Request form for genetic examination - gamete donor

Personal data of the patient (label):	**Referring physician:**
Name and surname: ID number: Date of birth: Insurance: ☑ self-payer Gender: ☐ male ☐ female Address: Diagnosis (MKN): Z005	(name, specialisation, identification number, workplace, stamp, signature)

Primary sample: peripheral blood (5 ml of non-coagulating blood)

☐ in K_3EDTA *(molecular genetics)*

☐ in Li-Heparin *(cytogenetics, karyotype)*

Other material:

☐ isolated DNA from: _____ *(molecular genetics)*

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:

☐ **Karyotype**

☐ **CarrierTest** - preconception panel of donor candidate

(Carrier status for recessive mutations in genes *GJB2, CFTR, SMN1, COL4A5, OTC, DMD, GLA, MTM1, IL2RG, NBN, ATM*; response to FSH stimulation; HLA-C typing)

☐ **Additional evaluation of selected genes for matching:** (Can be requested only if the donor has undergone a CarrierTest using the WES method at GNTlabs.)

List the individual genes separated by a semicolon:

☐ **Genetic testing of genes (1 to 10 genes)** in a donor without previous CarrierTest using the WES method at GNTlabs.

List the individual genes separated by a semicolon:

Separate tests (sample not tested using CarrierTest)

☐ Fragile X syndrome – detection of CGG repeat expansion in the *FMR1* gene

☐ Cystic fibrosis – 50 mutations + Tn variants of IVS8 in the *CFTR* gene

☐ Spinal muscular atrophy – determination of copy number of exon 7 and 8 in the *SMN1* gene

☐ AR deafness – detection of 35delG *GJB2* mutation

☐ HLA-C DNA Test - HLA-C typing (C1/C2)

☐ Response to hormonal stimulation – Ser680Asn polymorphism in the *FSHR* gene

Thrombophilic mutations

☐ Leiden mutation (G1691A) in the *F5* gene

☐ G20210A *F2* mutation (Prothrombin)

☐ C677T polymorphism in the *MTHFR* gene

☐ A1298C polymorphism in the *MTHFR* gene

Informed consent* - examined person

AGREES ☑ with the examination of the sample

☐ with the use of the sample for research

☐ with sample storage

DISAGREES ☐ with sample storage

*) By submitting the request, the referring physician confirms that the patient or legal representative has signed the Informed Consent, which is either stored in the patient's documentation or attached to this request.

Examination conducted by: GENNET, Ltd., GENNET Laboratories, Pekařská 635/6, 158 00 Praha 5 - Jinonice, Tel: 226 231 691

Laboratory records:

Date and time of sample/request reception:

Sample/request accepted by: