

**FB ANALYSIS REQUEST ENGLISH**

Director:  
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**Genetic Analysis Request Form**

<b>Patient:</b> Name: <input type="checkbox"/> female <input type="checkbox"/> male First Name: Date of birth: Address:	<b>Hospital/Ward/Clinic/Physician (Stamp)</b>   Tel.: Fax:
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**Payment details:**       Invoice to clinician       Pre-payment enclosed       E112 form enclosed

<b>Requested investigation:</b>	<input type="checkbox"/> Diagnostic test <input type="checkbox"/> Carrier test <input type="checkbox"/> Predictive test <input type="checkbox"/> Prenatal diagnosis
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<b>Sample material</b> (date): .....	<input type="checkbox"/> EDTA full blood <input type="checkbox"/> Fibroblasts <input type="checkbox"/> Heparinised bone marrow/slides	<input type="checkbox"/> DNA extracted from ..... <input type="checkbox"/> Chorionic villi <input type="checkbox"/> Other .....	<input type="checkbox"/> Heparin full blood from <input type="checkbox"/> Fetal material
<ul style="list-style-type: none"> <li>• Molecular genetic analysis (mutation analysis), MLPA, DNA-Arrays: 5-10 ml <b>EDTA full blood</b> (infants 2-3 ml)</li> <li>• Chromosome analysis, FISH (molecular cytogenetics): 2-10 ml <b>Heparin full blood</b></li> <li>• Tumour cytogenetics: 5-10 ml <b>heparinised</b> bone marrow or 2-10 ml <b>Heparin full blood</b></li> </ul>			

<b>Clinical information/medical history:</b>   Ethnic background (important for recessive disorders): Family tree/clinical symptoms/information on pregnancy, etc., as appropriate
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<b>Results of previous genetic tests (in the family):</b>   Please provide names of investigated persons and enclose copies of previous reports.
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**Patient's written informed consent:**  enclosed  obtained and available on request  will follow  
 §69 of the Austrian Genetic Technology Law (Gentechnikgesetz) stipulates that a genetic test may only be carried out with written informed consent after adequate genetic counselling. Analyses thus cannot be started without confirmation of consent.

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**Physician's name (capital letters)                      Phone No.                      Date                      Signature**