



**INSTITUTE OF
IMMUNOLOGY AND GENETICS**
HUMAN GENETICS | PATHOLOGY

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Institute of Immunology and Genetics, P.O. box 2565, 67613 Kaiserslautern | Pfaffplatz 10, 67655 Kaiserslautern

Requesting physician:

Patient:

Request form for postnatal chromosome, DNA and FISH analysis

Type of sample:

Chromosome / FISH analysis: 5 ml heparinised blood

DNA analysis: 5 ml EDTA blood

„consent form for genetic testing“ required (available on www.immungenetik-kl.de)

Test(s):

- chromosome analysis
- array CGH analysis
- FISH analysis* _____

- DNA analysis* _____

* please specify below

Indication/Diagnosis:

- developmental delay
- dysmorphic features / malformations
- growth retardation
- recurrent fetal loss
- infertility
- genetic disease: patient affected (diagnostic testing)
- genetic disease: family member affected (predictive testing), please indicate family specific mutation:

- current pregnancy: week _____

further clinical informations:

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