BIOARRAY
Diagnóstico Genético

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Test Requisition Form for Sample Shipment

PLEASE REQUEST SAMPLE COLLECTION AT info@bioarray.es

Requisitioner details

Medical Center / Health Facility | Service/Department | Date

First Name | Family Name | E-mail

Address | City

Province/State | Postal Code | Country | Phone

Patient details

First Name | Family Name | Gender | Date

Birthdate | Medical Record no. | E-mail

Province/State | Postal Code | Phone

Sample information

Sample type | Extraction method | Extraction date

Clinical Data *(enclosing of reports is recommended)*

Indication | Summary of relevant medical history

Requested Test

Postnatal aCGH Agilent 60k 180k 400k

Postnatal aCGH Affymetrix 750k

Prenatal aCGH Agilent 60k

Miscarriage (POC) aCGH Agilent 60k

Single Gene Sequencing Indicate gene or test reference: ______________________________

MLPA / del-dup test Indicate gene or test reference: ______________________________

Triplet Repeat Expansion test Indicate test reference or quotation no.: ______________________

Gene Panel Sequencing Indicate test reference or quotation no.: ______________________

Whole Exome Sequencing: Single Trio

Whole Genome Sequencing: Single Trio

Shipping this sample along with this form to Bioarray implies the acceptance of the previously provided quotation. The Spanish Law 14/2007 of July 3 of Biomedical Research (LIB), establishes regulation for the performance of genetic analysis with health purposes. In accordance with Law 41/2002 on Patient Autonomy and Law 3/2018 on the Protection of Personal Data, the applicant must have the patient's consent to carry out the diagnostic tests requested and to process his/her data. In this way, and as information to be provided to the patient, we must inform you that the data collected in this form will be included in a confidential automated file, duly registered in the Spanish Data Protection Agency, in accordance with the terms established in Law 3/2018, whose ownership corresponds to Bioarray, S.L, in order to manage the diagnostic study in the form described, the patient may exercise at any time the rights of access, rectification, cancellation or opposition, recognized by the aforementioned legislation on the protection of personal data, addressing the following address: Bioarray S.L., Parque Científico de la UMH. Edificio Quorum III 03202 Elche (Alicante), email: info@bioarray.es Tel: 966682500 Fax: 966682501