



Requesting physician:

Patient information:

Request Form Molecular Endocrinology

Cause of examination: diagnostic predictive for familial mutation _____

Clinical information:

Family history:

(Check all that apply)

- Patient clinically affected
- No previous molecular genetic examinations existent
- The following previous molecular genetic examinations have been done:

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

Patient name: _____ DOB: _____

- Maturity Onset Diabetes of the Young (MODY) Type 1**
HNF4a
- Maturity Onset Diabetes of the Young (MODY) Type 2**
GCK
- Maturity Onset Diabetes of the Young (MODY) Type 3**
HNF1a
- Maturity Onset Diabetes of the Young (MODY) Type 5**
HNF1b
- Multiple Endocrine Neoplasia Type 1 (MEN1)**
MEN1
- Multiple Endocrine Neoplasia Type 2 / Familial
Medullary Thyroid Carcinoma (MEN2 / FMTC)**
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