

## Request form for genetic examination – Clinical EXOME – Blood Relatives of the Proband

Personal Data of the Examined Person (Label):		Referring Physician:	
Name and surname: Insurance number: Date of birth: Insurance company:                      Self-payer Gender:                      Male              Female Address:  Diagnosis (ICD):		          (name, specialty, NPI, workplace, stamp, signature)	
Primary Sample:			
<b>Peripheral blood</b> (5ml non-coagulated blood in K3EDTA)  Buccal swab (2x special swab sticks - supplied upon request by the laboratory)		Isolated DNA from:	
Date and Time of Collection:		Date and Time of Indication (if different from the collection date and time):	
Clinical Data (to be completed by the referring physician):			
Does this person have the same condition as the proband?		YES	NO
Proband (patient indicated for exome examination):			
Name and surname:		Date of birth:	
Relationship of the examined person to the proband:			
Informed Consent* – Examined Person:			
AGREES	with examining the sample	DISAGREES	with storing the sample
	with using the sample for research purposes		
	with storing the sample		
*) By submitting the request, the referring physician confirms that the patient or legal representative has signed the Informed Consent, which is either stored in the patient's documentation or attached to this request.			
<b>Examination conducted by:</b> GENNET, s.r.o., GENNET Laboratories, Pekařská 635/6, 158 00 Praha 5 - Jinonice, Tel: 226 231 691			
Laboratory records:			
Date and time of sample/request receipt:		Sample/request received by:	

