

Request of genetic analyses

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<p style="text-align: center; color: #a52a2a;">Patient identification</p> <p>Date of birth: _____</p> <p>Patient's name: _____ (first name and last name)</p> <p>Gender: _____</p> <p>Ethnic origin/country: _____</p> <hr/> <p>1st. blood sample: Date: _____ Time: _____ Glass no.: _____ Initials of sampler: _____</p> <p>For some analyses, two independent blood samples are required</p> <p>2nd. blood sample Date: _____ Time: _____ Glass no.: _____ Initials of sampler: _____</p> <hr/> <p style="color: #a52a2a;">Requesting physician (block capitals): _____</p> <p style="color: #a52a2a;">Phone: _____</p> <p style="color: #a52a2a;">Fax: _____</p> <p style="color: #a52a2a;">Email: _____</p> <p style="color: #a52a2a;">Signature: _____</p> <hr/> <p>Invoice to: Address: _____</p> <p>_____</p> <p>_____</p> <p style="color: #a52a2a;">VAT number (if applicable): _____</p> <p>Order or request no.: _____</p> <p>Person or other reference: _____</p> <p>Accounting no.: _____</p> <hr/> <p>Submit result to (if different from ordering department): _____ _____ _____</p> <p>When does the patient expect the result: _____</p>	<p>The box "Screen": Please tick the box "Screen" if a screening analysis for mutations in the entire gene is requested (Index person).</p> <p>The box "Known": Please tick the box "Known" if an analysis for a specific mutation (family mutation) is requested.</p> <p>Handling of specimens: See instructions on page 2.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="text-align: left;">Disease</th> <th style="text-align: left;">Gene</th> <th style="text-align: center;">Screen</th> <th style="text-align: center;">Known</th> </tr> </thead> <tbody> <tr> <td rowspan="3">HNPCC, hereditary non-polyposis colorectal cancer (2 samples)</td> <td><i>MLH1</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> 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<p>Please state clinical informations on page 2 PAGE 1 of 2</p>																																																																			

Date _____ Signature _____

Reserved MDL, request received: _____

Supplementary informations

Clinical information:

Counsellor no./ file no. (ordering department), if any: _____

Draw or enclose family tree:

(Mark index patient and indicate the referred patient):

Family with known mutation:

Name of patient in whom the familiy mutation was found (index patient):

Date of birth: _____ Name: _____

Please specify the mutation that has previously been found in the family: _____

Name of genetic counsellor: _____

Brief instruction in handling of specimens

Sample material	Analyses marked 1 sample: One glass EDTA blood (min. 3 ml). Analyses marked 2 samples: Two glasses EDTA blood of 7 ml, sampled from the patient independently of each other (sampled by two different persons or by same person at two independent visits). Sample 2 is used to confirm the result.
Shipment of blood samples	by ordinary mail
Durability	4 days at 20-25°C, 7 days at 4-8°C, at least one year at -20°C
Sample is sent to	Department of Molecular Medicine, Molecular Diagnostic Laboratory, Aarhus University Hospital Skejby, Brendstrupgaardsvej 100, 8200 Aarhus N Phone: +45 8949 9410
Response time	Known mutation: Written response is sent within 10 working days after receipt of sample. Screening analysis: Written response is sent within 30 working days after receipt of sample. In July the response time may be prolonged.
Questions concerning sampling and responses	to the laboratory on phone +45 8949 9430 Info: www.mdl.dk Request form: www.mdl.dk/diagnostics.htm