



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 FISH/DNA analysis

Indication/Diagnosis:

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

Detailed information:

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