



# Institute of Kidney Disease & Research Centre

Baliyalimdi Cross Road, Asarwa, Ahmedabad – 380 016, Gujarat, India

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## DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

### MOLECULAR REQUISITION FORM

All Information Must Be Complete Before Sample Can Be Processed

#### PATIENT INFORMATION

Patient Name: _____ Age: _____ Sex: M/F City: _____ State: _____ Phone: _____	<u>REFERRING PHYSICIAN</u> Physician Name: Hospital Name: Phone no.:
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MOLECULAR LAB ID:

#### SAMPLE/SPECIMEN INFORMATION

Sample Requirements (Samples collected and shipped at 4°C on ice) between **9:00am to 5:00pm** on **Mon-Fri** at **Molecular Genetics Laboratory (Room No.6018 / 6019, 6<sup>th</sup> floor, IKDRC, Manjushree Mill Compound, Opp. M & J Eye Hospital, Baliyalimdi Chowk, Asarwa, Ahmedabad – 380016)**. If sample delivery is delayed, please refrigerate but **DO NOT FREEZE**. If there are any questions about sample collection Contact **Molecular Genetics Laboratory, Ph no. 09427880242, 08128241982**. The Genetics Lab should be notified before any sample is sent for genetic studies. Requisitions are to be sent with all samples.

<b>Collection Date (yy/mm/dd):</b>		
<b>Blood</b> <input type="checkbox"/> EDTA (Lavender) 7 cc (Pediatric samples 3-5 cc) <input type="checkbox"/> Streck Tube 15mL (For NIPT)	<b>Prenatal specimen</b> <input type="checkbox"/> Amniotic fluid 10 cc (for QF-PCR 1-2 cc) <input type="checkbox"/> Cultured amniocytes 2x T25 Flasks <input type="checkbox"/> CVS sample 10-20 mg cleaned villi on ice	<input type="checkbox"/> DNA 5-15µg <input type="checkbox"/> Other (specify):

Prenatal sample information for Prenatal NGS  Maternal sample included for MCC

#### MOLECULAR GENETIC TESTS

##### PGT: -

- PGT-SR
- PGT-A
- PGT-M
- PRE-PGT -WORKUP

##### NIPT: -

- NIPT COMPREHENSIVE (ALL CHROMOSOMES)
- NIPT (13,18,21, X, Y)
- NIPT PLUS

##### INFERTILITY: -

- Y-CHROMOSOME MICRODELETION

##### SINGLE GENE: -

- MUTATION STUDY (SINGLE GENE)
- CYSTICS FIBROSIS
- SICKLECELL
- THALASSEMIA

##### THALASSEMIA: -

- THALASSEMIA- TRIO
- COMPREHENSIVE ALPHA&BETA THALASSEMIA GENE PANEL

##### MLPA: -

- MUTATION STUDY (DMD)
- MUTATION STUDY (SMA)
- MLPA MITOCHONDRIAL DNA

##### EXOME: -

- COUPLE CARRIER SCREENING (CLINICAL EXOME/WHOLE EXOME)
- CLINICAL EXOME
- TRIO- CLINICAL EXOME
- WHOLE EXOME
- TRIO-WHOLE EXOME SEQUENCING

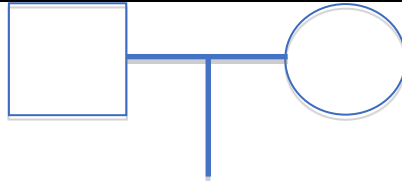
##### GENE PANEL: -

- MULTIPLE GENES
- RENAL GENE PANEL
- CARDIAC GENE PANEL
- DERMATOLOGY GENE PANEL
- NEURO GENE PANEL
- GENE PANEL
- ENT GENE PANEL

- SANGER VARIANT ANALYSIS (1 VARIANT)
- SANGER VALIDATION (2 VARIANTS)

- HAEMOPHILLA (F8&F9) GENE PANEL
- HAEMOPHILLA(F8) INTRON 22 INVERSION
- HAEMOPHILLA-A (F8) GENE ANALYSIS
- HAEMOPHILLA-B (F9) GENE ANALYSIS
- HAEMOPHILLA (F8) DELETION (DUPLICATION ANALYSIS)
- FRAGMENT ANALYSIS PCR FOR REPEAT EXPANSION ANALYSIS
- FRAGILEX CGG REPEAT ANALYSIS
- ANUEUPLOIDY SCREENING BY QF-PCR
- MATERNAL CELL CONTAMINATION (MCC) TEST
- DNA STORAGE
- DNA EXTRACTION AND STORAGE

**PEDIGREE**



**CLINICAL HISTORY**

**Result:**

**CONSENT FORM: Consent to carry out Genetic Study on Chorionic Villi / Amniotic Fluid / Abortus Material / Bone Marrow / Blood**

I /We give my/our consent to carry out Genetic study at above mentioned facility, as a diagnostic test.  
The test may be unsuccessful on rare occasions. An additional sample may be needed if the test is unsuccessful, or if the sample is damaged in shipment or in accurately submitted.

It is further agreed that the nature of this agreement is such that it must remain confidential and we agree that the sole copy of the agreement may be retained in by the above doctors file shall not be disclosed expect under unavoidable circumstances.

I give permission to use clinical information /Video / Photographic material relating to publication in any scientific journal /Book

The DNA extracted from the patient's specimen (blood or tissues) will be destroyed one year after the test is reported. Some residual specimens may be used anonymously in the lab for test development or quality assurance purposes.

**Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Name (in block):** \_\_\_\_\_ **Signature:** \_\_\_\_\_