Patient data

SYNLAB

ZHMA.de Zentrum für Humangenetik Mannheim

Request for Genetic Analyses

Sender

❑ Hospital ❑ Outpatient Clinic ❑ Physician

Address / Stamp

Phone _____

Fax _____

❑ I confirm that the patient has declared her/his consent to the analyses according to German law.

Signature of the responsible medical professional acc. to GenDG

Invoicing Address (if differing)

Sample data

❑ EDTA-Blood 5ml

❑ Heparin Blood 5ml

❑ Amniotic fluid 15ml

❑ clear ❑ bloody ❑ xanthochromic

❑ Chorionic villi 25ml

❑ DNA, source: _____

❑ Buccal swab

❑ Abortion tissue

❑ Other: _____

> Sampling: Date _____ Time _____

* in case of prenatal molecular genetic diagnostic please extract more sample material and additionally send EDTA-Blood of the mother!

Please be aware that we need the written patient's consent für the investigation or your confirmation that you have the patient's consent.

Indication / Analyses

Clinical data

Gender ❑ f ❑ m Ethnic Origin _____
(important e.g. for CF, FMF)

Medical History / Pedigree / Pre-Findings:

Declaration of Consent

The declaration of consent by the patient, respectively its (legal) representative is a prerequisite for the examination according to German law.

I agree with

the storage of the examination results exceeding the prescribed period of 10 years so that they will be available for me and my family in the future as well, if necessary.	❑ yes	❑ no
the storage of examination material for new diagnosis possibilities and for verifiability of the results.	❑ yes	❑ no
the forwarding of the examination order to a cooperation laboratory, if necessary.	❑ yes	❑ no
the disclosure of incidental findings, which are not related to the actual indication for the test .	❑ yes	❑ no
the storage and use of examination material / results in pseudonymised form for reasons of quality assurance and for scientific purposes.	❑ yes	❑ no

If the yes / no selection has not been answered (ticked), the statutory provisions according to GenDG [German Genetic Diagnostics Act] will be assumed.

Place/Date

Signature of the **Patient** or (legal) representative

Sample Arrival (only to be completed by the ZHMA)

Material _____ Route _____ Amount _____ Date _____ Time _____

Sender Address for Material (unchilled, no priority mail)

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