

URINARY TESTS		Code	\$*	€	Tick analysis
<b>Porphyryns</b> (Environmental toxicity biological marker) <b>Red insert</b>		PORE	108	90	<input type="checkbox"/>
<b>Pterins</b> (Neopterin+Biopterins - Immuno-Inflammation)		PTERE	72	60	<input type="checkbox"/>
<b>8OHdG et 8OHG</b> (Oxydative Stress ADN + ARN / nucleus + cytosol)		8DGE	144	120 180	<input type="checkbox"/>
<b>F2-α-Isoprostane</b> (Oxidative Stress membran)		ISOUE	144		<input type="checkbox"/>
<b>Allantoin</b> (Membran, cytosol, nucleus)		ALLUE	108	90	<input type="checkbox"/>
<b>Creatine biosynthetic pathway</b> (Urinary guanidoacetic acid, creatin & ratio Crn/GA)		CRNUE	108	90	<input type="checkbox"/>
<b>3-Methylhistidine (3MH)</b> (Muscular proteolysis index - catabolism)		3MHUE	72	60	<input type="checkbox"/>
<b>Group : Urinary Organic Acids</b> (Energy metabolites, Vitamins B metabolites, Neurotransmitters, Dysbiosis, Thiols, Indican)		<b>ORGAE</b>	<b>306</b>	<b>255</b>	<input type="checkbox"/>
<b>Neurotransmitters</b> (HVA, DOPAC, VMA, MHPG, 5HIA)		CATEE	150	125	<input type="checkbox"/>
<b>Dysbiosis</b> (Microbial métabolites+Indican)		DYSBE	186	155	<input type="checkbox"/>
<b>Energy métabolites</b> (Krebs' Cycle)		CKE	150	125	<input type="checkbox"/>
<b>Métabolites des vitamines B</b>		MVBE	150	125	<input type="checkbox"/>
<b>Thiols</b> (Cys, Hcys, Cys-Gly, GSH)		THUE	72	60	<input type="checkbox"/>
<b>Indican</b>		INDIE	36	30	<input type="checkbox"/>
<b>Urinary modified nucleosides</b> (proliferative markers issued from cell RNAs)		NUCME	108	90	<input type="checkbox"/>
<b>Peptides</b> (Gluten and casein intolerance)		PEPTE	108	90	<input type="checkbox"/>
<b>Cryptopyrrole</b>		CRYPE	54	45	<input type="checkbox"/>
<b>Short Chain Fatty Acids</b> (Microbiota evaluation)		SCFAE	72	60	<input type="checkbox"/>
<b>Net Urinary Acid Excretion</b> (NEAP-net endogenous acid production)		ANUE	72	60	<input type="checkbox"/>
<b>Free urinary T3</b>		T3LUE	40.80	34	<input type="checkbox"/>
<b>Free urinary T4</b>		T4LUE	40.80	34	<input type="checkbox"/>
<b>Urinary estrogene profile</b> - Only for Women -		ESTRUE	282	235	<input type="checkbox"/>
BLOOD TESTS					
<b>Red Blood Cell Fatty acids</b>	1 EDTA tube	AGMBE	216	180	<input type="checkbox"/>
<b>Anti-oxidative vitamins</b>		AECQE	216	180	<input type="checkbox"/>
<b>Food specific IgG tested on 44 types of food</b>	1 dry tube with separating gel	NUT44E	150	125	<input type="checkbox"/>
<b>Food specific IgG tested on 90 types of food</b>		NUT90E	270	225	<input type="checkbox"/>
<b>Food specific IgG tested on 270 types of food</b>		NU270E	750	625	<input type="checkbox"/>
<b>Plasma steroid profile</b>		STPLE	270	225	<input type="checkbox"/>
<b>Plasma neopterin</b>		NEOPE	72	60	<input type="checkbox"/>
<b>Lipopolysaccharides - LPs</b> (Microbiota mutualism)		LPSE	72	60	<input type="checkbox"/>
<b>Adipocyte Function Profile</b> (Leptin, RBP4, NGAL, ICAM-1, LPs, ZAG, Adiponectin, BDNF)	OBE	432	360	<input type="checkbox"/>	
<b>TOTAL</b>				€	

**Results delay** : 10 to 15 days by email. We discourage self-prescription, a physician with the appropriate knowledge is the best interlocutor to advise you on your health status.

\*Indicative prices

**COMPULSORY INFORMATIONS FOR PORPHYRINS** (Please fill in **CAPITAL LETTERS** all requested informations)

Specific information insert for Porphyryns. Porphyryns Profile is an exploration tool for detecting exposition to different toxics, mercury and inflammatory diseases, our laboratory requires special types of informations, below.

- Long term medicines, if yes, name it/them: \_\_\_\_\_
- Possible exposition to potential toxics: \_\_\_\_\_
- Dental amalgam, if yes, number: \_\_\_\_\_
- Chronic immune and inflammatory disease, if yes, name it/them: \_\_\_\_\_

**PATIENT'S INFORMATIONS** (Please write in **CAPITAL LETTERS** and complete all the informations) :

Family's name : \_\_\_\_\_

First name : \_\_\_\_\_

Date of birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (DD/MM/YYYY) Sex : \_\_\_\_ Height : \_\_\_\_\_ cm Weight : \_\_\_\_\_ kg

Email : 

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Address : \_\_\_\_\_ Phone number. : \_\_\_\_\_

Postcode : \_\_\_\_\_ City : \_\_\_\_\_ Country : \_\_\_\_\_

- CLINICAL SETTING**
- Metabolic diseases (syndromes, diabetes, obesity...)
  - Cardiovascular diseases
  - Inflammatory diseases
  - Tumoral diseases
- If there is, name it : \_\_\_\_\_

- FAMILY BACKGROUND**
- Metabolic diseases (syndromes, diabetes, obesity...)
  - Cardiovascular diseases
  - Inflammatory diseases
  - Tumoral diseases
- If there is, name it : \_\_\_\_\_

**PRACTICIAN'S INFORMATION :**

Name : \_\_\_\_\_ Email address : \_\_\_\_\_

Address : \_\_\_\_\_ Phone number : \_\_\_\_\_


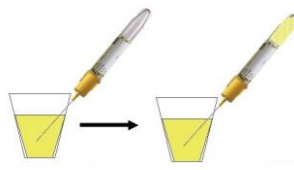

City : \_\_\_\_\_ Country : \_\_\_\_\_ Zip Code : \_\_\_\_\_

- PAYMENT :**
- Credit card** (Pay attention : **our bank refuses the discover credit card**)
- Credit card numbers : \_\_\_\_\_ Exp. date : \_\_\_\_ / \_\_\_\_ Security code \_\_\_\_\_
- cheque** : If you wish to pay by cheque, **please add US\$ 15** on each cheque (for the bank exchanging rate in France)  
Please pay to Laboratoire de biologie médicale  
**Cheque are allowed only in US\$.**
  - bank transfer** (please, send us a copy of payment, with your urine specimen)

Banque : CAIXA GERAL DE DEPOSITOS  
IBAN : FR76 1261 9000 4842 2225 0101 642 BIC : CGDIFRPP  
M. Nataf Robert – LABORATOIRE PHILIPPE AUGUSTE  
119-121 Avenue Philippe Auguste 75011 Paris France

**HOW TO COLLECT URINE SAMPLE :**

**Filling up the urine sample (first morning urine) :**

<b>1</b>	<b>IMPORTANT</b> : Write your family name, first name and the date of birth on the tube sticker.	
<b>2</b>	Collect the first morning urines in a clean container (ex : a plastic cup, a tumbler).	
<b>3</b>	Insert the needle of the urine transfer device into the urine.	
<b>4</b>	Put the tube into the urine transfer device. <i>– the suction produced by the vacuum automatically drives the flow of urine into the tube –</i>	
<b>5</b>	Once full, remove the urine tube of the transfer device.	
<b>6</b>	Put the urine tube in the small black bag included in the kit.	
<b>7</b>	Send the urine tube, with this filled form and the payment, as soon as possible to the laboratory.	

**All the tubes without written name and date of birth will be rejected !**  
**Requirement : family name, first name, sex and date of birth**

**INFORMATION ON THE SAMPLE(S) :**

Date & Time collection :  
(date : DD/MM/YYYY)  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
at \_\_\_\_ h \_\_\_\_

Number of Samples :  
\_\_\_\_\_ urine tube(s)  
\_\_\_\_\_ blood tube(s)

Sending at the laboratory on  
(date : DD/MM/YYYY)  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_



## SALIVARY SAMPLES

ANALYSIS		\$	€	
Morning Cortisol (1 collection 30mn to 1 hour after wake up)	CORSAE	72	60	<input type="checkbox"/>
Cortisol Cycle (4 collections : 7:00am-12:00am-5:00pm-10:00pm)	CORCYE	192	160	<input type="checkbox"/>
Salivary Neopterin	NEOSAE	72	60	<input type="checkbox"/>
Salivary Steroids profile	STSAE	222	185	<input type="checkbox"/>
Cortisol + Salivary Neopterin	NCSAE	144	120	<input type="checkbox"/>
Cortisol Cycle + Salivary Neopterin	NCCYE	264	220	<input type="checkbox"/>

Determination Technique LC-MS/MS

### Patient Informations (Please, fill in CAPITAL LETTERS all informations):

Name : \_\_\_\_\_

First name : \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex \_\_\_\_ Height (cm) \_\_\_\_\_ Weight (kg) \_\_\_\_\_

Date and hour of collection : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ Country : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Phone : \_\_\_\_\_

Email :  @

**Payment :**  CB  cheque\*  physician  wire transfer ( join copy)

\* Cheque are in \$ and named to Laboratoire de biologie médicale please add +15\$

Card number : \_\_\_\_\_ Exp. date : \_\_\_\_ / \_\_\_\_ SC : \_\_\_\_\_

### Pratician :

Name : \_\_\_\_\_ Email : \_\_\_\_\_ @ \_\_\_\_\_

Address : \_\_\_\_\_

Phone : \_\_\_\_\_

# Saliva collection instructions

- ✓ Saliva collection must happen **30 à 40 minutes after wake up** for Morning Cortisol, **at the 4 indicated hours for Nycthemeral Cycle of Cortisol**.
- ✓ Collection must be done before drinking, eating or teeth brushing.
- ✓ Rinse your mouth with clear water, swallow one of two times and drain the rest of water in your mouth. Then put saliva in the tube without using the cotton. We need **at least 2 ml of saliva**.
- ✓ If there is at least a little blood stain on the sample, don't use it and take a new one with another Salivette.
- ✓ Fill the form with **date and hour of collection(s)**, and all the requested informations.
- ✓ Put the sample + form + payment in the envelope and send it back to us.

## Laboratoire Philippe Auguste

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[www.labbio.net](http://www.labbio.net)

