



Canterbury Health Laboratories

Neurotransmitter Disorders Request Form

Sample ID			Sample date, time		Requested by
Age or D.O.B.	Sex	Hospital No		Phone/Beep	
Care of		Location		Reference	Collected by

Tests Requested:

HVA, 5-HIAA Pterins L-DOPA 5-HTP

Other :-

Clinical Details:**Anticonvulsants/Anaesthetic agents/other medication:**

L-DOPA therapy: None Ceased for ___ days prior to collection.

MRI: Normal

Brain size/shape abnormalities:

Ventricle/fluid abnormalities:

Demyelinating disease:

Leukodystrophy:

Neurodegenerative condition:

Brainstem changes:

Other conditions:

Results of Laboratory Studies already performed:

CSF Appearance: _____ Bloodstained: _____ Clear: _____ Turbid: _____ Coloured: _____

CSF Cell Counts: RBC: _____ Polymorphs: _____ Mononuclear: _____

CSF Glucose: _____ Protein: _____ Lactate: _____ Pyruvate: _____

CSF Phenylalanine: _____ Tyrosine: _____ Tryptophan: _____

Phenylalanine Load Test Result. Normal / Abnormal / Not Performed