المركز الوطني للسكري والغدد الصم والوراثة
National Center for Diabetes, Endocrinology and Genetics

NCDEG Sample No.

_____

Confidential

Molecular Genetics Request Form

Patient Information:

Name (4 parts):_____ ☐ Male ☐ Female ☐ Unknown/Date of Birth: ___/___/___

Ethnic Origin /City: _____ Country _____ Address/City: _____ Country: _____

1st Phone: _____ 2nd Phone: _____

Date: _____ NCDEG File No.: _____ Geneticist: _____

Clinical Information:

Pregnancy: ☐ No ☐ Yes Gestation _____weeks

Last Menstrual Period: _____

Specimen Type: ☐ Blood ☐ Presymptomatic Test

☐ CVS* ☐ Amniotic Fluid*

☐ DNA ☐ Saliva

*Back up culture by: ☐ inside Lab ☐ outside Lab

Date Specimen Drawn: _____/_____/_____

Drawn by: _____

Date Specimen Received: _____

Sample Appearance: _____

Indications for Test:

Diagnostic:
- ☐ Known Affected
- ☐ Suspected: Symptoms _____

Carrier:
- ☐ Family History (Attach Page 2)
- ☐ No Family History
- ☐ Abnormal Fetal Ultrasound
- ☐ Known Carrier

Fetal:
- ☐ Family History (Attach Page 2)
- ☐ Abnormal Fetal Ultrasound

Other: _____

Laboratory Tests Ordered:

- ☐ DNA Extraction and Storage or/and Shipping
- ☐ β-Thalassemia mutation Screening
- ☐ Familial Mediterranean Fever mutation Screening
- ☐ Hemochromatosis mutation C282Y and H63D analysis
- ☐ Factor V mutation R506Q analysis
- ☐ Factor II mutation G20210A analysis
- ☐ Methylenetetrahydrofolate Reductase mutation C667T analysis
- ☐ Y-Chromosome Microdeletion analysis
- ☐ Sex Determining Region testing (SRY)
- ☐ Fragile-X Syndrome
- ☐ Cystic Fibrosis mutation Screening
- ☐ Duchenne Muscular Dystrophy deletion analysis
- ☐ Spinal Muscular Atrophy deletion test
- ☐ Sanjad Sakati Syndrome (12pb del.)
- ☐ Achondroplasia
- ☐ Alpha-1-Antitrypsin
- ☐ Aicardi Goutieres Syndrome (A177T)
- ☐ Glutaricacidemia Type 1 (R402W)
- ☐ Tyrosinemia type I (Q64H)

Other: _____

Referring M.D.:_____ Hospital Name: _____

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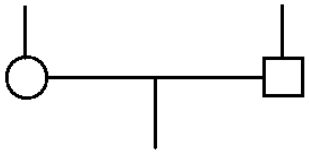
Family History:

Disease/Condition in Family _____

Relative Previously Tested Genetically ☐ No ☐ Yes: _____

Please complete either the pedigree or the family relationship chart below:



Name of family member/ Ethnic background	D.O.B.	Sex	Relationship to Affected Individual	Affected (A) Carrier (C) None Carrier (N) Unknown (U)