



Requesting physician:

Patient information:

Request Form Postnatal diagnostics

Postnatal tests:

- Microscopic chromosome analysis**
- Array CGH analysis**
- FISH for specific chromosome / region:**
please specify: _____
- DNA analysis**
Please specify gene(s):

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 _____

Clinical information:

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)**
- **for chromosome / FISH analysis: 3 mL heparinised blood**
- **for DNA analysis: 5 mL EDTA blood**