

## MS Analysen/ Analyses MS

Datum/Date

03.avr.00

## Labor/Laboratoire

Verantwortl. Person /Personne responsable

Adresse

Lab. Name/ Nom du labo

Adresse1

Adresse2

Adresse3

PLZ, Ort/Code postal,lieu

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MS-Labor

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Analyte	Probe / Nature d'échantillon	Methode (GC-MS, HPLC-MS, ...)	Resultat: Quantit. /Qualitat.	Analyse Frequenz Fréquence d'analyse	Vom KK bezahlt? Remboursé?
acylcarnitines	Guthrie card / blood, serum, plasma / urine	ESI-MS/MS	blood: quantit.; other qualitative	weekly	yes
organic acids	urine	GC-MS	quantit.	daily	yes
steroids	urine	GC-MS	qualitative	on demand	no
phytanic acid	plasma / serum	GC-MS	quantit.	on demand	yes
glutaric acid	urine	GC-MS	quantit.	on demand	yes
methylmalonic acid	urine	GC-MS	quantit.	on demand	yes
succinic acetone	urine	GC-MS	quantit.	on demand	yes
precursors of cholesterol (7-dehydrocholesterol, 8-dehydrocholesterol, lanosterol, dihydrolanosterol, desmosterol, lathosterol zmosterol, zymostenol)	plasma	GC-MS	cholesterol, 7-dehydroc others qualitative	on demand	currently free of char.

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