Request form for molecular genetic examination

Personal Data of the Examined Person (Label):

Name and surname:
Insurance number:
Date of birth:
Insurance company: ☐ Self-payer
Gender: ☐ Male ☐ Female
Address:
Diagnosis (ICD):

Referring Physician:

(name, specialty, NPI, workplace, stamp, signature)

Primary Sample:

- ☐ Peripheral blood *(5ml non-coagulated blood in K3EDTA)*
- ☐ Buccal swab
- ☐ Native amniotic fluid *(3*10 ml amniotic fluid; in case of contamination with maternal blood, collect maternal blood in K3EDTA for comparative analysis)*
- ☐ Native chorionic villi *(always collect maternal blood in K3EDTA for comparative analysis)*
- ☐ Product of conception *(fetal tissue in physiological saline - DO NOT USE FORMALDEHYDE, always collect maternal blood in K3EDTA to rule out contamination)*
- ☐ Paraffin block
- ☐ Other sample (please specify):

Other Material:

- ☐ Isolated DNA from:
- ☐ Cultured cells

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, for the array examination please use the designated form) ☐ **STATIM**

Requested Examinations:

Thrombophilic Mutations:
- ☐ Leiden (G1691A) *F5*
- ☐ G20210A *F2* (prothrombin)
- ☐ C677T *MTHFR*
- ☐ A1298C *MTHFR*

- ☐ Cystic Fibrosis - 50 mutations + Tn variants IVS8
- ☐ Microdeletions of chromosome Y - AZFa, AZFb, AZFc incl. SRY
- ☐ Spinal Muscular Atrophy - determining the number of copies of exon 7 and 8 of *SMN1*
- ☐ FRAXA Syndrome - detection of CGG repeat expansion in *FMR1*
- ☐ Smith-Lemli-Opitz Syndrome - detection of the 3 most common mutations in the *DHCR7* gene (p.Trp151Ter, p.Val326Leu a c.964-1G>C)
- ☐ Hemochromatosis - mutations H63D, S65C, H282Y in the *HFE* gene
- ☐ Alpha-1 Antitrypsin deficiency - alleles PI*Z (p.Glu366Lys) and PI*S (p.Glu288Val) of the SERPINA1 gene
- ☐ DNA banking - isolation and storage of DNA
- ☐ Aneuploidy of chromosomes 13, 18, 21, and aberrations of sex chromosomes by QF-PCR method
- ☐ Microsatellite instability in tumor tissue - MSI
- ☐ Cascade testing of conceptual product (QF-PCR, array) + maternal ID
- ☐ Cascade prenatally testing (QF-PCR, array) + maternal ID
- ☐ PPaternal ID for prenatal testing

Informed Consent* – Examined Person:

AGREES
- ☑ With examining the sample
- ☐ With using the sample for research purposes
- ☐ With storing the sample

DISAGREES
- ☐ 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.

Examination conducted by: 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: