

Case Number	
Reception Date	
Order Number	

(To fill-in by LabGenetics)

PRENATAL GENETIC TESTING REQUEST
PATIENT OR DONOR OF THE SAMPLE

Name:	Surname:	
ID:	Age:	Gestational age:

INDICATION:

<input type="checkbox"/> Maternal Age	<input type="checkbox"/> Previous son with a hereditary disease
<input type="checkbox"/> Psychological reason	<input type="checkbox"/> Direct relative with a chromosomal anomaly
<input type="checkbox"/> Triple Screening Positive	<input type="checkbox"/> Direct relative with a hereditary disease
<input type="checkbox"/> Suspicious echography of malformation	<input type="checkbox"/> Parent with a chromosomal disease
<input type="checkbox"/> Previous son with chromosomal anomaly	<input type="checkbox"/> Parent with a hereditary disease
<input type="checkbox"/> Others (specify):	

MEDICAL CENTER OR LABORATORY

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

SAMPLE SENT

Reference	Sample Type (Brief description)	Extraction Date	LabGenetics Code
	<input type="checkbox"/> Amniotic liquid <input type="checkbox"/> Fetal blood from umbilical cord <input type="checkbox"/> Chorionic villus <input type="checkbox"/> Abortion remains		

TEST REQUIRED

<input type="checkbox"/> Quantitative Fluorescent PCR (QF-PCR): Fast prenatal screening of chromosomal aneuploidies (13, 18, 21, X and Y)
<input type="checkbox"/> CARIOTYPE
<input type="checkbox"/> MOLECULAR DIAGNOSIS OF HEREDITARY DISORDERS
<input type="checkbox"/> Disorder: _____
<input type="checkbox"/> OTHER TESTS:
<input type="checkbox"/> Specify: _____

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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