

Genetic analyses requisition

<p style="text-align: center; color: red;">Patient Identification</p> <p>Date of birth:</p> <p>Patient's name: (First and last name)</p> <p>Gender: male <input type="checkbox"/> female <input type="checkbox"/></p> <p>Ethnic origin/Country:</p>	<p>1st blood sample (EDTA): Date: time</p> <p>Glass no:</p> <p>Initials of phlebotomist:</p> <p style="color: red;">For analyses marked with [2] two independent blood samples are required.</p> <p>2nd blood sample (EDTA): Date: time</p> <p>Glass no:</p> <p>Initials of phlebotomist:</p>
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<p>Requesting physician (capital letters):</p> <p>Phone:</p> <p>Fax:</p> <p>Email:</p> <p>Signature:</p>	<p>Billing to: Postal address:</p> <p>.....</p> <p>VAT no.: (if applicable)</p> <p>Int. Purchase Order (IPO) no. (authorized number required)</p> <p>Person- or other reference:</p> <p>Accounting no.</p>
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Disease	Gene	Screen	Known	Disease	Gene	Screen	Known
HNPCC, hereditary non-polyposis colorectal cancer [2]	MLH1 MSH2 MSH6	<input type="checkbox"/>	<input type="checkbox"/>	Hyperhomocysteinemia [2]	CBS	<input type="checkbox"/>	<input type="checkbox"/>
FAP, fam. adenomatous polyposis [2]	APC	<input type="checkbox"/>	<input type="checkbox"/>	Hyperhomocysteinemia [1]	CBS c.833 T>C	<input type="checkbox"/>	<input type="checkbox"/>
MYH-associated polyposis [2]	MYH	<input type="checkbox"/>	<input type="checkbox"/>		MTHFR c.677 C>T	<input type="checkbox"/>	<input type="checkbox"/>
Peutz-Jeghers syndrome [2]	STK11	<input type="checkbox"/>	<input type="checkbox"/>	Thrombophilia: Coagulation factor V [1]	FV Leiden c.1691G>A	<input type="checkbox"/>	<input type="checkbox"/>
Juvenile polyposis [2]	SMAD4 BMPR1A	<input type="checkbox"/>	<input type="checkbox"/>	Coagulation factor II (prothrombin) [1]	FII g.20210 G>A	<input type="checkbox"/>	<input type="checkbox"/>
Cowden syndrome [2]	PTEN	<input type="checkbox"/>	<input type="checkbox"/>	Lactose intolerance [1]	LCT g.-13910 C>T	<input type="checkbox"/>	<input type="checkbox"/>
Gorlin syndrome [2]	PTCH1	<input type="checkbox"/>	<input type="checkbox"/>				
Li-Fraumeni syndrome [2]	TP53	<input type="checkbox"/>	<input type="checkbox"/>				
Multiple endocrine neoplasia type 1 [2]	MEN1	<input type="checkbox"/>	<input type="checkbox"/>				
Multiple endocrine neoplasia type 2 [2]	RET	<input type="checkbox"/>	<input type="checkbox"/>	LQTS, Long QT syndrome [2]	KCNQ1 KCNH2 SCN5A KCNE1 KCNE2	<input type="checkbox"/>	<input type="checkbox"/>
HPT-JT syndrome	HRPT2/ CDC73	<input type="checkbox"/>	<input type="checkbox"/>				
Analysis of tumour tissue [1]	KRAS	<input type="checkbox"/>	<input type="checkbox"/>	BS, Brugada syndrome [2]	SCN5A	<input type="checkbox"/>	<input type="checkbox"/>
				ARVC, Arrhythmogenic Right Ventricular Cardiomyopathy [2]	PKP2 DSP DSG2 JUP DSC2	<input type="checkbox"/>	<input type="checkbox"/>

The box "Screen": Please tick if a screening for mutations in the entire gene is requested (index person).

The box "Known": Please tick if an analysis for a specific mutation (family mutation) is requested.

Handling of specimens: See instructions on page 2.

Please state clinical information on page 2.

Page 1 of 2

Date **Signature**

Supplementary information

Clinical information:

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

*Draw or enclose family tree
(mark index patient and indicate the referred patient):*

Family with known mutation:

The patient, where the family mutation was found (index patient):

Name: Date of birth:

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

Name of genetic counsellor:

Specimen handling

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 confirmatory.
Shipment	Blood samples are sent by ordinary mail at room temperature
Storage maximums	4 days at 20-25°C, 7 days at 4-8 °C, at least 1 year at -20°C
Shipping adress	Dept. of Molecular Medicine, Molecular Diagnostic Laboratory Aarhus University Hospital Skejby Brendstrupgaardsvej 100, 8200 Aarhus N, Denmark Phone: +45 8949 9410
Response time	Known mutation: Written response is sent within 10 business days after sample receipt. Screening: Written response is sent within 30 business days after sample receipt. LQTS, BS og ARVC: 3 months. In July response time may be prolonged.
Contact	Laboratory: <i>phone</i> +45 8949 9430 secretary: <i>phone</i> +45 8949 9410 <i>email:</i> moma@skejby.dk Further information and request form download: mdl.dk or moma.skejby.dk Please contact us with your questions and for prices.