GNT LABS BY GENNET

Request form for PGT-M preparation – partner, relatives

(This form is an accompanying document for saples from relatives needed for karyomapping setup)

Personal data:	**Requesting clinician:**
Name and surname: Date of birth: Sex: ☐ Female ☐ Male Address: Diagnosis (ICD):	(name, specialty, address, stamp, signature)

Sample type:

☐ Peripheral blood *(5 ml of non-coagulating blood in K3EDTA)* ☐ DNA isolated from:

☐ Other (please specify):

Date and time of sampling:		**Date and time of request:**	

Clinical data of partner, relatives (to be completed by the requesting clinician):

Is the person affected by the disease? ☐ YES ☐ NO

Has the causal mutation been tested in this person? ☐ YES – attach the laboratory report

☐ NO Is the testing requested now? ☐ YES ☐ NO

Patient for whom the PGT-M is being prepared:

Name and surname: Date of birth:

PGT-M is prepared for the disease:

Relationship of this person to the patient:

Informed consent* – the patient:

AGREE WITH:

☐ Sample storage

☑ Sample examination

☐ Use for research

DISAGREE WITH:

☐ Sample storage

*) Requesting clinician confirms by sending this request form that the patient or legal representative has signed an informed consent, which is either part of patient's documentation or is attached to this request form.

Examination conducted by: GENNET, s.r.o., GENNET Laboratories, Pekařská 635/6, 158 00 Praha 5 – Jinonice, Tel: 226 231 691

Laboratory records:

Date and time of sample/request receipt: Sample/rquest received by: