



Institut für Humangenetik
des Klinikums rechts der Isar
der Technischen Universität München



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Molecular Diagnostic Request Form

Patient Information

Last Name, First Name: _____

DOB : _____

Street: _____

City, ZIP, State: _____

female male

Billing Information

Last Name, First Name: _____

Street: _____

City, ZIP, State: _____

Please sign the added assumption of costs (download)

Clinical History (short description; please add last medical report)

symptomatic not symptomatic

Family History

Negativ Positiv (please add pedigree)

Referring Physician (Please print)

Name: _____ Phone _____

Institution: _____

Signature: _____

- | | |
|--|--|
| <input type="checkbox"/> Pantothenatkinase associated - Neurodegeneration (PANK2) | <input type="checkbox"/> MTHFR Deficiency (MTHFR) |
| <input type="checkbox"/> PLA2G6 – related Neurodegeneration (PLA2G6) | <input type="checkbox"/> Hypophosphatemia (X-linked)(PHEX) |
| <input type="checkbox"/> Neuroferritinopathy (FTL) | <input type="checkbox"/> Hypophosphatemia (AD, autosomal dominant)(FGF23) |
| <input type="checkbox"/> Thiamine-responsive megaloblastic anemia syndrome (SLC19A2) | <input type="checkbox"/> Hypophosphatemia with Hypercalciuria (SLC34A3) |
| <input type="checkbox"/> Parkinson Disease (PARK8) (LRRK2) | <input type="checkbox"/> Hypophosphatemia (AR, autosomal recessive) (DMP1) |
| <input type="checkbox"/> Parkinson Disease (PARK6) (PINK1) | <input type="checkbox"/> Glucocorticoid Deficiency 1 (MC2R) |
| <input type="checkbox"/> Parkinson Disease (PARK7) (DJ1) | <input type="checkbox"/> Glucocorticoid Deficiency 2 (MRAP) |
| <input type="checkbox"/> Retinitis pigmentosa (RP2, RPGR) | <input type="checkbox"/> Adrenal Hypoplasia (congenital) (NR0B1) |
| <input type="checkbox"/> Basal ganglia disease, biotin-responsive (SLC19A3) | |

Shipping

Material: DNA (20 µg) Prenatal diagnosis: please contact us by email or phone