

Patient:

male female

Request form for chromosome, DNA and FISH analysis

Type of sample:

5ml peripheral blood (heparin and EDTA) „consent form for genetic testing recommended“

Test(s):

- Chromosome analysis
- Chromosomal subtelomeric sequences
- CGH analysis
- FISH analysis* _____
- DNA analysis* _____

Indication/Diagnosis:

- Developmental delay
- Mental retardation
- Dysmorphic features
- Growth retardation
- Habitual abortion
- Infertility
- Other clinical comments

***Specify FISH/DNA analysis**

Detailed Information:

Sampling date/time:

Physician: