

## Request form for immunogenetic and pharmacogenetic testing

Personal data of the patient (label):	Referring physician:
Name and surname;	
Birth identification number/ID number:	
Date of birth:	
Insurance: Self-payer	
Gender: Male Female	
Address:	
Diagnosis (MKN):	(name, specialisation, identification number, workplace, stamp, signature)
Primary sample:	Other material:
Peripheral blood (5 ml of non-coagulating blood in K <sub>3</sub> EDTA)	Isolated DNA from:
Buccal swab	
Date and time of collection:	Date and time of indication (if different from the collection date):
Clinical data: (to be completed by the referring physician):	□ STATIM
Required examinations:	
HLA-C genotyping (C1/C2)	
KIR haplotype determination (A/B)	
Predisposition to celiac disease – haplotypes HLA-DQ2.5 (DQA1*05/DQB1*02), HLA-DQ2.2	
(DQA1*02/DQB1*02), HLA-DQ8 (DQA1*03/DQB1*03:02)	
Ankylosing Spondylitis- (M. Bechtěrev) – HLA-B27 haplotype	
Pharmacogenetics (innate predispositions affecting drug metabolism)	
HLA-DQA1*05 (rs 2097432) testing for anti-TNF biological therapy	
<b>TPMT gene</b> – alleles *1, *2, *3A, B, C (mutations c.238G>C, c.460G>A and c.719A>G)	
<b>NUDT15 gene</b> – alleles *1, *2, *3, *4, *5 (mutations c. 415C>T, c. 416 G>A and c.52G>A)	
Informed consent* - Patient:	
AGREES With the examination of the sample	DISAGREES With sample storage
With the use of the sample for resear	rch purposes
With sample storage	
*) By submitting the request, the referring physician confirms that the patient or legal representative has signed the informed consent with the examination, which is either stored in the patient's documentation or attached to this request.	
The examination is conducted by: GENNET, s. r. o., Laboratories GENNET, Pekařská 635/6, 158 00 Prague 5 – Jinonice, Tel: 226 231 691	
Laboratory notes:	
Date and time of sample/request	Sample/request was received by:

