INSTITUTE OF
IMMUNOLOGY AND GENETICS
HUMAN GENETICS I PATHOLOGY

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Requesting physician:	**Patient information:**

Cause of examination: ❑ diagnostic ❑ predictive for familial mutation _____

(Check all that apply)

❑ Patient clinically affected
❑ Family members affected – who?_____
❑ No previous molecular genetic examinations existent
❑ The following previous molecular genetic examinations have been done:_____

Request Form Coagulation Factor- / Platelet- / Thrombotic-Disorders

(Check all that apply)

	Disorder	**Gene(s)**		**Disorder**	**Gene(s)**
❑	ADAMTS13 deficiency	*ADAMTS13*	❑	Protein C deficiency	*PROC*
❑	Antithrombin deficiency	*SERPINC1*	❑	Protein S deficiency	*PROS1*
❑	Bernard-Soulier syndrome	*GP1BA, GP1BB, GP9*	❑	Von Willebrand disease	*VWF*
❑	Prothrombin deficiency	*F2*	❑	Wiskott-Aldrich syndrome	*WAS*
❑	Factor V deficiency	*F5*		**SNP Genotyping**	
❑	Factor VII deficiency	*F7*	❑	Antithrombin III Cambridge II A384S (rs121909548)	
❑	Hemophilia A	*F8*	❑	Prothrombin G19911A (rs3136516)	
❑	Hemophilia B	*F9*	❑	Prothrombin G20210A (rs1799963)	
❑	Factor X deficiency	*F10*	❑	Factor V Leiden R506Q (rs6025)	
❑	Factor XI deficiency	*F11*	❑	Factor V H1299R (rs1800595)	
❑	Factor XII deficiency	*F12*	❑	Factor XII C46T (rs1801020)	
❑	Factor XIII deficiency	*F13A1, F13B*	❑	Factor XIII V34L (rs5985)	
❑	Fibrinogen deficiency	*FGA, FGB, FGG*	❑	β-Fibrinogen G-455A (rs1800790)	
❑	Fletcher factor deficiency	*KLKB1*	❑	FSAP G534E (rs7080536)	
❑	Kininogen deficiency	*KNG1*	❑	MTHFR C677T (rs1801133)	
❑	Glanzmann thrombasthenia	*ITGA2B, ITGB3*	❑	MTHFR A1298C (rs1801131)	
❑	Hereditary hemorrhagic telangiectasia	*ACVRL1, ENG*	❑	PAI-1 A-844G (rs2227631)	
❑	Plasminogen deficiency	*PLG*	❑	PAI-1 4G/5G (rs587776796)	

Date / Time of sampling:	**Signature:**

Specimen requirements and logistics:

- Patient Consent Form for Genetic Testing according to the German Law and Request Form
- Billing information (Insurance-, Institutional- or Selfpay-Billing)
- 5 ml EDTA blood collection tube labeled with patient name and date of birth