

<b>Case Number</b>	
<b>Reception Date</b>	
<b>Order Number</b>	

(To fill-in by LabGenetics)

**MULTISYSTEMIC AND MITOCHONDRIAL DISORDERS GENETIC TESTING REQUEST**
**PATIENT OR DONOR OF THE SAMPLE**

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

**MEDICAL CENTER OR LABORATORY**

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

**SAMPLE SENT**

Reference	Sample Type (Brief description)	LabGenetics Code

**TEST REQUIRED**

<input type="checkbox"/> <b>CYSTIC FIBROSIS</b>	<input type="checkbox"/> <b>POLYCYSTIC KIDNEY DISEASE</b>
<input type="checkbox"/> <u>CFTR</u> gene 30 more prevalent European mutations	<input type="checkbox"/> <u>PKD1</u> gene Mutation Screening
<input type="checkbox"/> <u>CFTR</u> gene Mutation Screening	<input type="checkbox"/> <u>PKD2</u> gene Mutation Screening
<input type="checkbox"/> <u>CFTR</u> gene IVS8-Tn (poli-T) polymorphism	<input type="checkbox"/> <b>NOONAN SYNDROME (SN1)</b>
<input type="checkbox"/> <b>LEBER HEREDITARY OPTIC NEUROPATHY (LHON)</b>	<input type="checkbox"/> <b>MATERNAL HEREDITARY DEAFNESS</b>
<input type="checkbox"/> G11778A, T14484C and G3460GA mutations	<input type="checkbox"/> <u>MTCO1</u> gene T7445C & A7443G mutations
<input type="checkbox"/> MTND1, MTND2, MTND4, MTND5 MTND6 regions Mutation Screening	<input type="checkbox"/> <u>MTRNR1</u> gene A1555G, A827G, T961C, T961insC, T961delT+C(n)ins, T1005C, A1116G & C1494T mutations
<input type="checkbox"/> <b>NEUROPATHY, ATAXIA AND RETINITIS PIGMENTOSA (NARP)</b>	<input type="checkbox"/> <b>MELAS SYNDROME</b>
<input type="checkbox"/> <b>LEIGH'S SYNDROME OF MATERNAL HEREDITARY</b>	<input type="checkbox"/> <b>MERRF SYNDROME</b>
<input type="checkbox"/> <b>A LA CARTE DIAGNOSTIC:</b> _____	

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

<b>Results communication</b>	<input type="checkbox"/> Ordinary mail	<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail
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