Request form for targeted genetic examination (confirmation, predictive testing, gene evaluation)

Patient personal data (label):	**Attending physician:**
Name and surname: Insurance number: Date of birth: Insurance: ☐ direct payer Gender: ☐ man ☐ woman Address: Diagnosis (MKN): **Provide a valid ORPHA code:** (Newly required for NGS reimbursement, a full list is available at https://www.orpha.net/.)	(name, expertise, ID, workplace, stamp, signature)

Primary sample:

☐ peripheral blood (5 ml of non-coagulating blood) in K3EDTA ☐ Buccal swab ☐ Chorionic villi ☐ Amniotic fluid

☐ products of conception ☐ Trophectoderm ☐ WGA from trophectoderm ☐ Other (please specify):

☐ Isolated (IS) DNA from: Is the IS DNA already at the GNTlabs laboratory? ☐ YES ☐ NO *(We send IS DNA with the request form)*

Date and time of collection:	**Date and time of indication** (when different from collection date):

Clinical data: (to be completed by the referring physician and/or attached as a clinical report) ☐ **STATIM**

Required examinations:

☐ Targeted genetic examination of a known mutation (confirmation, predictive testing)

Identification of the proband in whom the mutation was detected:

Name and surname: IN or Birth No */Date of Birth:

Enter at least one data point

Relationship of the proband to the patient:

☐ Embryo ☐ Fetus ☐ Child ☐ Mother ☐ Father ☐ Sibling ☐ Other (please specify):

Is it a deletion/duplication? ☐ YES ☐ NO **Was the proband examined at GNTlabs by GENNET?** ☐ YES ☐ NO

Gen *(Is it a deletion/duplication?):*

Mutation *(HGVSc/p, ENST, rs):*

*IN= insurance number, Birth No = patient ID, *ZCA – gathered chromosomal aberations

☐ **Evaluation of selected genes (max. 10) from WES data** *(The patient HAS already been tested at GNTlabs using WES technology.)**

List the gene names (according to HGNC nomenclature):

For testing more than 10 genes or for analyses using HPO terms, use the Request Form for Genetic Testing – Clinical Exome!

☐ **Evaluation of selected genes (max. 10) from WES sequencing data** *(The patient HAS already been tested at GNTlabs using WES technology.)**

List the gene names (according to HGNC nomenclature):

*WES: whole exome sequencing – a whole-exome sequencing method, implemented at GNTlabs since January 1, 2024, and used for the EXOM, CarrierTest, and Czecanca assays.

Informed consent*- the patient:

AGREE WITH ☑ sample examination ☐ sample storage ☐ Use for research

DISAGREE WITH ☐ sample storage

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

Examination performed by: GENNET, s.r.o., GENNET Laboratories, Pekařská 635/6, 158 00 Prague 5 - Jinonice, Tel: 226 231 691

Laboratory records:

Date and time of receipt of the sample/request form: Signature: