

CLINICAL GENETIC TEST REQUEST FORM

PROTOCOL NO / BARCODE:

PATIENT:		PHYSICIAN:	
Name and surname:		Name and surname:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth:		Phone number:	
		E-mail:	
Mother name:	Father name:	Institution:	
ID number:		Stamp:	
E-mail:			
Phone number:			
Address:			
		SAMPLE TAKEN AND DATE OF SAMPLE COLLECTION:	
		Date of Receipt: Time:	
		Peripheral Blood <input type="checkbox"/> Bone marrow <input type="checkbox"/> Tissue <input type="checkbox"/> Other <input type="checkbox"/>	

CLINICAL INFORMATION:

(If necessary, use new paper or attach the epicrisis printout and other necessary documents to the request sheet)

IMPORTANT NOTE:

- Genetic tests are subject to consent. It is a legal requirement to obtain the consent of the patient and his/her guardian for those under 18 years of age.
- You can access the all forms at <https://www.sapiensgenetics.com/guides-forms/> or request them from our center.
- It is recommended that genetic examinations be carried out with genetic counseling before and after the test. For this purpose, you can make an appointment at our center.

MOLECULAR GENETIC TESTS

<input type="checkbox"/> WES Whole Exome Sequencing	<input type="checkbox"/> Gilbert's disease UGT1A1 5' TA repeat count
<input type="checkbox"/> WES & Mitochondrial Disease Panel	<input type="checkbox"/> 5-ALFA Reductase Deletion Duplication Analysis
<input type="checkbox"/> WES DUO Whole Exome Sequencing Duo	<input type="checkbox"/> MEN1 Gene Sequence Analysis
<input type="checkbox"/> WES TRIO Whole Exome Sequencing Trio	<input type="checkbox"/> AMH Sequence Analysis
<input type="checkbox"/> WES TRIO PLUS Whole Exome Sequencing Trio Plus	<input type="checkbox"/> AR (Androgen Receptor) Gene Analysis
<input type="checkbox"/> CES Clinical Exome Sequencing	<input type="checkbox"/> Congenital Adrenal Hyperplasia (CYP21A2 gene)
<input type="checkbox"/> Hereditary Disease Panel	<input type="checkbox"/> SOX9 mutations
<input type="checkbox"/> Familial Mediterranean Fever (FMF) MEFV Whole Gene Analysis	<input type="checkbox"/> Silver Russel 11p15 hypomethylation analysis
<input type="checkbox"/> Factor II Prothrombin G20210A Mutation Analysis	<input type="checkbox"/> MODY NGS Panel
<input type="checkbox"/> Factor V G1691A Mutation Analysis	<input type="checkbox"/> GLUD1 Gene Sequence Analysis
<input type="checkbox"/> MTHFR C677T Mutation Analysis	<input type="checkbox"/> Alpha-Thalassemia (HBA Gene) Mutation Screening
<input type="checkbox"/> Fragile X syndrome Analysis	<input type="checkbox"/> Beta Thalassemia (HBB Gene) Sequence Analysis
<input type="checkbox"/> Y chromosome microdeletion analysis	<input type="checkbox"/> Alpha-Thalassemia Deletion/Duplication analysis
<input type="checkbox"/> F13 V34L Polymorphism Analysis	<input type="checkbox"/> Bernard Soulier Syndrome Type A (GP1BA Gene Sequence Analysis)
<input type="checkbox"/> FV Cambridge Mutation Analysis	<input type="checkbox"/> Bernard Soulier Syndrome Type B (GP1BB Gene Sequence Analysis)
<input type="checkbox"/> MTHFR A1298C Mutation Analysis	<input type="checkbox"/> Bernard Soulier Syndrome Type C (GP9 Gene Sequence Analysis)
<input type="checkbox"/> Noonan Syndrome - Rasopathy Panel	<input type="checkbox"/> HLA-B27
<input type="checkbox"/> Mitochondrial Disease Panel	<input type="checkbox"/> HLA-B51 (PCR)
<input type="checkbox"/> Coffin Lowry Syndrome (RSK2 Gene)	<input type="checkbox"/> Achondroplasia FGFR3 sequence analysis
<input type="checkbox"/> DMD (Duchenne Muscular Dystrophy)	<input type="checkbox"/> Marfan (FBN1 Gene) Sequence Analysis
<input type="checkbox"/> Lowe Syndrome (OCRL1 Gene) Sequence Analysis	<input type="checkbox"/> Osteogenesis Imperfecta Panel
<input type="checkbox"/> Parkinson type 9, Kufor Rakeb Disease	<input type="checkbox"/> Cystic Fibrosis CFTR Whole Gene Sequence Analysis
<input type="checkbox"/> Kennedy Disease Genetic Testing	<input type="checkbox"/> CIAS1 Sequence Analysis
<input type="checkbox"/> LHON Gene Sequence Analysis	<input type="checkbox"/> FGFR1 sequence analysis
<input type="checkbox"/> SOS1 Gene Sequence Analysis	<input type="checkbox"/> FGFR2 sequence analysis
<input type="checkbox"/> TUBB3 Mutation Analysis	<input type="checkbox"/> Fucosidosis (FUCA1) Gene Sequence Analysis
<input type="checkbox"/> Spinal Muscular Atrophy Screening	<input type="checkbox"/> Kartagener (ILD1 Sequence Analysis)
<input type="checkbox"/> Spinocerebellar ataxia (SCA) type1	<input type="checkbox"/> Multiple Endocrine Neoplasia Type2A RET Gene Analysis
<input type="checkbox"/> Spinocerebellar ataxia (SCA) type 2	<input type="checkbox"/> HLA-B5701
<input type="checkbox"/> Spinocerebellar ataxia (SCA) type3	<input type="checkbox"/> Nijmegen Syndrome Del657 Analysis
<input type="checkbox"/> Spinocerebellar ataxia (SCA) type6	<input type="checkbox"/> TWIST1 Gene Sequence Analysis
<input type="checkbox"/> Spinocerebellar ataxia (SCA) type7	<input type="checkbox"/> Known Single Gene Point Mutation Analysis
<input type="checkbox"/> Spinocerebellar ataxia (SCA) type 8	<input type="checkbox"/> Interferon Beta-1 (IFNB1) Gene Mutation screening with sequence analysis
<input type="checkbox"/> Spinocerebellar ataxia (SCA) type 10	<input type="checkbox"/> PRG4 gene sequence analysis
<input type="checkbox"/> Spinocerebellar ataxia (SCA) type 12	<input type="checkbox"/> Familial Mediterranean Fever (FMF) Frequent Mutation Analysis
<input type="checkbox"/> Spinocerebellar ataxia (SCA) type 17	<input type="checkbox"/> Silver Russell matUPD7

<input type="checkbox"/> Myotonic Dystrophy Triple Repeat Analysis	<input type="checkbox"/> RHD genotype determination in peripheral blood
<input type="checkbox"/> LIMB GIRDLE Sarcoglycanopathy Deletion Screening-1	<input type="checkbox"/> RET Gene Exon 8, 10, 11, 13, 14, 15 and 16 Sequence Analysis
<input type="checkbox"/> LIMB GIRDLE Sarcoglycanopathy Deletion Screening-2	<input type="checkbox"/> Rubinstein Taybi Syndrome full genome sequence analysis
<input type="checkbox"/> LIMB GIRDLE Sarcoglycanopathy Deletion Screening-3	<input type="checkbox"/> Sotos NSD1 gene sequence analysis
<input type="checkbox"/> LIMB GIRDLE Sarcoglycanopathy Deletion Screening-4	<input type="checkbox"/> SALL4 gene analysis
<input type="checkbox"/> Mitochondrial DNA deletion Screening-1	<input type="checkbox"/> WISKOTT-ALDRICH Syndrome (WAS Gene) Sequence Analysis
<input type="checkbox"/> Mitochondrial DNA deletion Screening-2	<input type="checkbox"/> ACEI/D polymorphism
<input type="checkbox"/> Mitochondrial DNA deletion Screening-3	<input type="checkbox"/> Alpha-1 antitrypsin genotype determination (M, S, Z allele)
<input type="checkbox"/> Spinal Muscular Atrophy SMN1-2 Gene deletion duplication analysis	<input type="checkbox"/> CHN1 gene analysis
<input type="checkbox"/> Charcot Marie Tooth 1A (PMP22)	<input type="checkbox"/> HOXA1 mutations
<input type="checkbox"/> Huntington Mutation Analysis	<input type="checkbox"/> KIF2A gene analysis
<input type="checkbox"/> PTEN Deletion Duplication Analysis	<input type="checkbox"/> MFRP gene mutation
<input type="checkbox"/> RETT Syndrome (MECP2) Deletion Analysis	<input type="checkbox"/> Pompe Disease Sequence Analysis
<input type="checkbox"/> DMD Whole Gene Deletion Duplication Screening/Carrier Test Screening	<input type="checkbox"/> Thrombophilia Panel of 2 (FII, FV)
<input type="checkbox"/> FOXG1 Syndrome	<input type="checkbox"/> CYP2D6 Mutation Analysis
<input checked="" type="checkbox"/> Selectin S128R Polymorphism Analysis	

MOLECULAR GENETIC TESTS

<input type="checkbox"/> APO E Genotyping	<input type="checkbox"/> Plasminogen Activator Inhibitor-1 Polymorphism (PAI)
<input type="checkbox"/> Plavix Activity (CYP2C19)	<input type="checkbox"/> Warfarin Drug Resistance
<input type="checkbox"/> GALT Deletion Duplication Analysis	<input type="checkbox"/> Thrombophilia - Cardiovascular Risk Panel -12 parameters.
<input type="checkbox"/> Fanconi Bickel Syndrome (SLC2A2 gene)	<input type="checkbox"/> ACTN3 R577X mutation analysis
<input type="checkbox"/> Phenylketonuria (PAH) Gene Sequence Analysis	<input type="checkbox"/> PON1 Polymorphism Analysis (163T>A, 575A>G)
<input type="checkbox"/> Galactosemia (GALT gene) Sequence Analysis	<input type="checkbox"/> Friedreich Ataxia Mutation Analysis
<input type="checkbox"/> Gaucher (GBA) Gene Sequence Analysis	<input type="checkbox"/> CYP21A2 Deletion Duplication Analysis
<input type="checkbox"/> Matachromatic Leukodystrophy (ARSA1 gene)	<input type="checkbox"/> GCH1 sequence analysis
<input type="checkbox"/> Smith-Lemli-Opitz Syndrome	<input type="checkbox"/> Hereditary Fructose Intolerance Test
<input type="checkbox"/> Tay-Sacs Disease Genetic Test (HEXA)	<input type="checkbox"/> osteochondrodysplasia
<input type="checkbox"/> Phenylketonuria mutation screening	<input type="checkbox"/> SURF1 sequence analysis
<input type="checkbox"/> Glutaric Acidemia Type I Genetic Testing	<input type="checkbox"/> Wolman (LIPA) Gene Sequence Analysis
<input type="checkbox"/> MONSTER DISEASE genetic analysis (ASPA gene)	<input type="checkbox"/> AVPR2 Gene Sequence Analysis
<input type="checkbox"/> Fabry Syndrome (GLA) Sequence Analysis	<input type="checkbox"/> HUNTER IDS gene sequence analysis
<input type="checkbox"/> Hemochromatosis (HFE 2 Mutation)	<input type="checkbox"/> PAX6 gene analysis
<input type="checkbox"/> Pompe Disease Sequence Analysis	<input type="checkbox"/> PROP1 Sequence Analysis
<input type="checkbox"/> Purine Nucleoside Phosphorylase Insufficiency	<input type="checkbox"/> CONNEXIN26 mutations
<input type="checkbox"/> SCA Panel Type 1-2-3-6-7	<input type="checkbox"/> MC4R Gene Sequence Analysis
<input type="checkbox"/> HbS E6V Mutation Analysis	<input type="checkbox"/> MYOC Gene Sequence Analysis
<input type="checkbox"/> Alzheimer's disease APP exon 16 and 17 genetic analysis, Alzheimer's Type 1	<input type="checkbox"/> Norrie's Disease

MOLECULAR CYTOGENETIC - FISH TESTS

<input type="checkbox"/> Prader-Willi Syndrome (FISH)	<input type="checkbox"/> Single Chromosome Painting Fish
<input type="checkbox"/> Miller-Dieker Syndrome (Fish)	<input type="checkbox"/> Single Chromosome Subtelomeric Fish
<input type="checkbox"/> Isolated Lissencephaly Sequence (FISH)	<input type="checkbox"/> Velocardiofacial Syndrome (FISH)
<input type="checkbox"/> Digeorge Syndrome (FISH)	<input type="checkbox"/> Williams Syndrome (FISH)
<input type="checkbox"/> Cri Du Chat Syndrome (FISH)	<input type="checkbox"/> Wolf-Hirschhorn Syndrome (FISH)
<input type="checkbox"/> Angelman Syndrome (FISH)	<input type="checkbox"/> Gender Determination XY Chromosome (FISH)
<input type="checkbox"/> Rubinstein Taybi Syndrome (Del 16p13.3) FISH	<input type="checkbox"/> Kallman's Syndrome (FISH)
<input type="checkbox"/> Prader-Willi Syndrome(FISH)	<input type="checkbox"/> Determination of SRY (FISH)
<input type="checkbox"/> SHOX Deletion (FISH)	<input type="checkbox"/> XIST Gene Deletion (FISH)
<input type="checkbox"/> Smith-Magenis Syndrome (Fish)	<input type="checkbox"/> Aneuploidy Screening (Rapid Fish)
<input type="checkbox"/> Sotos Syndrome (Fish)	<input type="checkbox"/> Subtelomeric Scanning (Fish)
<input type="checkbox"/> Steroid Sulfatase (STS) Deficiency (FISH)	

MOLECULAR CYTOGENETICS - MICROARRAY TESTS

<input type="checkbox"/> Chromosomal Microarray - SNP - 300K	<input type="checkbox"/> Chromosomal Microarray - 850K
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CYTOGENETICS - CHROMOSOME TESTS

<input type="checkbox"/> Chromosome analysis from skin biopsy material	<input type="checkbox"/> Chromosome analysis in peripheral blood
<input type="checkbox"/> SCE Test	<input type="checkbox"/>

*For tests and research projects not listed here, please contact us.
international@sapiens.com.tr

Clinical Information, Family History, Examination History
(It will be useful to mark compatible findings in the Phenotype Information section.)

PHENOTYPE INFORMATION

Perinatal History <input type="checkbox"/> Prematurity <input type="checkbox"/> Increased Nt/Cystic Hygroma <input type="checkbox"/> Iugr <input type="checkbox"/> Oligohydramnios <input type="checkbox"/> Polyhydramnios	Growth <input type="checkbox"/> Asymmetric Growth <input type="checkbox"/> Failure To Thrive <input type="checkbox"/> Obesity <input type="checkbox"/> Overgrowth <input type="checkbox"/> Short Stature <input type="checkbox"/> Tall Stature	Behavioral/Psychiatric <input type="checkbox"/> Adhd <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Oppositional-Defiant Disorder <input type="checkbox"/> Obsessive-Compulsive Disorder <input type="checkbox"/> Psychiatric Diagnosis	Cognitive/Developmental <input type="checkbox"/> Intellectual Disability/Mr. <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Engine Delay <input type="checkbox"/> Speech Delay <input type="checkbox"/> Developmental Regression
Craniofacial <input type="checkbox"/> Cleft Lip <input type="checkbox"/> Cleft Palate <input type="checkbox"/> Craniosynostosis <input type="checkbox"/> Dysmorphic Features <input type="checkbox"/> Ear Malformation <input type="checkbox"/> Macrocephaly <input type="checkbox"/> Microcephaly <input type="checkbox"/> Synophrys	Gastrointestinal <input type="checkbox"/> Anal Atresia <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Hirschsprung Disease <input type="checkbox"/> Liver Failure <input type="checkbox"/> Omphalocele <input type="checkbox"/> Pyloric Stenosis <input type="checkbox"/> Tracheoesophageal Fistula	Genitourinary <input type="checkbox"/> Ambiguous Genitalia <input type="checkbox"/> Clitoromegaly <input type="checkbox"/> Cryptorchidism <input type="checkbox"/> Hydronephrosis <input type="checkbox"/> Hypogonadism <input type="checkbox"/> Hypospadias <input type="checkbox"/> Nephrotic Syndrome <input type="checkbox"/> Renal Agenesis <input type="checkbox"/> Renal Malformation <input type="checkbox"/> Renal Tubulopathy	Skin/Hair/Dental <input type="checkbox"/> Abnormal Fingernails <input type="checkbox"/> Abnormal Hair <input type="checkbox"/> Abnormal Skin <input type="checkbox"/> Dental Anomalies <input type="checkbox"/> Hemangioma <input type="checkbox"/> Hyperpigmentation <input type="checkbox"/> Hypopigmentation
Neuromuscular <input type="checkbox"/> Ataxia <input type="checkbox"/> Autonomic Dysfunction <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Dementia <input type="checkbox"/> Dystonia <input type="checkbox"/> Encephalopathy <input type="checkbox"/> Hypotonia <input type="checkbox"/> Muscle Weakness <input type="checkbox"/> Peripheral Neuropathy <input type="checkbox"/> Seizures <input type="checkbox"/> Spasticity Stroke/Tias <input type="checkbox"/> Structural Brain Anomaly	Musculoskeletal <input type="checkbox"/> Club Foot <input type="checkbox"/> Contractures <input type="checkbox"/> Diaphragmatic Hernia <input type="checkbox"/> Foot Deformity <input type="checkbox"/> Joint Laxity <input type="checkbox"/> Limb Anomaly <input type="checkbox"/> Oligodactyly <input type="checkbox"/> Polydactyly <input type="checkbox"/> Scoliosis <input type="checkbox"/> Skeletal Dysplasia <input type="checkbox"/> Syndactyly <input type="checkbox"/> Vertebral Anomaly	Ophthalmologic <input type="checkbox"/> Aniridia <input type="checkbox"/> Blindness <input type="checkbox"/> Cataracts <input type="checkbox"/> Coloboma <input type="checkbox"/> Microphthalmia <input type="checkbox"/> Myopia <input type="checkbox"/> Ophthalmoplegia <input type="checkbox"/> Optic Atrophy <input type="checkbox"/> Ptosis <input type="checkbox"/> Retinitis Pigmentosa	Cardiovascular <input type="checkbox"/> Aortic Dilatation/Dissection <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Arterial Dilatation/Dissection <input type="checkbox"/> Atrial Septal Defect <input type="checkbox"/> Av Canal Defect <input type="checkbox"/> Bicuspid Aortic Valve <input type="checkbox"/> Coarctation Of The Aorta <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Hypoplastic Left Heart <input type="checkbox"/> Pulmonic Stenosis <input type="checkbox"/> Tetralogy of Fallot <input type="checkbox"/> Ventricular Septal Defect
Hearing <input type="checkbox"/> Sensorineural Hearing Loss <input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Mixed Hearing Loss	Hematologic/Immunologic <input type="checkbox"/> Anemia <input type="checkbox"/> Immunodeficiency <input type="checkbox"/> Iron Deficiency <input type="checkbox"/> Neutropenia <input type="checkbox"/> Pancytopenia <input type="checkbox"/> Thrombocytopenia	Endocrine <input type="checkbox"/> Adrenal Abnormality <input type="checkbox"/> Diabetes, Type I <input type="checkbox"/> Diabetes, Type II <input type="checkbox"/> Gonadal Abnormality <input type="checkbox"/> Hypothalamic Abnormality <input type="checkbox"/> Parathyroid Abnormality <input type="checkbox"/> Pituitary Abnormality <input type="checkbox"/> Thyroid Abnormality	Metabolic/Mitochondrial <input type="checkbox"/> Abnormal Cpk <input type="checkbox"/> Abnormal Plasma Carnitine/Acylcarnitine <input type="checkbox"/> Elevated Pyruvate <input type="checkbox"/> Elevated Alanine <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Ketosis <input type="checkbox"/> Lactic Acidosis <input type="checkbox"/> Organic Aciduria <input type="checkbox"/> Ragged Red Fibers