

## Genetic analyses requisition

<p style="text-align: center; color: red;">Patient Identification</p> <p><b>Date of birth*:</b> .....</p> <p><b>Patient's name*:</b> ..... (First and last name)</p> <p><b>Gender:</b>    male <input type="checkbox"/>    female <input type="checkbox"/></p> <p><b>Ethnic origin/Country:</b> .....</p>	<p><b>1<sup>st</sup> blood sample</b> (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><b>2<sup>nd</sup> blood sample</b> (EDTA): Date: ..... time .....</p> <p>Glass no: .....</p> <p>Initials of phlebotomist: .....</p>
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<p><b>Requesting physician</b> (capital letters): .....</p> <p><b>Phone:</b> .....</p> <p><b>Fax*:</b> .....</p> <p><b>Email*:</b> .....</p> <p><b>Signature:</b> .....</p>	<p><b>Billing to:</b> Postal address: .....</p> <p>.....</p> <p><b>VAT no.:</b> ..... (if applicable)</p> <p><b>Int. Purchase Order (IPO) no.*</b> ..... (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]	<i>MLH1</i>	<input type="checkbox"/>	<input type="checkbox"/>	Hyperhomocysteinemia [2]	<i>CBS</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	<i>MSH2</i>	<input type="checkbox"/>	<input type="checkbox"/>		Hyperhomocysteinemia [2]	<i>CBS</i>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>MSH6</i>	<input type="checkbox"/>	<input type="checkbox"/>			c.833 T>C		
FAP, fam. adenomatous polyposis [2]	<i>APC</i>	<input type="checkbox"/>	<input type="checkbox"/>	Hyperhomocysteinemia [1]	<i>MTHFR</i>	<input type="checkbox"/>	<input type="checkbox"/>	
MUTYH-associated polyposis [2]	<i>MUTYH</i>	<input type="checkbox"/>	<input type="checkbox"/>	Thrombophilia: Coagulation factor V [1]	<i>FV Leiden</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Peutz-Jeghers syndrome [2]	<i>STK11</i>	<input type="checkbox"/>	<input type="checkbox"/>		c.1691G>A			
Juvenile polyposis [2]	<i>SMAD4</i>	<input type="checkbox"/>	<input type="checkbox"/>	Coagulation factor II (prothrombin) [1]	<i>FII</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	<i>BMPR1A</i>	<input type="checkbox"/>	<input type="checkbox"/>		g.20210 G>A			
Cowden syndrome [2]	<i>PTEN</i>	<input type="checkbox"/>	<input type="checkbox"/>	Lactose intolerance [1]	<i>LCT</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Gorlin syndrome [2]	<i>PTCH1</i>	<input type="checkbox"/>	<input type="checkbox"/>	Skin disease, atopy: Filaggrin [1]	<i>FLG</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Li-Fraumeni syndrome [2]	<i>TP53</i>	<input type="checkbox"/>	<input type="checkbox"/>		p.Arg501X			
Analysis of tumour tissue [1]	<i>KRAS</i>	<input type="checkbox"/>	<input type="checkbox"/>	c.2282del4				
Multiple endocrine neoplasia type 1 [2]	<i>MEN1</i>	<input type="checkbox"/>	<input type="checkbox"/>	LQTS, Long QT syndrome [2]	<i>KCNQ1</i>	<input type="checkbox"/>	<input type="checkbox"/>	
					<i>KCNH2</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Multiple endocrine neoplasia type 2 [2]	<i>RET</i>	<input type="checkbox"/>	<input type="checkbox"/>	BS, Brugada syndrome [2]	<i>SCN5A</i>	<input type="checkbox"/>	<input type="checkbox"/>	
					<i>KCNE1</i>	<input type="checkbox"/>	<input type="checkbox"/>	
HPT-JT syndrome [2]	<i>HRPT2/ CDC73</i>	<input type="checkbox"/>	<input type="checkbox"/>	CPVT, Catecholaminergic polymorphic ventricular tachycardia [2]	<i>KCNE2</i>	<input type="checkbox"/>	<input type="checkbox"/>	
					<i>SCN5A</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Pituitary adenomas [2]	<i>AIP</i>	<input type="checkbox"/>	<input type="checkbox"/>	ARVC, Arrhythmogenic Right Ventricular Cardiomyopathy [2]	<i>RYR2</i>	<input type="checkbox"/>	<input type="checkbox"/>	
					<i>PKP2</i>	<input type="checkbox"/>	<input type="checkbox"/>	
				ARVC type 5 [2]	<i>DSP</i>	<input type="checkbox"/>	<input type="checkbox"/>	
					<i>DSG2</i>	<input type="checkbox"/>	<input type="checkbox"/>	
					<i>JUP</i>	<input type="checkbox"/>	<input type="checkbox"/>	
					<i>DSC2</i>	<input type="checkbox"/>	<input type="checkbox"/>	
					<i>TMEM43</i>	<input type="checkbox"/>	<input type="checkbox"/>	

Please state clinical information on page 2. Page 1 of 2

**Date** ..... **Signature** .....

Molecular Diagnostic Laboratory / request form v.22 - 09-03-2012, katado

