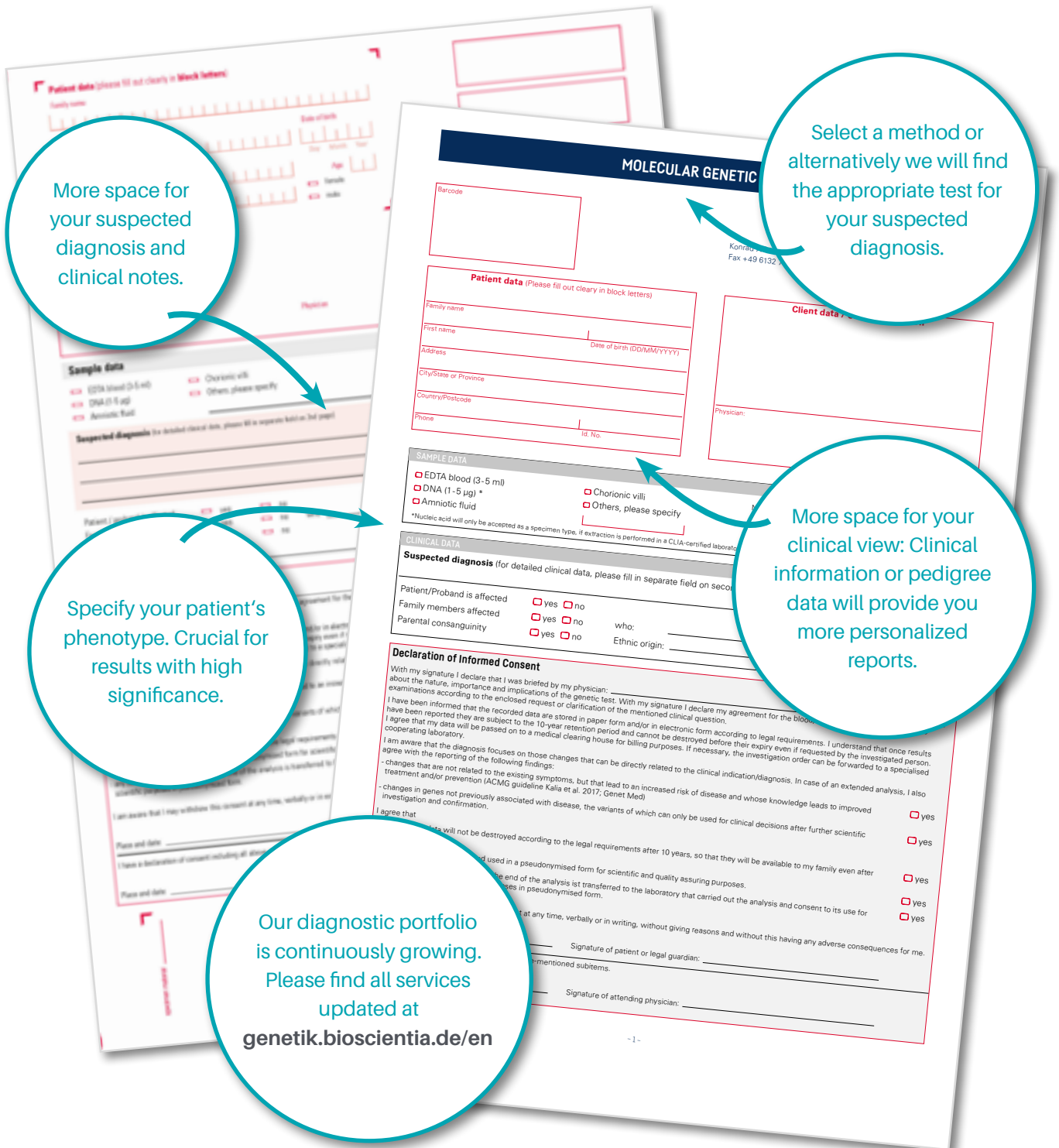


Request form: Molecular Genetic Analyses



MOLECULAR GENETIC

Barcode

Kontakt:
Fax +49 6132

Patient data (Please fill out clearly in block letters)

Family name

First name

Date of birth (DD/MM/YYYY)

Address

City/State or Province

Country/Postcode

Phone

Id. No.

Client data

Physician

SAMPLE DATA

EDTA blood (3-5 ml)

DNA (1-5 µg) *

Amniotic fluid

Chorionic villi

Others, please specify

*Nucleic acid will only be accepted as a specimen type, if extraction is performed in a CLIA-certified laboratory.

CLINICAL DATA

Suspected diagnosis (for detailed clinical data, please fill in separate field on second page)

Patient/Proband is affected yes no

Family members affected yes no

Parental consanguinity yes no

who: _____

Ethnic origin: _____

Declaration of Informed Consent

With my signature I declare that I was briefed by my physician about the nature, importance and implications of the genetic test. I have been informed that the recorded data are stored in paper form and/or in electronic form according to legal requirements. I understand that once results have been reported they are subject to the 10 year retention period and cannot be destroyed before their expiry even if requested by the investigated person. I agree that my data will be passed on to a medical clearing house for billing purposes. If necessary, the investigation order can be forwarded to a specialised cooperating laboratory.

I am aware that the diagnosis focuses on those changes that can be directly related to the clinical indication/diagnosis. In case of an extended analysis, I also agree with the reporting of the following findings:

- changes that are not related to the existing symptoms, but that lead to an increased risk of disease and whose knowledge leads to improved treatment and/or prevention (ACMG guideline Kalia et al. 2017; Genet Med)
- changes in genes not previously associated with disease, the variants of which can only be used for clinical decisions after further scientific investigation and confirmation.

I agree that:

- my data will not be destroyed according to the legal requirements after 10 years, so that they will be available to my family even after my death.
- my data will be used in a pseudonymised form for scientific and quality assuring purposes.
- at the end of the analysis my data will be transferred to the laboratory that carried out the analysis and consent to its use for scientific and quality assuring purposes in pseudonymised form.
- at any time, verbally or in writing, without giving reasons and without this having any adverse consequences for me.

Signature of patient or legal guardian: _____

Signature of attending physician: _____

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More space for your suspected diagnosis and clinical notes.

Select a method or alternatively we will find the appropriate test for your suspected diagnosis.

Specify your patient's phenotype. Crucial for results with high significance.

More space for your clinical view: Clinical information or pedigree data will provide you more personalized reports.

Our diagnostic portfolio is continuously growing. Please find all services updated at genetik.bioscientia.de/en