



Cytogenetic and molecular genetic testing requisition form

Patient information			
Full name:		Sex:	<input type="checkbox"/> female <input type="checkbox"/> male
Date of birth:		Diagnosis, clinical info:	
ID/Passport No.:			

Test report language:

Czech / English

Sample ID (filled up by laboratory)	
Cytogenetics	<div style="border: 2px solid green; width: 100%; height: 40px;"></div>
Molecular genetics	<div style="border: 2px solid purple; width: 100%; height: 40px;"></div>

Requested testing	
<input type="checkbox"/>	Karyotype*
<input type="checkbox"/>	FISH for chromosome X
<input type="checkbox"/>	Acquired chromosome abnormalities
<input type="checkbox"/>	Other (specify):
<input type="checkbox"/>	DNA isolation
<input type="checkbox"/>	Carrier genetic testing (CGT)
<input type="checkbox"/>	PANDA Infertility*
<input type="checkbox"/>	PANDA Carrier
<input type="checkbox"/>	PANDA Exom
<input type="checkbox"/>	PGD karyomapping – references (PKMP)
<input type="checkbox"/>	Spinal muscular atrophy (S)*
<input type="checkbox"/>	Thrombophilia mutations (T)*
<input type="checkbox"/>	Fragile X (F)*
<input type="checkbox"/>	Cystic fibrosis (CF)*
<input type="checkbox"/>	Azoospermia factor microdeletions (AZF)*
<input type="checkbox"/>	Deafness (GJB2)*
<input type="checkbox"/>	Chromosome abnormalities at miscarriage (CVS)
<input type="checkbox"/>	Unbalanced chromosome aberrations (SNP array)
<input type="checkbox"/>	Other (specify):

* In the scope of accreditation

Sample information	No. of tubes
<input type="checkbox"/> venous blood (tube with heparin)	
<input type="checkbox"/> venous blood (tube with EDTA)	
<input type="checkbox"/> DNA isolated from	
<input type="checkbox"/> cell suspension	
<input type="checkbox"/> CVS (chorionic villus sampling)	
<input type="checkbox"/> buccal swab/saliva	
Notification for the lab	

Physician information (healthcare provider)	
Name:	
Clinic:	
Address:	
Country:	
Phone:	
E-mail:	

Date:

Signature:

Healthcare provider confirms that blood or CVS were sampled on the date and time stated below and were stored properly at the temperature 4-8 °C prior the transport. Informed consent of the patient with genetic laboratory testing must be attached to every requisition form. Genetic testing cannot be performed by the laboratory without duly filled and signed informed consent form.

Sampling information			
Sampled by (name, signature):		Date:	Time:
Handed over to transport by (name, signature):		Date:	Time:

Sample transport information		Laboratory sample register information (filled up by laboratory)	
<input type="checkbox"/>	REPROMEDA s.r.o. (name, signature)	Date and time:	
<input type="checkbox"/>	Package delivery: (company name)	Transport temperature:	<input type="checkbox"/> meet the requirements <input type="checkbox"/> out of the requirements
<input type="checkbox"/>	Other:	Registered by: (name, signature)	