GNT LABS BY GENNET

Request for genetic testing – Clinical EXOME – Blood relatives of the Proband

Personal Data of the Examined Person (Label):	**Referring Physician:**
Name and surname: Insurance number: Date of birth: Insurance company: ☐ Self-payer Gender: ☐ Male ☐ Female Address: Diagnosis (ICD): **Provide a valid ORPHA code:** (Newly required **for NGS reimbursement,** a full list is available at https://www.orpha.net/.)	(name, specialty, NPI, workplace, stamp, signature)

Primary Sample:	**Other Material:**
☐ **Peripheral blood** (5ml non-coagulated blood in K3EDTA) ☐ Buccal swab (2x special swab sticks - supplied upon request by the laboratory) Is the DNA isolate already at GNTlabs? ☐ YES ☐ NO *(DNA isolate enclosed with the request form.)*	☐ Isolated DNA from:

Date and Time of Collection:	**Date and Time of Indication** (If different from the collection date and time):

Clinical Data **(to be completed by the referring physician):**

Does this person have the same condition as the proband? ☐ YES ☐ NO

Proband (patient indicated for exome examination):

Name and surname: Date of birth:

Relationship of the proband to the examined person:

Informed Consent* – Examined Person:

AGREES ☑ with examining the sample
☐ with using the sample for research purposes
☐ with storing the sample

DISAGREES ☐ with storing the sample

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

Laboratory records:
Date and time of sample/referral receipt: Sample/referral received by: