



INFORMATION FOR GENETIC CHARACTERS INVESTIGATION
Developmental disorder and genetic diseases

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AUTHORIZED LABORATORY FOR PERFORMING GENETIC CHARACTERS INVESTIGATION IN HUMAN

PATIENT	PRESCRIBING PHYSICIAN
Name..... First name..... Birth date Address.....	Signature :

FAMILY INFORMATION	CLINICAL INFORMATION						
SPOUSE Name..... First name..... FATHER Name..... First name..... MOTHER Name..... First name.....	<input type="checkbox"/> Pregnancy (since) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <input type="checkbox"/> Ongoing prenatal diagnostic						

CYTOGENETIC & MOLECULAR CYTOGENETIC (mandatory clinical information)	
<input type="checkbox"/> Total blood Number of samples :	<input type="checkbox"/> EDTA <input type="checkbox"/> Heparinized
<input type="checkbox"/> Tissue (in culture medium) : specify.....	

REQUIRED TEST
<input type="checkbox"/> Constitutional karyotype from patient (+ 8 days old) blood (Heparin tube) <input type="checkbox"/> Chromosomal micro-array (CMA) (EDTA tube) <input type="checkbox"/> Constitutional karyotype from newborn (0 to 8 days) blood (Heparin tube) <input type="checkbox"/> (pan-) telomeric study (MLPA, EDTA tube) <input type="checkbox"/> Microdeletion syndrome screen (FISH technique): <input type="checkbox"/> Wolf-Hirschhorn (4p-) <input type="checkbox"/> Cri du Chat (5p-) <input type="checkbox"/> Willi-Prader <input type="checkbox"/> Angelman <input type="checkbox"/> Williams-Beuren <input type="checkbox"/> Smith-Magenis <input type="checkbox"/> Miller-Diecker <input type="checkbox"/> DiGeorge <input type="checkbox"/> Other.....
<input type="checkbox"/> Uniparental disomy (specify chromosome) :
<input type="checkbox"/> Other (specify) :

INDICATION
Intellectual disability/ Malformations <input type="checkbox"/> (12) Intellectual disability <input type="checkbox"/> (34) Pervasive developmental disorder <input type="checkbox"/> (22) Suspicion of trisomy 21 <input type="checkbox"/> (32) Autism spectrum <input type="checkbox"/> (36) Developmental delay Maternal serum markers <input type="checkbox"/> (14) Dysmorphic features <input type="checkbox"/> (30) Hypotonia (child under 1): <input type="checkbox"/> (20) Obesity with intellectual disability <input type="checkbox"/> (40) Epilepsy <input type="checkbox"/> Yes : <input type="checkbox"/> (33) Delayed language <input type="checkbox"/> (40) Suspicion of fragile X <input type="checkbox"/> 1 st T <input type="checkbox"/> 2 nd T <input type="checkbox"/> (35) Behavioral disorder <input type="checkbox"/> 2 nd T integrated <input type="checkbox"/> Indetermined <input type="checkbox"/> (46) Congenital abnormality (precise) :
Gonosomic abnormalitis suspicion <input type="checkbox"/> (02) Klinefelter Syndrome <input type="checkbox"/> (27) Turner Syndrome <input type="checkbox"/> (31) Premature ovarian failure <input type="checkbox"/> (05) Primary amenorrhea <input type="checkbox"/> (07) Early menopause <input type="checkbox"/> (28) Gender dysphoria <input type="checkbox"/> (06) Secondary amenorrhea <input type="checkbox"/> (17) Ambiguous genitalia / genital malformations <input type="checkbox"/> (21) Obesity without intellectual disability <input type="checkbox"/> (18) Stature/weight retardation <input type="checkbox"/> (19) Delayed puberty <input type="checkbox"/> (03) Gynecomastia
Reproductive disorders <input type="checkbox"/> (01) Azoospermia <input type="checkbox"/> (01) Severe oligospermia <input type="checkbox"/> (01) Oligo-astheno-teratospermia OATS <input type="checkbox"/> (01) AVD <input type="checkbox"/> (08) Check up before IVF/ICSI/gamete donation <input type="checkbox"/> (10) Non-labeled infertility <input type="checkbox"/> (11) Multiple miscarriage (number) :
Familial investigation chromosomal abnormality (send index case results or name, address and phone number of the lab which performed the karyotype) <input type="checkbox"/> (25) Familial study (1 st degree related) <input type="checkbox"/> (29) Familial study (non 1 st degree related) <input type="checkbox"/> (26) Prenatal diagnosis during

MOLECULAR GENETIC (mandatory clinical information)

- Total blood Number of samples:
- Tissue (in culture medium) : specify.....
- Urine (morning urine)
- EDTA

REQUIRED TEST	INDICATION
<input type="checkbox"/> Frequent mutations screen for CFTR gene (+/-IVS8 (T)(TG) splicing variant +/- rare mutations) (reflex test) <input type="checkbox"/> Y-chromosome microdeletions <input type="checkbox"/> SRY gene screen	<input type="checkbox"/> Send specific clinical information sheet https://www.lab-cerba.com/files/live/sites/Cerba/files/documents/EN/CFTRGB.pdf <input type="checkbox"/> Investigation of male infertility <ul style="list-style-type: none"> <input type="checkbox"/> Azoospermia <input type="checkbox"/> Severe oligospermia <input type="checkbox"/> OATS <input type="checkbox"/> Other (specify) : <input type="checkbox"/> Sexual ambiguity <input type="checkbox"/> Other (specify) :
<input type="checkbox"/> FGFR3 Achondroplasia <input type="checkbox"/> FGFR3 Hypochondroplasia <input type="checkbox"/> FGFR3 Thanatophore dysplasia <input type="checkbox"/> FGFR2 Apert syndrome <input type="checkbox"/> SHOX Léri-Weill and Langer syndromes, idiopathic small size <input type="checkbox"/> PTPN11 Noonan syndrome / Leopard syndrome	<input type="checkbox"/> Clinical suspicion <input type="checkbox"/> Family study <input type="checkbox"/> Other (specify) : <input type="checkbox"/> Send specific clinical information sheet https://www.lab-cerba.com/files/live/sites/Cerba/files/documents/EN/SHOXGB.pdf <input type="checkbox"/> Send specific clinical information sheet https://www.lab-cerba.com/files/live/sites/Cerba/files/documents/EN/NOONGB.pdf
<input type="checkbox"/> FMR1 gene study (fragile X syndrome) <input type="checkbox"/> Angelman syndrome <input type="checkbox"/> Willi-Prader syndrome <input type="checkbox"/> MECP2 gene study (Rett syndrome)	<input type="checkbox"/> Clinical suspicion <input type="checkbox"/> Family study <input type="checkbox"/> Other (specify) : <input type="checkbox"/> Send specific clinical information sheet https://www.lab-cerba.com/files/live/sites/Cerba/files/documents/EN/RETTGB.pdf
<input type="checkbox"/> DMPK Steinert myotonic dystrophy* <input type="checkbox"/> SMN1 Spinal muscular atrophy (diagnostic) <input type="checkbox"/> SMN1 Spinal muscular atrophy (heterozygote)*	<input type="checkbox"/> Clinical suspicion <input type="checkbox"/> Family study <input type="checkbox"/> Other (specify) :
<input type="checkbox"/> GJB6 Connexin 30 <input type="checkbox"/> Mitochondrial deafness <input type="checkbox"/> Mitochondrial deafness / diabetes <input type="checkbox"/> GJB2 Connexin 26	<input type="checkbox"/> Clinical suspicion <input type="checkbox"/> Family study <input type="checkbox"/> Other (specify) : <input type="checkbox"/> Send specific clinical information sheet https://www.lab-cerba.com/files/live/sites/Cerba/files/documents/EN/CONNGB.pdf
<input type="checkbox"/> Mitochondrial cytopathy MERRF <input type="checkbox"/> Mitochondrial cytopathy MELAS <input type="checkbox"/> Mitochondrial cytopathy es NARP <input type="checkbox"/> Leber's optical atrophy LHON <input type="checkbox"/> Mitochondrial deafness <input type="checkbox"/> Mitochondrial deafness / diabetes	<input type="checkbox"/> Clinical suspicion <input type="checkbox"/> Family study <input type="checkbox"/> Other (specify) :
<input type="checkbox"/> HEXA Tay-Sachs disease <input type="checkbox"/> ASPA Canavan disease <input type="checkbox"/> IKBKAP Familial dysautonomy <input type="checkbox"/> AAT alpha-1 antitrypsin genotype <input type="checkbox"/> UGT1A1 Gilbert disease <input type="checkbox"/> Fabry disease (alpha-galactosidase assay) <input type="checkbox"/> MEFV Familial Mediterranean Fever and others HRF <input type="checkbox"/> F8/F9 A & B hemophilia <input type="checkbox"/> HBB/HBA1/HBA2 Sickle-cell disease and other Hemoglobin diseases	<input type="checkbox"/> Clinical suspicion <input type="checkbox"/> Biological suspicion <input type="checkbox"/> Heterozygote screening <ul style="list-style-type: none"> <input type="checkbox"/> Personal familial history <input type="checkbox"/> Spouse familial history <input type="checkbox"/> Without previous history <input type="checkbox"/> Other (specify) : <input type="checkbox"/> Molecular study of an index case <input type="checkbox"/> Other (specify) : <input type="checkbox"/> Send specific clinical information sheet https://www.lab-cerba.com/files/live/sites/Cerba/files/documents/EN/GFMFGB.pdf <input type="checkbox"/> Send specific clinical information sheet https://www.lab-cerba.com/files/live/sites/Cerba/files/documents/EN/HEABGB.pdf <input type="checkbox"/> Send specific clinical information sheet https://www.lab-cerba.com/files/live/sites/Cerba/files/documents/EN/HEMOGB.pdf