GENOMA® Molecular Genetics Laboratories Group

FACILITY TYPE
- ☐ Physician
- ☐ Referral Lab
- ☐ Hospital

Stamp

Comprehensive Test Requisition Form (TRF)

Date: _____

SENDING FACILITY INFORMATION

Facility Name _____ **Address** _____

City _____ **Country** _____ **Zip** _____ **Phone** _____

PATIENT INFORMATION

Name _____ **Surname** _____

Date of birth _____ **Place of birth**_____ **Address:** _____

City _____ **Country** _____ **ZIP** _____

E-mail: _____ **Phone no.:** _____

Biological Sex: ☐ Male; ☐ Female ☐ Gestational age at sample collection _____

Ethnicity: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Jewish (Ashkenazi) ☐ Other: _____

SPECIMEN INFORMATION

Date of withdraw _____

☐ Blood (EDTA) ☐ Blood (HEPARIN) ☐ Plasma ☐ Serum ☐ Buccal Swab ☐ Semen **Other:**_____

Prenatal samples only

☐ Amniotic Fluid ☐ CVS ☐ DNA (from AF) ☐ DNA (from CVS) ☐ POC
☐ Cultured Cells ☐ from AF ☐ from CVS) ☐ from POC ☐ Chord Blood ☐ Other:_____

INDICATIONS FOR TESTING (check all that apply)

☐ Hearing problems ☐ Cardiomyopathy ☐ Congenital heart defect ☐ Pulmonary issues ☐ Hematologic

☐ Congenital anomalies ☐ Positive newborn screen ☐ Personal history of cancer ☐ Suspected genetic syndrome

☐ Ultrasound findings ☐ Vision problems ☐ Arrhythmia ☐ Psychiatric ☐ Other clinical findings _____

Explain: _____

CLINICAL HISTORY (check all that apply)

☐ Diagnostic ☐ Carrier screening ☐ Family history ☐ Other _____

REPORTING

☐ Sending Facility ☐ Patient ☐ E-mail ☐ Online

CONFIRMATION OF INFORMED CONSENT AND MEDICAL NECESSITY FOR GENETIC TESTING

By ordering testing, the undersigned person represents that he/she is a licensed medical professional authorized to order genetic testing OR is a representative of a licensed medical professional authorized to order genetic testing; acknowledges the patient has been supplied information regarding genetic testing and the patient has given consent for genetic testing to be performed and the signed consent form is on file. I confirm that this is medically necessary for the diagnosis or detection of a disease, illness, impairment, syndrome or disorder, and that these results will be used in the medical management and treatment decisions for this patient. Furthermore, additional results recipients information is true and correct to the best of my knowledge.

Does this patient give consent to the use of their sample for research? ☐ Yes ☐ No

Medical Professional Signature: _____

BILLING

☐ Sending Facility ☐ Patient

Patient payment

Credit card Amount €: _____

Card Number _____ **Cardholder Name** _____ **Exp. Date** _____ **CVC#:** _____

TEST MENU'

Invasive Prenatal Diagnosis

Traditional

☐ Traditional Karyotyping ☐ Alpha Feto Protein (AFP)
☐ Aneuploidy detection (QF-PCR): Chromosomes 21, XY
☐ Aneuploidy detection (QF-PCR): Chromosomes 21, XY
☐ Cystic Fibrosis: ☐ 34 mutations ☐ 139 mutations
☐ 152 mutations ☐ Whole CFTR Gene sequencing
☐ Fragile-X-Fraxa ☐ Deafness(CX26) ☐ Spinal Muscular Atrophy SMA
☐ Duchenne-Becker Muscular Dystrophy (DMD/DMB) ☐ Other: _____

Molecular

☐ Molecular Karyotyping (array-CGH) ☐ Alpha Feto Protein (AFP)
☐ Molecular Karyotyping (High Resolution Microarray)
☐ Traditional Karyotyping ☐ Spinal Muscular Atrophy (SMA)
☐ Cystic Fibrosis: ☐ 34 mutations ☐ 139 mutations
☐ 152 mutations ☐ Whole CFTR Gene sequencing
☐ Fragile-X-Fraxa ☐ Deafness(CX26) ☐ PrenatalScreen®
☐ Duchenne-Becker Muscular Dystrophy (DMD/DMB) ☐ Other _____

Non Invasive Prenatal Screening

Biochemical Testing

☐ 1^ Trimester ☐ 2^ Trimester ☐ Pre-eclampsia ☐ Other: _____

Genetic Testing (Cell Free Fetal DNA)

☐ PrenatalSafe® ☐ RhSafe® ☐ Other: _____

Cytogenetic testing Post-natal

Karyotyping: ☐ Traditional ☐ Molecular (High Resolution Microarray)
☐ FISH ☐ Other: _____

Male Infertility Genetics

☐ Y-Chromosome microdeletions ☐ FISH (semen) ☐TUNEL Test
☐ Other: _____

General Genetics

☐ Cystic Fibrosis: ☐ 34 mutations ☐ 139 mutations
☐ 152 mutations ☐ Whole CFTR Gene sequencing
☐ Fragile-X-Fraxa ☐ Fragile-X-Fraxe ☐ Myotonic Dystrophy
☐ Duchenne-Becker Muscular Dystrophy (DMD/DMB)
☐ Spinal Muscular Atrophy (SMA) ☐ Achondroplasia ☐ Other: _____

☐ Beta Thalassemia:
☐ 23 common mutations ☐ Whole HBB Gene sequencing
☐ Emocromatosis: Mutations: ☐ 3 ☐ 12 ☐ 18
☐ Deafness(CX26) ☐ Common Mutations ☐ Whole CX26 Gene
☐ GeneScreen® ☐ AutismScreen® Other: _____

Cardiovascular Genetics

Thrombophilia

☐ Factor V: ☐ Leiden ☐ Y1702C ☐ 1299 ☐ Factor II ☐ Fattore XIII
☐ MTHFR: ☐ C677T ☐ A1298C ☐ ☐ HPA ☐ PAI-1 ☐ ACE ☐ ApoB
☐ ApoE ☐ AGT ☐ Beta Fibrinogen Other: _____

Cardiovascular panels

☐ CardioScreen® – Cardiomyopathies panel
☐ CardioScreen® – Sudden Death panel
Thrombophilia: ☐ 4 Mut. ☐ 5 Mut. ☐15 Mutations ☐ CardioNext®

Hereditary Cancer

☐ BRCA1	☐ BRCA2	☐ P53	☐ K-Ras	☐ MSH2	☐ MLH1	☐ B-RAF	☐ RB1
☐ APC	☐ RET	☐ P16	☐ MEN1	☐ CHEK2	☐ VHL	☐ EGFR	☐ Other _____

Gene deletion/duplication analysis ☐ BRCA1 ☐ BRCA2 ☐ MLH1 ☐ MSH2 ☐ MSH6 ☐ PMS2 ☐ EPCAM ☐ APC ☐ MUTYH

☐ BreastScreen® Breast/Ovarian cancer panel ☐ ColonScreen® Colorectal/FAP cancer panel ☐ OncoScreening® comprehensive panel

Infectious Disorders

Real Time PCR screening (qualitative testing)

☐ B19	☐ HIV-1 DNA	☐ Ruubeovirus	☐ Myc. tuberc
☐ CMV	☐ HIV-1 RNA	☐ Chlamidya t.	☐ Neisseria g.
☐ EBV	☐ HPV	☐ Helicobacter	☐ Trichomonas vag.
☐ HBV	☐ HSV-1	☐ Myco. genit.	☐ Ureaplasma ureal.
☐ HCV	☐ HSV-2	☐ Myco. hom.	☐ Other: _____

Quantitative assessment

☐ HBV Quantitative
☐ HCV Quantitative
☐ HIV-1 DNA Quantitative.
☐ HIV-1 RNA Quantitative.
☐ Other: _____

Genotyping

☐ HCV genotyping
☐ HPV genotyping

Pharmacoresistance

☐ HIV ☐ Mycobact Tub.
☐ Other: _____

Pharmacogenetics

☐ CYP1A2	☐ CYP2C19	☐ CYP3A4	☐ VKORC1	☐ ABCB1	☐ EGFR	☐ TSER	☐ DYPD
☐ CYP2C9	☐ CYP2D6	☐ NAT 2	☐ GSTP1	☐ UGT1A1	☐ TPMT	☐ Other: _____	

Nutrigenetics

Health and Welleness

☐ Homocysteine Metabolism ☐ Bones Health ☐ Weight Control
☐ Oxidative Stress-Antiaging ☐ Inflammatory Response ☐ cardiovascular Health

Active Sport

☐ Test Performance
☐ Test Injury

Intolerance

☐ Lactose intolerance ☐ Gluten intolerance ☐ Alcohol intolerance ☐ Sulphites intolerance
☐ Fructose intolerance ☐ Caffeine intolerance ☐ Nichel intolerance ☐ Other: _____

Forensic Genetics

☐ Paternity testing (Informative) ☐ Paternity testing (Legal) ☐ Maternity testing ☐ Y chr Haplotype ☐ Other: _____