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BIOCHEMISTRY PROJECT ESTIMATE

Date:			
Investigator:			
e-mail:		Tel:	
Contact person:			
e-mail:		Tel:	
Project:			
Sample description:			

SERVICE	UNITS	EST. COST*	SERVICE	UNITS	EST. COST	SERVICE	UNITS	EST. COST*
PTH			RANKL					
PTHrP			OPG					
25-hydroxyvitamin D			TRAP					
1,25-dihydroxyvitamin D			MGP					
Osteocalcin			FGF-23					
C-telopeptides								
N-telopeptides								
Bone-spec. Alk. Phos.								
PINP								
TOTAL			TOTAL			TOTAL		

**ESTIMATED COST: SUBJECT TO NUMBER OF SAMPLES AND TYPE OF ASSAY.*

ADDITIONAL ASSAYS AVAILABLE UPON DEMAND – CONTACT US FOR INFORMATION.

Special Instructions:

Signature:

For office use only

Request ID: _____

Submitted for billing: _____

Date of invoice: _____

Invoice number: _____