



**General Test Requisition**

**Patient Information**

Last Name	First Name	M Initial	Date of Birth
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			<b>Ethnicity</b>  <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Jewish (Ashkenazi) <input type="checkbox"/> African <input type="checkbox"/> Specify:
Street Address, City, State, Zip			
Home Phone			
Work/Cell Phone			
<b>Specimen</b>  Collection Date:  Specimen ID:  Specimen Type <input type="checkbox"/> Blood <input type="checkbox"/> Blood Spot <input type="checkbox"/> Cultured Amniocytes <input type="checkbox"/> DNA <input type="checkbox"/> Cultured CVS <input type="checkbox"/> CVS tissue <input type="checkbox"/> Others:		<b>Previous Test History</b>  Previous Detected Mutations:  Testing Lab:  Patient previous tested at IMMD  Family previous tested at IMMD	

**Contact and Organization Information**

Authorized Medical Professional:

Phone:

Fax:

Facility Name and Address:

**Billing Information – Mandatory For Processing**

Payment Options

Prepayment at the time of sample submission is required and can be achieved by check or money order payable to IMMD GmbH. Minimum of 75% of the cost of the test is required at the time of sample submission, with the remainder of the fee billed at time of test completion.

Check or money order enclosed in the amount of \_\_\_\_\_ \$/€

## Patient History

### Indication for Testing

- Diagnostic Testing
- Carrier Screening
- Asymptomatic
- Presymptomatic
- Symptomatic
- Family History

\_\_\_\_\_

### Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Specimen submitted

- Amniotic Fluid (15 ml in 2 steril screw-top tubes) Gestational Week:
- Chorionic Villi (15-25 mg villi in steril tissue culture media in a screw-top tube)
- Products of conception (0.5-1.0 cm<sup>3</sup> placenta / chorionic villi and/or 0.5-1.0 cm<sup>3</sup> of fetal skin + muscle in steril saline or tissue culture transport media)
- Skin (sterile 3-4 mm diameter full thickness punch biopsy in steril saline or tissue culture media)
- Blood (7 ml/1-2 ml for newborns) in sodium heparin
- Bone marrow ( 2 ml marrow in sodium heparin)
- Lymph Node ( steril center slice or wedge of node placed in steril saline or tissue culture transport media)

Other Tissue (Specify): \_\_\_\_\_

To obtain steril culture transport media, please contact us.

## Test Directory

### Molecular Genetic Testing (from IMMD test paper)

- 1 Predisposition to Adipositas (FTO-Gene)
- 2 Alzheimer's Disease (APOE4-Gene)
- 3 Apolipoprotein AI-deficiency (APOAI-Gene)
- 4 Asthma Disease (ALOX5-Gene)
- 5 Azoospermia (CFTR-Gene + Intron 8)
- 6 Azoospermia (Y-Chromosome Deletion Screening)
- 7  $\alpha$ 1-Antitrypsin Deficiency (PI\*S and PI\*Z forms)
- 8 Colon Cancer, HNPCC, Lynch Syndrome (MLH1- and MSH2-Mutation Screening)
- 9 Cystic Fibrosis (CFTR Gene)
- 10 Venous Thrombosis (Factor V Leiden Mutation)
- 11 Hereditary Breast and Ovarian Cancer (BRCA 1& BRCA2- Mutation Screening)
- 12 Familial Hypercholesterolemia (LDLR- and APOB-Gene)
- 13 Familial Hyperlipoproteinemia Type III (APOE-Gene)
- 14 5-Fluorouracil-Toxicity, DPD-Deficiency (DPD-Gene)
- 15 Bile-Stone Predisposition, Cholelithiasis (ABCG8-Gene)
- 16 GLI3-Gen-Mutations
- 17 Hereditary Hemochromatosis (HFE-Gene)
- 18 Hyperhomocysteinemia (MTHFR-Gene)
- 19 Lactose Intolerance (LTC-Gene)
- 20 Hepatic-Lipase Disorder (LIPC-Gene)
- 21 Meulengracht (Gilbert)-Syndrome (UGT1A1-Genotyping)
- 22 Muscular Dystrophy, Type Duchenne and Becker( DMD-Gene)
- 23 Osteoporosis (Collagen Type 1 alpha1-Gene)
- 24 Prader-Willi- & Angelman-Syndrome (Chromosome 15)
- 25 Venous Thrombosis (Factor II-Gene)
- 26 Silver-Russel-Syndrome / Growth Retardation (Chromosome 7)
- 27 Syndrome diagnostics at uniparental disomy

### Molecular Genetic Testing (from whole blood or tissue samples)

- 28 Androgenitale Syndrome (AGS)
- 29 Fragile X Syndrome
- 30 Myeloproliferative Diseases (JAK2-Mutation)
- 31 MSI Prescreening ( HNPCC-Lynch-Syndrome)

### Kinship, Paternity testing

- 32 Standard test with 2 or 3 persons (father+mother+1 child)  
Each additional individual  
DNA Analysis from stains, each sample tarting

### Cytogenetic Analysis

- 33 Postnatal Cytogenetics, without FISH Analysis, from blood (7 ml in sodium heparine), lymphocytes in culture or other tissues
- 34 Prenatal Cytogenetics from amniotic fluid (15 ml) or chorionic villi (15-25 mg)
- 35 Prenatal FISH Analysis from amniotic fluid
- 36 Tumor Cytogenetics from 2ml bone marrow or lymphocytes
- 37 Subtelomer FISH Analysis