input type="checkbox"/> Male <input type="checkbox"/> Female		
9				<input type="checkbox"/> Male <input type="checkbox"/> Female		
10				<input type="checkbox"/> Male <input type="checkbox"/> Female		
11				<input type="checkbox"/> Male <input type="checkbox"/> Female		
12				<input type="checkbox"/> Male <input type="checkbox"/> Female		
13				<input type="checkbox"/> Male <input type="checkbox"/> Female		
14				<input type="checkbox"/> Male <input type="checkbox"/> Female		
15				<input type="checkbox"/> Male <input type="checkbox"/> Female		
16				<input type="checkbox"/> Male <input type="checkbox"/> Female		
17				<input type="checkbox"/> Male <input type="checkbox"/> Female		
18				<input type="checkbox"/> Male <input type="checkbox"/> Female		
19				<input type="checkbox"/> Male <input type="checkbox"/> Female		
20				<input type="checkbox"/> Male <input type="checkbox"/> Female		

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Date, Signature, Stamp (attending physician)

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