

Request form Laboratory Clinical Genetics

An incomplete form or incorrect submitted material cannot be processed for the sake of due care.

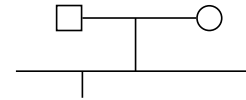
Material delivery ErasmusMC Department Clinical Genetics, Ee2475 Ophaal en afgiftepunt koeriers Wytemaweg 12 3015 CN Rotterdam	Patient data:			Gender M F
	Last name:		initials:	
Post address Erasmus MC Department of Clinical Genetics, Ee2475 PO box 2040, 3000 CA Rotterdam T: 0031 10 70 43 197 F: 0031 10 70 43 200 E: Loket.klinischegenetica@erasmusmc.nl		First name:		Date of birth:
		Address:		
		Postal code:	City:	Country:
Insurance / payment: Patients within the EU/EEA and Switzerland: For the payment of the analysis please enclose an S2 (formerly E112) form , issued by your local Health Insurance. Patients outside the EU/EEA and Switzerland: For payment of the analysis please contact us prior to sending your application				
Requesting physician:		Address:		
Institution:		City:		
Department:		Country:		
Phone no.:		VAT number of Institute:		
Email address:		Your reference:		

Have you previously submitted material from a family member / partner?

No

Yes, namely by:

Date of birth



Family Number:

DNA number (s):

Relationship (pedigree, see right):

Family tree: Indicate the patient on the form with an arrow;
 Include know affected family members.

Reason for request:
 (include relevant clinical history/differential diagnosis)

Requested test(s):

Use of patient material

The person concerned or his / her parents or legal representative explicitly prohibits further use of his / her body material.

Material
Barcode

Material
Barcode

Sample

Data sample was taken:

EDTA blood (7-10 ml)	DNA (10 µg)	Amniotic fluid (non-cultured / cultured)	Urine
Fibroblasts	Skin biopsy	Chorionic villi (non-cultured / cultured)	
Lithium heparin blood	Plasma	Other, specify:	