

Institute of Kidney Disease & Research Centre
 Baliyalimdi, Asarwa, Ahmedabad – 380 016, Gujarat, India
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: _____

REFERRING PHYSICIAN

Physician Name:
 Hospital Name:
 Phone no.:

MOLECULAR LAB ID:

SAMPLE/SPECIMEN INFORMATION

Sample Requirements (Samples collected and shipped at room temperature, except CVS samples)

Collection Date (yy/mm/dd):

Blood <input type="checkbox"/> EDTA (Lavender) 7 cc (pediatric samples 3-5 cc)	Prenatal specimen <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):
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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

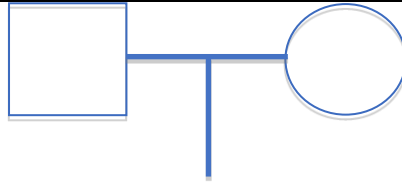
GENE PANEL: -

- 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
- ANUEPLOIDY 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: _____