

Request form Laboratory Clinical Genetics

An incomplete form or incorrect submitted material cannot be processed for the sake of due care

<p>Material delivery</p> <p>Erasmus MC Department of Clinical Genetics Room Ee2475 Wytemaweg 12, 3015 GD Rotterdam</p> <p>Post address</p> <p>Erasmus MC Department of Clinical Genetics, Ee2475 PO Box 2040, 3000 CA Rotterdam</p> <p>T: 0031 10-7043197, F: 0031 10-7043200 E: Loket.klinischegenetica@erasmusmc.nl</p>	<p>Patient data:</p> <p>Last name: _____ Gender: M/F</p> <p>First name / initials: _____</p> <p>Date of birth (dd-mm-yyyy): _____</p> <p>Address: _____</p> <p>Postal code: _____</p> <p>City: _____</p> <p>Country: _____</p> <p>Insurance / payment:</p> <p>Patients within the EU/EEA and Switzerland: For the payment of the analysis please enclose a S2 (formerly E112) form, issued by your local health insurance.</p> <p>Patients outside the EU/EEA and Switzerland: For payment of the analysis please contact us prior to sending your application</p>
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<p>Requesting physician:</p> <p>Institution:</p> <p>Department:</p> <p>Phone No.:</p> <p>Email address:</p>	<p>Address:</p> <p>City:</p> <p>Country:</p> <p>VAT number of Institute:</p> <p>Your reference:</p>
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Have you previously submitted material from a family member / partner?

- No
- Yes, namely by:birth date
- Family Number:
- DNA number (s):
- Relationship (pedigree, see right):



Family tree: Indicate the patient on the form with an arrow;
Include know affected family members.

Reason for request (include relevant clinical history/differential diagnosis):

Requested test(s):

Use of patient material

- The person concerned or his / her parents or legal representative explicitly prohibits further use of his / her body material.

Sample	Data sample was taken: _____
<input type="checkbox"/> EDTA blood (7-10 ml) <input type="checkbox"/> DNA (10 µg) <input type="checkbox"/> Amniotic fluid (<input type="checkbox"/> non-cultured / <input type="checkbox"/> cultured) <input type="checkbox"/> Urine <input type="checkbox"/> Fibroblasts <input type="checkbox"/> Skin biopsy <input type="checkbox"/> Chorionic villi (<input type="checkbox"/> non-cultured / <input type="checkbox"/> cultured) <input type="checkbox"/> Lithium heparin blood <input type="checkbox"/> Plasma <input type="checkbox"/> Other, specify:	

For the most recent application forms, the general terms and conditions and information on acceptance and submission protocols, turn around times, methodologies etc., see our website: https://www6.erasmusmc.nl/klinische_genetica/