



Institut für Immunologie und Genetik, Postfach 2565, 67613 Kaiserslautern | Pfaffplatz 10, 67655 Kaiserslautern

Physician information:

Patient:

Request form for postnatal chromosome, DNA and FISH analysis

Type of sample:

5ml peripheral blood (heparin and EDTA) „consent form for genetic testing” required

Test(s):

- Chromosome analysis
- array CGH analysis
- FISH analysis* _____

- DNA analysis* _____

* please specify below

Indication/Diagnosis:

- Developmental delay
- Mental retardation
- Dysmorphic features
- Growth retardation
- recurrent fetal loss
- Infertility
- other indication: _____

- current pregnancy: week _____

Detailed information:

Sampling date / time: _____ **Signature:** _____