

Case Number	
Reception Date	
Order Number	

(To fill-in by LabGenetics)

METABOLIC DISORDERS GENETIC TESTING REQUEST
PATIENT OR DONOR OF THE SAMPLE

Name:	Surname:	
ID:	Age:	Clinic History N°:
Antecedents:		

MEDICAL CENTER OR LABORATORY

Name or Company name:		ID/VAT:
Address:		City:
State:	Post/Zip code:	Phone:
Fax:	E-mail:	

SENT SAMPLES

Reference	Sample Type (Brief description)	LabGenetics Code

TEST REQUIRED

<input type="checkbox"/> COMBINED PITUITARY HORMONE DEFICIENCY	<input type="checkbox"/> CONGENITAL ADRENAL HYPERPLASIA DUE TO 11-BETA-HYDROXYLASE DEFICIENCY
<input type="checkbox"/> <u>POU1F1</u> gene Mutation Screening	<input type="checkbox"/> <u>CYP11B1</u> gene Mutation Screening
<input type="checkbox"/> <u>PROP1</u> gene Mutation Screening	<input type="checkbox"/> <u>CYP11B1</u> gene Most Common Mutations Screening
<input type="checkbox"/> MALE PSEUDOHERMAPHRODITISM DUE TO 5-ALPHA-REDUCTASE DEFICIENCY	<input type="checkbox"/> CONGENITAL ADRENAL HYPERPLASIA DUE TO 21 HYDROXYLASE DEFICIENCY
<input type="checkbox"/> ALPHA-1-ANTITRYPSIN DEFICIENCY	<input type="checkbox"/> <u>CYP21A2</u> gene Mutation Screening
<input type="checkbox"/> FRUCTOSE-1,6-DIPHOSPHATASE DEFICIENCY	<input type="checkbox"/> <u>CYP21A2</u> gene Most Common Mutations Screening
<input type="checkbox"/> GROWTH HORMONE DEFICIENCY	<input type="checkbox"/> HOMOCYSTEINURIA
<input type="checkbox"/> MYOADENYLATE DEAMINASE DEFICIENCY	<input type="checkbox"/> <u>CBS</u> gene Gly307Ser & Ile278Thr mutations
<input type="checkbox"/> HEREDITARY HEMOCHROMATOSIS	<input type="checkbox"/> <u>MTHFR</u> gene C677T & A1298C mutations
<input type="checkbox"/> A LA CARTE DIAGNOSTIC: _____	

In _____, at _____ 200__

Name: _____ Signature: _____

All confidential information data that appears in this formulary, as well as the analysis results, will be added to a file under the responsibility of LabGenetics. According with the current legislation, all people that figure in this document will be able to make use of their rights and oppose, access, rectify and cancel this data, sending an email, properly identified, to info@labgenetics.com.es

RESULTS COMMUNICATION:	<input type="checkbox"/> Ordinary mail	<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail
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