

INTERNATIONAL DIVISION

Tel.: +33 (0)4 72 80 23 85 • Fax: +33 (0)4 72 80 73 56
E-mail: international@eurofins-biomnis.com

Customer number: _____

Date : _____
EDTA whole blood sample

Laboratory's stamp
or bar code sticker

PRESCRIBING CLINICIAN

First name(s): Surname :
Address:
Post code: _____ City : Country:
Tel.: _____ Fax: _____

PATIENT

First name(s): Surname :
Birth name:
Date of birth* : _____ Gender: F M
Address:
Post code: _____ City:
Country: Tel.: _____
Geographical origin** : Europe/North Africa Sub-Saharan Africa and the Caribbean
 Asia Other (e.g. mixed-race):

* If the patient is a minor, consent must be given by the holders of parental authority.
** This information is essential only for the tests marked [1] below.

CLINICAL SIGNS - This section must be completed

SAMPLE TYPE - This section must be completed

EDTA whole blood Other - please specify :

MOLECULAR GENETICS TEST REQUEST FORM

INDICATIONS: This information must be provided (Biomnis analysis code)

- ABCB1 (identification of variants rs2032583 et rs2235015) (ABCB1) ↙
- Alpha 1-antitrypsin (S and Z variants) (A1BM)
- Angelman syndrome (Postnatal: SNRPS / Prenatal : SNRPL)
- Uniparental disomy (DUPRE)
- Exome^[1] (EXOME): specific request form required, please see www.eurofins-biomnis.com
- Factor II (mutation g.20210G>A) (F2M)
- Factor V Leiden (mutation p.Arg506Glu) (F5L)
- Familial Mediterranean Fever (FMF) - study of the MEFV gene ^[1] (FMF): please attach the completed clinical information form which is available on www.eurofins-biomnis.com
- IL-28B genotyping (IL28B)
- RHD genotyping (BMGR1)
- Gilbert syndrome (polymorphism UGT1A1*28) (GILB)
- Haemochromatosis: mutation p.Cys282Tyr (HMC)
- Haemochromatosis: mutation p.His63Asp (H63D)
- Haemochromatosis: mutation p.Ser65Cys (S65C)
- HLA class I (loci A, B)^[1] (HLA1) : A*29 B*27 B*51 B*57
- HLA classe II (loci DQ, DR)^[1] (HLA2) : DR4 DQ2 DQ8 DQB1*0602
- HLA-B*27^[1] (B27)
- Lactose intolerance (LCT)
- Y chromosome microdeletions (loci AZFa, AZFb and AZFc) (DELY)
- MTHFR (Methylene Tetrahydrofolate Reductase - thermolabile variant, mutation c.677C>T) (MTHFR)
- MTHFR (Methylene Tetrahydrofolate Reductase, mutation c.1298A>C) (MTHF2)
- Cystic fibrosis (CFTR, screening of most frequent mutations)^[1] (MUCO) : specific request form required, please see www.eurofins-biomnis.com
- Prader-Willi syndrome (Postnatal: SNRPS / Prenatal: SNRPL)
- DNA microarray (SNP array) (SNPRE)
- qPCR: contact us (QPOST) (attach the R66-INTGB information form)
- Sanger: contact us (SEPOS) (attach the R66-INTGB information form)
- Fragile X syndrome (Postnatal: XFRA / Prenatal: XFRAP)
- Other - please specify:

[1] The geographical origin of the patient must be specified for these tests-of "Patient" section

CONSENT PRIOR TO THE CARRYING OUT OF GENETIC EXAMINATIONS OF AN INDIVIDUAL

(In accordance with Articles R.1131-4 and R.1131-5 of the Public Health Code).

I, the undersigned
born on _____

hereby declare that I had consultation with Dr:

where information on the genetic tests to be performed for the reasons listed below was provided:

- to confirm or invalidate the diagnosis of a genetic disease in relation to my symptoms, those of my minor child or those of the adult person under guardianship for whom I am the legal representative;
- to confirm or deny the pre-symptomatic diagnosis of a genetic disease;
- to identify a healthy carrier status (heterozygous or chromosomal rearrangement);
- assess genetic susceptibility to disease or drug treatment.

► To this end, I consent

- to the sample to be taken from my home
- to the deduction that will be made from my minor child or a person of full age under guardianship for whom I am the legal representative

I am informed that the results of the examination of the genetic characteristics will be transmitted to me by the above-mentioned Doctor in the framework of an individual consultation. If the examination reveals results other than those sought, the aforementioned Doctor will determine the appropriate course of action during an individual consultation.

► If part of the sample remains unused after examination:

- I agree that it may be integrated, if necessary, for scientific research purposes. In this case, all medical data concerning me will be protected by complete anonymisation. Consequently, I am aware that these scientific studies carried out will not be of any benefit or prejudice to me.

Signed in (city)
on _____

Patient's signature, signature of the holders of the parental authority of the child or the guardian of the adult under guardianship:

DECLARATION OF MEDICAL CONSULTATION

(French Decree n° 2008-321 dated 4 April 2008 - French Decree dated 27 May 2013).

I, the undersigned
R.1131-5 of the French Public Health Code, hereby certify that the patient mentioned above was received for a consultation today where information on the characteristics of the disease to be screened, the methods used to detect it and details on the possibilities of prevention and treatment were provided.

Signed in (city)
on _____

Physician's signature: