



INSTITUTE OF
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Requesting physician:

Patient:

Request form Disease-associated HLA Typing

Sample Type: 3ml EDTA-blood

Consent form for genetic testing acc. Genetic Diagnostics Act is needed!

Disorder	Analysis
<input type="checkbox"/> Abacavir hypersensitivity	HLA-B*57:01
<input type="checkbox"/> M. Bechterew	HLA-B*27
<input type="checkbox"/> M. Behcet	HLA-B*51
<input type="checkbox"/> Narcolepsy	HLA-DQB1*06:02
<input type="checkbox"/> Celiac disease	HLA-DQA1*, -DQB1* (high resolution)
<input type="checkbox"/> Diabetes mellitus type I (insulin-dependent)	HLA-DQB1*02,03,06 (high resolution)

other _____

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