

Case Number	
Reception Date	
Order Number	

(To fill-in by LabGenetics)

NEUROLOGICAL 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:	

SAMPLES SENT

Reference	Sample Type (Brief description)	LabGenetics Code

TEST REQUIRED

<input type="checkbox"/> AUTOSOMAL DOMINANT LEWY BODY PARKINSONISM (PARK4)	<input type="checkbox"/> PANTOTHENATE KINASE-ASSOCIATED NEURODEGENERATION
<input type="checkbox"/> AUTOSOMAL RECESSIVE NONSYNDROMIC DEAFNESS	<input type="checkbox"/> HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES (HNPP)
<input type="checkbox"/> <u>GJB2</u> (Connexin 26) gene 35delG mutation	<input type="checkbox"/> 17p11.2 deletion detection in the <u>PMP22</u> gene
<input type="checkbox"/> <u>GJB2</u> (Connexin 26) gene Mutation Screening	<input type="checkbox"/> Mutation Screening <u>PMP22</u> gene
<input type="checkbox"/> <u>GJB6</u> (Connexin 30) gene Mutation Screening	<input type="checkbox"/> HUNTINGTON'S DISEASE
<input type="checkbox"/> CADASIL (CEREBRAL ARTERIOPATHY)	<input type="checkbox"/> LATE-ONSET ALZHEIMER'S DISEASE
<input type="checkbox"/> CHARCOT-MARIE-TOOTH TIPO 1A	<input type="checkbox"/> MOWAT-WILSON SYNDROME
<input type="checkbox"/> CMT1A (17p11.2) Duplication Screening	<input type="checkbox"/> TAY-SACHS DISEASE
<input type="checkbox"/> <u>PMP22</u> gene Mutation Screening	<input type="checkbox"/> <u>HEXA</u> gene 1277insTATC,1421+1G>C&G269S mutations
<input type="checkbox"/> CHARCOT-MARIE-TOOTH TYPE 1A	<input type="checkbox"/> <u>HEXA</u> gene Mutation Screening
<input type="checkbox"/> CHARCOT-MARIE-TOOTH TYPE 1B	<input type="checkbox"/> SPINAL MUSCULAR ATROPHY
<input type="checkbox"/> CHARCOT-MARIE-TOOTH TYPE 1D	<input type="checkbox"/> <u>NOTCH3</u> gene Exons 3 & 4 Mutation screening
<input type="checkbox"/> EARLY-ONSET ALZHEIMER'S DISEASE	<input type="checkbox"/> <u>NOTCH3</u> Exons 5,6,11,12,18&19 Mutation Screening
<input type="checkbox"/> EARLY-ONSET PARKINSON'S DISEASE (PARK2)	<input type="checkbox"/> SPINOCEREBELLAR ATAXIAS
<input type="checkbox"/> FAMILIAL PARKINSON'S DISEASE (PARK1)	<input type="checkbox"/> SPINOBLUBAR MUSCULAR ATROPHY (KENNEDY'S DISEASE)
<input type="checkbox"/> FRAGILE X SYNDROME (FRAX)	<input type="checkbox"/> RETT SYNDROME
<input type="checkbox"/> FRIEDREICH'S ATAXIA	<input type="checkbox"/> FRONTOTEMPORAL DEMENTIA
<input type="checkbox"/> DIAGNÓSTICO A LA CARTE: _____	

In _____, a t _____ 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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