Patient data (please fill out clearly in **block letters**)

Family name

First name

Date of birth

Day   Month   Year

Id. No.

Age

☐ male
☐ female

Client data

Physician

16006 566 002 1

Request form

CHROMOSOME ANALYSIS POSTNATAL

BIOSCIENTIA
HUMAN GENETICS

Konrad-Adenauer-Str. 17
55218 Ingelheim, Germany
Phone +49-6132-781-240
Fax +49-6132-781-236
E-mail: int.support@bioscientia.com
Website: www.bioscientia.com

Sample type

postnatal
☐ Blood / heparin tube
☐ Skin biopsy
☐ Slides / fixed cells

Sampling date:

Time:

No. of tubes sent

Chromosome analysis required[1]:

☐ Chromosome analysis
   ☐ Newborn   ☐ Suspected mosaicism

☐ Metaphase FISH analysis (microdeletion analysis[2]):
   ☐ Prader-Willi / Angelman syndrome
   ☐ Miller-Dieker syndrome
   ☐ DiGeorge / Velocardiofacial syndrome
   ☐ Smith-Magenis syndrome
   ☐ Williams-Beuren syndrome
   ☐ Cri-du-Chat syndrome
   ☐ Wolf-Hirschhorn syndrome
   ☐ others (on request):

_____
_____

☐ Array CGH (use request form „Array-CGH" and submit EDTA blood)
☐ **DNA analysis:** _____
_____
(name of analysis/use request form „DNA analyses" and submit EDTA blood)

[1] These examinations require preparation and analyses of multiple slides. If preparated material contains no mitosis, a handling fee will be charged.
[2] includes chromosome analysis

Clinical data and indication:

☐ Female
☐ Male

☐ Multiple congenital anomalies
☐ Developmental delay
☐ Mental retardation
☐ Dysmorphic features
☐ Habitual abortion
☐ Growth retardation
☐ Infertility
☐ IVF-ICSI
☐ parental chromosome analysis following abnormal results of a prenatal/postnatal analysis:
_____

☐ other clinical comments (please specify or attach relevant reports):
_____
_____
_____
_____