

TEST REQUISITION FORM

PATIENT DETAILS

Protocol no. (internal use only): _____
 Name _____
 Surname _____
 Date of birth _____ Place of birth _____
 VAT no. _____
 Address: _____
 Date of blood withdraw _____
 Gynecologist name: _____
 Address: _____
 Phone no.: _____
 E-mail: _____



ORDERING LABORATORY / CLINICIAN

Name / Stamp

PATIENT MEDICAL HISTORY

PREGNANCY HISTORY

Patient current weight Kg _____ Patient height _____
 Gestational age at draw _____ + days _____
 Gestational age calculated by:
 Ultrasound; last menstrual period; IVF treatment
Twin pregnancy? Yes; NO
IVF Pregnancy? Yes; NO
 Homologous pregnancy; Heterologous Pregnancy
 Embryo donation; Eggs donation; Sperm donation

INDICATION FOR TESTING

- Advanced maternal age; Advanced paternal age;
- Partner carrier of a genetic disorder: Male Female
- Specify disorder: _____
- Specify gene and mutation: _____
- Parental anxiety (low-risk)
- Abnormal ultrasound (describe): _____
- Other indication _____ None

TYPE OF TEST



GeneSAFE™ Inherited GeneSAFE™ *de novo*
 GeneSAFE™ Complete (Inherited + *de novo*)
 Is it a redraw? Yes; NO

- PrenatalSAFE® COMPLETE (PrenatalSAFE® Karyo + GeneSAFE™ Complete)
 - PrenatalSAFE® COMPLETE Plus (PrenatalSAFE® Karyo Plus** + GeneSAFE™ Complete)
- ** This option includes in addition screening for the following syndromes: 22q11.2 syndrome (DiGeorge syndrome, Velocardialfacial syndrome); 1p36 deletion syndrome; Angelman syndrome (15q11.2 deletion syndrome); Prader-Willi syndrome (15q11.2 deletion syndrome); Cri du Chat syndrome (5p- deletion syndrome); Wolf-Hirschhorn syndrome (4p- deletion syndrome); Langer-Giedion syndrome (8q24 deletion syndrome); Jacobsen syndrome (11q23 deletion syndrome); Smith-Magenis syndrome (17p11.2 deletion syndrome).

CHECK LIST

- Please check if you provided the following information:
- Patient's details;
 - Ordering Laboratory / Clinician;
 - Pregnancy history
 - Type of Test
 - If wish to know the fetal gender;
 - If it is a redraw;
 - Reporting preferences;
 - Informed consent;
- Please check if you performed the following procedures:
- Reading test submission instructions.
 - Reading sample collection and packaging instructions.

REPORTING PREFERENCES

- PHYSICIAN / LABORATORY
- Name / Stamp
- E-mail; On-Line; Mail; Courier
- PATIENT
- E-mail; address _____
- On-Line; By Phone, no.: _____
- In order to activate the on-line reporting option, you need to provide us an user name and a password:
- Username: _____ Password: _____
- Signature _____



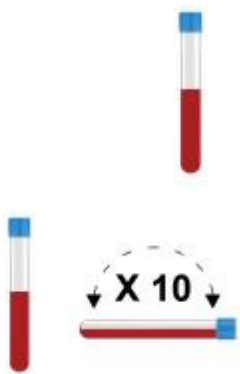
Test Submission Instructions

Informed consent and test requisition form

IMPORTANT: Fill in all required Test Requisition Form information to avoid delays and ensure timely reporting.

To ensure acceptance of your patient's specimen for testing, please verify that the **informed consent** has been signed from the patient and it has been enclosed with samples:

Sample collection instruction:



- Take the 10ml collection tube from the **PrenatalSafe®** Test Shipper Kit.
- Write the blood **collection date** in the specimen information section of the test requisition form.
- Write the **patient's full name** and **date of birth** on the collection tube label.
- Fill the collection tube almost completely with whole blood.
- Invert the collection tube **10 times**.

Store collected blood at **room temperature** until ready for shipment. **Blood should never be frozen!**

Sample Packaging:

IMPORTANT: Always store kits at **room temperature**.

- Place the filled and properly labeled collection tube into the **PrenatalSafe®** shipper kit box. Only one patient sample per box.
- Place the completed **test requisition form** and **informed consent** into the shipper kit box, at the side.
- Put sample tubes inside the sponge and both inside the biohazard envelope. Close the box.
- Place shipper kit box inside of courier pack and seal.
- If you are shipping more than one sample, place as many as possible collection tubes into one shipper kit.
- If you are shipping more than one shipper kit, place as many as possible into one courier pack.
- Adhere the **courier airbill** pouch to the outside of the courier pack. Insert the airbill into the pouch.
- **Call courier** to arrange specimen pickup.
- Ship specimens, preferably the **same day** as collected. Specimens must be received by Genoma **within 5 days** of collection date. Genoma receives specimens Monday through Saturday.