



Request for Molecular Genetic Testing

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Head: Prof. Guntram Borck; MD, Human Genetics Specialist

PATIENT IDENTIFICATION (Label)		
Surname _____		Prenome _____
DOB _____	Gender (M/F) _____	Reference _____
Address _____		
ZIP _____	City/Country _____	

SENDER IDENTIFICATION	
Contact Person (print)	Email: _____
Sent Report to: (complete address) _____	
Date _____	Signature _____



Deutsche Angewandte
Genetik
D-IMP-13294-03-00

<input type="checkbox"/> E112 form appended
<input type="checkbox"/> Send invoice to: _____ (Billing address)
<input type="checkbox"/> You must check one box

Material to be tested
<input type="checkbox"/> Blood sample, EDTA, 10 ml, freshly drawn, sent by overnight express service
<input type="checkbox"/> DNA sample: Sample volume (µl)*: _____, DNA concentration (µg/ml)* _____ *If detection and characterization of disease alleles needs Southern blotting (e.g. fragile X, myotonic dystrophies, ALS) at least 15 µg at a minimum concentration of 200 µg/ml is required, which is usually not achieved by column extraction procedures.
<input type="checkbox"/> Other sample (accepted only if previously announced): _____

Indication for testing or questions to be answered: _____ _____
Family history (clinical reports/pedigree appreciated. Use extra page if necessary) _____ _____
Family member previously tested (in our lab): _____ Name or reference (D number) _____ Relation to actual patient _____

Further comments (e.g. week of gestation) _____
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Test(s) requested for (You must check at least one box):

Mental Retardation
<input type="checkbox"/> Angelman Syndrome (AS; <i>SNRPN</i> , <input type="checkbox"/> <i>UBE3A</i>)
<input type="checkbox"/> ARX-associated mental Retardation (ARX)
<input type="checkbox"/> Börjeson-Forssman-Lehmann Syndrome (BFLS; <i>PHF6</i>)
<input type="checkbox"/> DiGeorge Syndrome (MLPA)
<input type="checkbox"/> Fragile-X Syndrome (<i>FMR1</i>) <input type="checkbox"/> fragile X-associated tremor/ataxia syndrome (FXTAS)
<input type="checkbox"/> Miller-Dieker Lissencephaly (MLPA)
<input type="checkbox"/> Phelan-McDermid Syndrome // 22q13.3 Micro Deletion (<i>SHANK3</i> ; MLPA, Sequencing)
<input type="checkbox"/> Prader-Willi Syndrome (PWS; <i>SNRPN</i>)
<input type="checkbox"/> Rett Syndrome (RTT; <i>MECP2</i>)
<input type="checkbox"/> Smith-Magenis Syndrome (MLPA)
<input type="checkbox"/> Williams-Beuren Syndrome (MLPA)

<input type="checkbox"/> Oculopharyngeal Muscular Dystrophy (OPMD; <i>PABPN1</i>)
<input type="checkbox"/> Spinal and Bulbar Muscular Atrophy (SBMA/SMAX1; <i>AR</i>)
<input type="checkbox"/> Spinal Muscular Atrophy (SMA1-3; <i>SMN1</i>)
<input type="checkbox"/> Spinocerebellar Ataxia (all types listed below)
<input type="checkbox"/> SCA1 (<i>ATXN1</i>) <input type="checkbox"/> SCA6 (<i>CACNA1A</i>) <input type="checkbox"/> SCA12 (<i>PPP2R2B</i>)
<input type="checkbox"/> SCA2 (<i>ATXN2</i>) <input type="checkbox"/> SCA7 (<i>ATXN7</i>) <input type="checkbox"/> SCA14 (<i>PRKCG</i>)
<input type="checkbox"/> SCA3/MJD (<i>ATXN3</i>) <input type="checkbox"/> SCA8 (<i>ATXN8</i>) <input type="checkbox"/> SCA17 (<i>TBP</i>)

Oncologic and Tumor-associated disorders
<input type="checkbox"/> Adenomatous Polyposis of the Colon (FAP; <i>APC</i>)
<input type="checkbox"/> Breast Cancer, familial <input type="checkbox"/> <i>BRCA1</i> <input type="checkbox"/> <i>BRCA2</i> <input type="checkbox"/> <i>RAD51C</i> <input type="checkbox"/> <i>RAD51D</i> <input type="checkbox"/> <i>CHEK2</i>
<input type="checkbox"/> Colorectal Adenomatous Polyposis, autosomal recessive (<i>MUTYH</i>)
<input type="checkbox"/> HNPCC (Lynch-Syndrome) (<i>MLH1</i> , <i>MSH2</i> , <i>MSH6</i> , <i>PMS2</i>)
<input type="checkbox"/> MAP (<i>MUTYH</i>)
<input type="checkbox"/> Multiple endocrine neoplasia MEN2A/B (<i>RET</i>)

Deafness
<input type="checkbox"/> Branchio-Oculo-Facial Syndrome (BOF; <i>TFAP2A</i>)
<input type="checkbox"/> Connexin 26 [<i>GJB2</i>] <input type="checkbox"/> Connexin 30 [<i>GJB6</i>] = <i>DFNB1</i>
<input type="checkbox"/> KID syndrome (keratitis-ichthyosis-deafness) (<i>GJB2</i>)
<input type="checkbox"/> Pendred Syndrome (PDS; <i>SLC26A4</i> = <i>PDS</i>)

Disorders of development and malformation syndromes
<input type="checkbox"/> Campomelic Dysplasia (<i>SOX9</i>)
<input type="checkbox"/> Adrenal Hypoplasia, congenital (AHC; <i>NR0B1/DAX1</i>)
<input type="checkbox"/> Swyer Syndrome (<i>SRY</i> , DSS-Region, <i>DMRT1</i>)
<input type="checkbox"/> XY Gonadal Dysgenesis (<i>SRY</i> , DSS-Region, <i>DMRT1</i> , <i>DHH</i>)

Pancreatitis
<input type="checkbox"/> Hereditary Pancreatitis
<input type="checkbox"/> cationic trypsinogen (<i>PRSS1</i>)
<input type="checkbox"/> Serine Protease Inhibitor, Kazal-Type 1 (<i>SPINK1</i>)
<input type="checkbox"/> Chymotrypsin C (<i>CTRC</i>)

Last change: 11/2014