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Reykjavik, \_\_\_\_\_

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**REQUEST FOR ANALYSIS OF: GUT Hormone Profile:**

(Incl. ) VIP, Somatostatin, Pancreatic Glucagon, PP, Gastrin & Chromogranin B

Patient name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Icelandic ID/(CPR #): \_\_\_\_\_

Material: EDTA-Plasma (frozen) Date of sample: \_\_\_\_\_

Initiating Lab Number: \_\_\_\_\_ Signature of sender: \_\_\_\_\_