

Study(ies) identification Label(s)

Identification All fields are mandatory

use this space to paste the Label

Name:		
Date of Birth:	Sex: M / F	ID/Social Security Number:
Address:		Zip code:
Referring Center:		
Ordering Physician:		
Address:		Zip code:
Phone:	Fax:	Email:

Specimen

<input type="checkbox"/> Blood <input type="checkbox"/> Amniotic Fluid <input type="checkbox"/> CVS <input type="checkbox"/> Tissue Type:	<input type="checkbox"/> Other:
Collection Date:	Time of collection:

Exam request – These are the most common tests, for further analysis see www.cgcggenetics.com

<input type="checkbox"/> Achondroplasia (<i>FGFR3</i> sequencing) <input type="checkbox"/> Adenomatous Polyposis Coli * <input type="checkbox"/> Alström Syndrome (<i>ALMS1</i> sequencing) <input type="checkbox"/> Alzheimer disease (<i>APOE</i> genotyping) * <input type="checkbox"/> Alzheimer disease(<i>PSEN1, PSEN2</i> and <i>APP</i> genes) * <input type="checkbox"/> Angelman Syndrome (<i>UBE3A</i> sequencing) <input type="checkbox"/> Antithrombin III deficiency (<i>SERPINC1</i> sequencing) <input type="checkbox"/> Array CGC - Mol. Diag. of Bardet-Biedl Syndrome <input type="checkbox"/> Array CGC - Mol. Diag. of Congenital Deafness (Nonsyndromic) <input type="checkbox"/> Array CGC - Mol. Diag. of Congenital Deafness (Syndromic) <input type="checkbox"/> Array CGC - Mol. Diag. of Craniosynostosis <input type="checkbox"/> Array CGC - Mol. Diag. of Fraser Syndrome <input type="checkbox"/> Array CGC - Mol. Diag. of Metabolic Diseases <input type="checkbox"/> Array CGC - Mol. Diag. of Sekletal Dysplasias <input type="checkbox"/> Array CGC - Mol. Diag. of Thrombophilia & Warfarin Pharmacogenetics <input type="checkbox"/> Array CGH <input type="checkbox"/> Bardet-Biedl Syndrome (mutation M390R, <i>BBS1</i>) <input type="checkbox"/> Breast Cancer (<i>BRCA1</i> and <i>BRCA2</i>) * <input type="checkbox"/> Breast Cancer (<i>BRCA2</i> , IGM panel) * <input type="checkbox"/> Charcot-Marie-Tooth disease Type 1A (microsatellites analysis) * <input type="checkbox"/> Charcot-Marie-Tooth disease Type 1B (<i>MPZ</i> sequencing) * <input type="checkbox"/> Charcot-Marie-Tooth disease Type 1C (<i>LITAF</i> sequencing) * <input type="checkbox"/> Charcot-Marie-Tooth disease Type 1E (<i>PMP22</i> sequencing) * <input type="checkbox"/> Charcot-Marie-Tooth disease Type 2B1 (<i>LMNA</i> sequencing) * <input type="checkbox"/> Charcot-Marie-Tooth disease Type 2E/1F (<i>NEFL</i> sequencing) * <input type="checkbox"/> Charcot-Marie-Tooth disease Type 2I/2J (<i>MPZ</i> sequencing) * <input type="checkbox"/> Charcot-Marie-Tooth disease Type 2K/4A (<i>GDAP1</i> sequencing) * <input type="checkbox"/> Charcot-Marie-Tooth disease X-linked (<i>GJB1</i> sequencing) * <input type="checkbox"/> Cohen Syndrome (mutation c.3348_3349delCT) <input type="checkbox"/> Cystic Fibrosis and CBAVD (<i>CFTR</i> sequencing) <input type="checkbox"/> Cystic Fibrosis and CBAVD (frequent mutations, IGM Panel) <input type="checkbox"/> Detection of Periodontal Pathogens <input type="checkbox"/> Dilated Cardiomyopathy *	<input type="checkbox"/> Duchenne/Becker Muscular Dystrophy (MLPA) * <input type="checkbox"/> Emery-Dreifuss Dystrophy (<i>LMNA</i> sequencing) * <input type="checkbox"/> Facioscapulohumeral Dystrophy * <input type="checkbox"/> Familial Hypercholesterolemia (<i>LDLR</i> + <i>APOB</i>) <input type="checkbox"/> Familial Mediterranean Fever (12 mutations) <input type="checkbox"/> Fragile-X Syndrome <input type="checkbox"/> Gilbert Syndrome [mutation (TA) ⁷ TAA] <input type="checkbox"/> HNPCC - large rearrangments (MLPA) * <input type="checkbox"/> HNPP/Tomaculous Neuropathy - deletion 17q11.2 (MLPA) * <input type="checkbox"/> HPV Genotyping (detection of 18 high and low risk genotypes) <input type="checkbox"/> Hypertrophic Cardiomyopathy * <input type="checkbox"/> Hypocondroplasia <input type="checkbox"/> Li-Fraumeni Syndrome (p53) * <input type="checkbox"/> Miotonic Dystrophy (Steinert disease) * <input type="checkbox"/> Muenke Syndrome <input type="checkbox"/> NonSyndromic Congenital Deafness (<i>GJB2</i>) <input type="checkbox"/> NonSyndromic Congenital Deafness (<i>GJB6</i>) <input type="checkbox"/> NonSyndromic Congenital Deafness (<i>OTOF</i>) <input type="checkbox"/> NonSyndromic Congenital Deafness (<i>POU3F4</i>) <input type="checkbox"/> Noonan syndrome (frequent mutations <i>PTPN11</i>) <input type="checkbox"/> Prader-Willi/Angelman Syndrome (methylation test) <input type="checkbox"/> Progeria (<i>LMNA</i>) <input type="checkbox"/> Protein C deficiency (<i>PROC</i> sequencing) <input type="checkbox"/> Protein S deficiency (<i>PROS1</i> sequencing) <input type="checkbox"/> Pycnodysostosis (<i>CTSK</i> sequencing) <input type="checkbox"/> Renal Glucosuria (<i>SLC5A2</i> sequencing) <input type="checkbox"/> Spinal Muscular Atrophy (Werdnig-Hoffman Disease) * <input type="checkbox"/> Susceptibility to Periodontitis (<i>IL1</i> polymorphisms) <input type="checkbox"/> Von-Hippel Lindau disease <input type="checkbox"/> Warfarin sensitivity (<i>CYP2C9</i> and <i>VKORC1</i>) <input type="checkbox"/> Y chromosome microdeletions <input type="checkbox"/> Medical Genetic Counseling: _____ <input type="checkbox"/> Cytogenetic Analysis: _____ <input type="checkbox"/> Other *: _____
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*** Tests for the pre-symptomatic diagnosis of monogenic diseases and genetic susceptibility tests in healthy people will only be conducted with informed consent.**

Informed consent:

I wish to make the tests above indicated, and I assure that I was properly and fully informed, so I give my consent. I also authorize the report to be sent to my physician and my sample to be used for research purposes.

Signature _____



Clinical Indications for the test (s) / Clinical Information

Family Tree