

Request form for PGT-M preparation – patient

(This form is an accompanying document for patient sample needed for karyomapping setup)

Personal data:		Requesting clinician:	
Name and surname:		(name, specialty, address, stamp, signature)	
Date of birth:			
Sex:	Female Male		
Address:			
Diagnosis (ICD):			
Sample type:			
Peripheral blood (5 ml of non-coagulating blood in K3EDTA)		DNA isolated from:	
Other (please specify):			
Date and time of sampling:		Date and time of request:	
Details of the planned PGT-M (to be completed by the requesting clinician):			
<i>It is essential to attach a clinical genetic report with the results of the genetic laboratory testing, otherwise PGT-M preparation will not begin.</i>			
PGT-M is prepared for the disease (fill in the name):			
Gene:	Heredity:	AR	AD XR XD
Mutation carrier:	Patient Partner	Both partners	
Donated gametes planned in this IVF cycle?	NO	YES – oocytes	YES – sperm
Partner and other family relatives who are / will be sent for PGT-M preparation			
<i>(this is for laboratory purposes only, each of them will be sent with a separate request form):</i>			
Name and surname – partner:		Relationship to the patient:	
Name and surname – relative:			
Name and surname of other relatives and their relationship to the patient:			
Informed consent* – patient:			
AGREE WITH:		DISAGREE WITH:	
Sample storage		Sample storage	
Sample examination		*) Requesting clinician confirms by sending this request form that the patient or legal representative has signed an informed consent, which is either part of patient's documentation or is attached to this request form.	
Use for research			
Examination is performed by: GENNET, s.r.o., GENNET Laboratories, Pekařská 635/6, 158 00 Praha 5 – Jinonice, Tel: 226 231 691			
Laboratory records:			
Date and time of receipt of the sample / request form:		Signature:	