

ÖZEL SG GENETİK HASTALIKLAR DEĞERLENDİRME MERKEZİ  
KLİNİK GENETİK TEST İSTEM FORMU

PROTOKOL NO / BARKOD:

<b>HASTANIN:</b>		<b>DOKTORUN:</b>	
Adı-Soyadı:		Adı-Soyadı:	
Cinsiyeti: E <input type="checkbox"/> K <input type="checkbox"/> Doğum Tarihi:		Telefon Numarası: E-mail:	
Anne Adı:	Baba Adı:	Kurumu:	
T.C. Kimlik No: E-Mail: Telefon Numarası: Adresi:		Kaşe: <b>ALINAN ÖRNEK VE ÖRNEK ALIM TARİHİ:</b> Alınma Tarihi: Saati: Periferik Kan <input type="checkbox"/> Kemik İliği <input type="checkbox"/> Doku <input type="checkbox"/> Diğer <input type="checkbox"/>	

**KLİNİK BİLGİ :**

(Gereği halinde yeni kağıt kullanınız veya epikriz çıktısını ve diğer gerekli dokümanları istem kağıdına ekleyiniz)

**ÖNEMLİ NOT:**

- Genetik testler onama tabidir. Hastanın ve 18 yaşından küçükler için velisinin onamının alınmış olması yasal zorunluluktur.
- Güncel formlara [www.sapiens.com.tr/kilavuzlar-ve-formlar](http://www.sapiens.com.tr/kilavuzlar-ve-formlar) adresinden ulaşabilir veya merkezimizden talep edebilirsiniz.
- Genetik incelemelerin test öncesi ve test sonrası genetik danışma eşliğinde yürütülmesi önerilir. Bu amaçla merkezimizden randevu oluşturabilirsiniz.

## MOLEKÜLER GENETİK TESTLERİ

<input type="checkbox"/> WES Tüm Ekzom Dizileme	<input type="checkbox"/> Gilbert hastalığı UGT1A1 5' TA tekrar sayısı
<input type="checkbox"/> WES & Mitokondrial Hastalık Paneli	<input type="checkbox"/> 5-ALFA Redüktaz Delesyon Duplikasyon Analizi
<input type="checkbox"/> WES DUO Tüm Ekzom Dizileme Duo	<input type="checkbox"/> MEN1 Geni Dizi Analizi
<input type="checkbox"/> WES TRIO Tüm Ekzom Dizileme Trio	<input type="checkbox"/> AMH Dizi Analizi
<input type="checkbox"/> WES TRIO PLUS Tüm Ekzom Dizileme Trio Plus	<input type="checkbox"/> AR (Androjen Reseptör) Geni Analizi
<input type="checkbox"/> CES Klinik Ekzom Dizileme	<input type="checkbox"/> Konjenital Adrenal Hiperplazi (CYP21A2 geni)
<input type="checkbox"/> Kalıtsal Hastalık Paneli	<input type="checkbox"/> SOX9 mutasyonları
<input type="checkbox"/> Ailevi Akdeniz Ateşi (FMF) MEFV Tüm Gen Analizi	<input type="checkbox"/> Silver Russel 11p15 hipometilasyon analizi
<input type="checkbox"/> Faktör II Protrombin G20210A Mutasyon Analizi	<input type="checkbox"/> MODY NGS Paneli
<input type="checkbox"/> Faktör V G1691A Mutasyon Analizi	<input type="checkbox"/> GLUD1 Geni Dizi Analizi
<input type="checkbox"/> MTHFR C677T Mutasyon Analizi	<input type="checkbox"/> Alfa-Talasemi (HBA Geni) Mutasyon Taraması
<input type="checkbox"/> Frajil X sendromu Analizi	<input type="checkbox"/> Beta Talasemi (HBB Geni) Dizi Analizi
<input type="checkbox"/> Y kromozom mikrodelsiyon analizi	<input type="checkbox"/> Alfa-Talasemi Delesyon/Duplikasyon analizi
<input type="checkbox"/> F13 V34L Polimorfizm Analizi	<input type="checkbox"/> Bernard Soulier Sendromu Tip A (GP1BA Geni Dizi Analizi)
<input type="checkbox"/> FV Cambridge Mutasyon Analizi	<input type="checkbox"/> Bernard Soulier Sendromu Tip B (GP1BB Geni Dizi Analizi)
<input type="checkbox"/> MTHFR A1298C Mutasyon Analizi	<input type="checkbox"/> Bernard Soulier Sendromu Tip C (GP9 Geni Dizi Analizi)
<input type="checkbox"/> Noonan Sendromu - Rasopati Paneli	<input type="checkbox"/> HLA-B27
<input type="checkbox"/> Mitokondriyel Hastalık Paneli	<input type="checkbox"/> HLA-B51 (PCR)
<input type="checkbox"/> Coffin Lowry Sendromu (RSK2 Geni)	<input type="checkbox"/> Akondroplazi FGFR3 dizi analizi
<input type="checkbox"/> DMD (Duchenne Musküler Distrofi)	<input type="checkbox"/> Marfan (FBN1 Geni) Dizi Analizi
<input type="checkbox"/> Lowe Sendromu (OCRL1 Geni) Dizi Analizi	<input type="checkbox"/> Osteogenesis Imperfecta Paneli
<input type="checkbox"/> Parkinson tip 9, Kufor Rakeb Hastalığı	<input type="checkbox"/> Kistik Fibroz CFTR Tüm Gen Dizi Analizi
<input type="checkbox"/> Kennedy Hastalığı Genetik Test	<input type="checkbox"/> CIAS1 Dizi Analizi
<input type="checkbox"/> LHON Geni Dizi Analizi	<input type="checkbox"/> FGFR1 dizi analizi
<input type="checkbox"/> SOS1 Geni Dizi Analizi	<input type="checkbox"/> FGFR2 dizi analizi
<input type="checkbox"/> TUBB3 Mutasyon Analizi	<input type="checkbox"/> Fucosidosis (FUCA1) Geni Dizi Analizi
<input type="checkbox"/> Spinal Musküler Atrofi Taraması	<input type="checkbox"/> Kartagener (CILD1 Dizi Analizi)
<input type="checkbox"/> Spinoserebellar ataxi (SCA) tip1	<input type="checkbox"/> Multipl Endokrin Neoplazi Tip2A RET Gen Analizi
<input type="checkbox"/> Spinoserebellar ataxi (SCA) tip 2	<input type="checkbox"/> HLA-B5701
<input type="checkbox"/> Spinoserebellar ataxi (SCA) tip3	<input type="checkbox"/> Nijmegen Sendromu Del657 Analizi
<input type="checkbox"/> Spinoserebellar ataxi (SCA) tip6	<input type="checkbox"/> TWIST1 Geni Dizi Analizi
<input type="checkbox"/> Spinoserebellar ataxi (SCA) tip7	<input type="checkbox"/> Bilinen Tek Gen Nokta Mutasyon Analizi
<input type="checkbox"/> Spinoserebellar ataxi (SCA) tip 8	<input type="checkbox"/> Interferon Beta-1 (IFNB1) Geni Dizi analizi ile mutasyon taraması
<input type="checkbox"/> Spinoserebellar ataxi (SCA) tip 10	<input type="checkbox"/> PRG4 geni dizi analizi
<input type="checkbox"/> Spinoserebellar ataxi (SCA) tip 12	<input type="checkbox"/> Ailevi Akdeniz Ateşi (FMF) Sık Mutasyon Analizi
<input type="checkbox"/> Spinoserebellar ataxi (SCA) tip 17	<input type="checkbox"/> Silver Russell matUPD7
<input type="checkbox"/> Miyotonik Distrofi Üçlü Tekrar Analizi	<input type="checkbox"/> Periferik kanda RHD genotip tayini
<input type="checkbox"/> LIMB GIRDLE Sarkoglikanopati Delesyon Tarama-1	<input type="checkbox"/> RET Geni Ekzon 8, 10, 11, 13, 14, 15 ve 16 Dizi Analizi
<input type="checkbox"/> LIMB GIRDLE Sarkoglikanopati Delesyon Tarama-2	<input type="checkbox"/> Rubinstein Taybi Sendromu tümgen dizi analizi
<input type="checkbox"/> LIMB GIRDLE Sarkoglikanopati Delesyon Tarama-3	<input type="checkbox"/> Sotos NSD1 geni dizi analizi
<input type="checkbox"/> LIMB GIRDLE Sarkoglikanopati Delesyon Tarama-4	<input type="checkbox"/> SALL4 gen analizi
<input type="checkbox"/> Mitokondrial DNA delesyonu Tarama-1	<input type="checkbox"/> WISKOTT-ALDRICH Sendromu (WAS Geni ) Dizi Analizi
<input type="checkbox"/> Mitokondrial DNA delesyonu Tarama-2	<input type="checkbox"/> ACEI/D polimorfizmi
<input type="checkbox"/> Mitokondrial DNA delesyonu Tarama-3	<input type="checkbox"/> Alfa-1 antitripsin genotip tayini (M, S, Z alleli)
<input type="checkbox"/> Spinal Musküler Atrofi SMN1-2 Geni delesyon duplikasyon analizi	<input type="checkbox"/> CHN1 gen analizi
<input type="checkbox"/> Charcot Marie Tooth 1A (PMP22)	<input type="checkbox"/> HOXA1 mutasyonları
<input type="checkbox"/> Huntington Mutasyon Analizi	<input type="checkbox"/> KIF2A gen analizi
<input type="checkbox"/> PTEN Delesyon Duplikasyon Analizi	<input type="checkbox"/> MFRP gen mutasyonu
<input type="checkbox"/> RETT Sendromu (MECP2) Delesyon Analizi	<input type="checkbox"/> Pompe Hastalığı Dizi Analizi
<input type="checkbox"/> DMD Tüm Gen Delesyon Duplikasyon Taraması/Taşıyıcılık testi Tarama	<input type="checkbox"/> Trombofil 2'li Panel (FII, FV)
<input type="checkbox"/> FOXG1 Sendromu	<input type="checkbox"/> CYP2D6 Mutasyon Analizi
<input type="checkbox"/> Selectin S128R Polimorfizm Analizi	

**MOLEKÜLER GENETİK TESTLERİ**

<input type="checkbox"/> APO E Genotiplemesi	<input type="checkbox"/> Plazminojen Aktivatör İnhibitör-1 Polimorfizmi (PAI)
<input type="checkbox"/> Plavix Etkinliği (CYP2C19)	<input type="checkbox"/> Warfarin İlaç Direnci
<input type="checkbox"/> GALT Delesyon Duplikasyon Analizi	<input type="checkbox"/> Trombofili - Kardiyovaskuler Risk Paneli -12 parametre.
<input type="checkbox"/> Fanconi Bickel Sendromu(SLC2A2 geni)	<input type="checkbox"/> ACTN3 R577X mutasyon analizi
<input type="checkbox"/> Fenilketonüri (PAH) Geni Dizi Analizi	<input type="checkbox"/> PON1 Polimorfizm Analizi (163T>A, 575A>G)
<input type="checkbox"/> Galaktozemi (GALT geni) Dizi Analizi	<input type="checkbox"/> Friedreich Ataksisi Mutasyon Analizi
<input type="checkbox"/> Gaucher ( GBA) Geni Dizi Analizi	<input type="checkbox"/> CYP21A2 Delesyon Duplikasyon Analizi
<input type="checkbox"/> Matakromatik Lökodistrofi (ARSA1 geni)	<input type="checkbox"/> GCH1 dizi analizi
<input type="checkbox"/> Smith-Lemli-Opitz Sendromu	<input type="checkbox"/> Herediter Fruktöz İntoleransı Testi
<input type="checkbox"/> Tay- Sacs Hastalığı Genetik Testi (HEXA)	<input type="checkbox"/> Osteokondrodizplazi
<input type="checkbox"/> Fenilketonüri mutasyon taraması	<input type="checkbox"/> SURF1 dizi analizi
<input type="checkbox"/> Glutarik Asidemi Tip I Genetik Test	<input type="checkbox"/> Wolman (LIPA) Geni Dizi Analizi
<input type="checkbox"/> CANAVAN HASTALIĞI genetik Analizi (ASPA geni)	<input type="checkbox"/> AVPR2 Geni Dizi Analizi
<input type="checkbox"/> Fabry Sendromu (GLA) Dizi Analizi	<input type="checkbox"/> HUNTER IDS geni dizi analizi
<input type="checkbox"/> Hemokromatozis (HFE 2 Mutasyon)	<input type="checkbox"/> PAX6 gen analizi
<input type="checkbox"/> Pompe Hastalığı Dizi Analizi	<input type="checkbox"/> PROP1 Dizi Analizi
<input type="checkbox"/> Pürin Nükleosit Fosforilaz Yetmezliği	<input type="checkbox"/> CONNEXIN26 mutasyonları
<input type="checkbox"/> SCA Paneli Tip 1-2-3-6-7	<input type="checkbox"/> MC4R Geni Dizi Analizi
<input type="checkbox"/> HbS E6V Mutasyon Analizi	<input type="checkbox"/> MYOC Geni Dizi Analizi
<input type="checkbox"/> Alzheimer hastalığı APP ekzon 16 ve 17 genetik analizi, Alzheimer Tip 1	<input type="checkbox"/> Norrie Hastalığı
<input type="checkbox"/> DYT-1 Mutasyon Analizi	<input type="checkbox"/> Prion Hastalığı Genetik Analizi

**MOLEKÜLER SİTOGENETİK - FISH TESTLERİ**

<input type="checkbox"/> Prader-Willi Sendromu (FISH)	<input type="checkbox"/> Tek Kromozom Painting Fish
<input type="checkbox"/> Miller-Dieker Sendromu (Fish)	<input type="checkbox"/> Tek Kromozom Subtelomerik Fish
<input type="checkbox"/> İzole Lizensefali Sekansı (FISH)	<input type="checkbox"/> Velocardiofacial Sendrom (FISH)
<input type="checkbox"/> Digeorge Sendromu (FISH)	<input type="checkbox"/> Williams Sendromu (FISH)
<input type="checkbox"/> Cri Du Chat Sendromu (FISH)	<input type="checkbox"/> Wolf-Hirschhorn Sendromu (FISH)
<input type="checkbox"/> Angelman Sendromu (FISH)	<input type="checkbox"/> Cinsiyet Tayini X-Y Kromozom (FISH)
<input type="checkbox"/> Rubinstein Taybi Sendromu (Del 16p13.3) FISH	<input type="checkbox"/> Kallman's Sendromu (FISH)
<input type="checkbox"/> Prader-Willi Sendromu(FISH)	<input type="checkbox"/> SRY Tayini (FISH)
<input type="checkbox"/> SHOX Delesyonu (FISH)	<input type="checkbox"/> XIST Gen Delesyonu (FISH)
<input type="checkbox"/> Smith-Magenis Sendromu (Fish)	<input type="checkbox"/> Anoploidi Taraması (Rapid Fish)
<input type="checkbox"/> Sotos Sendromu (Fish)	<input type="checkbox"/> Subtelomerik Tarama (Fish)
<input type="checkbox"/> Steroid Sülfataz (STS) Eksikliği (FISH)	

**MOLEKÜLER SİTOGENETİK - MİKROARRAY TESTLERİ**

<input type="checkbox"/> Kromozomal Mikroarray - SNP - 300K	<input type="checkbox"/> Kromozomal Mikroarray - 850K
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**SİTOGENETİK - KROMOZOM TESTLERİ**

<input type="checkbox"/> Cilt Biyopsi materyalinden kromozom analizi	<input type="checkbox"/> Periferik kanda kromozom analizi
<input type="checkbox"/> SCE Testi	<input type="checkbox"/>

\*Burada listelenmeyen testler ve araştırma projeleriniz için sayfa sonundaki numaralardan tanı merkezimize ulaşabilirsiniz.

Klinik Bilgiler, Aile Öyküsü, Tetkik Öyküsü  
(Fenotip Bilgileri bölümünden uyumlu bulguları işaretlemeniz yararlı olacaktır)

## FENOTİP BİLGİLERİ

<b>Perinatal History</b> <input type="checkbox"/> Prematurity <input type="checkbox"/> Increased Nt/Cystic Hygroma <input type="checkbox"/> Iugr <input type="checkbox"/> Oligohydramnios <input type="checkbox"/> Polyhydramnios	<b>Growth</b> <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	<b>Behavioral/Psychiatric</b> <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	<b>Cognitive/Developmental</b> <input type="checkbox"/> Intellectual Disability/Mr <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Motor Delay <input type="checkbox"/> Speech Delay <input type="checkbox"/> Developmental Regression
<b>Craniofacial</b> <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	<b>Gastrointestinal</b> <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	<b>Genitourinary</b> <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	<b>Skin/Hair/Dental</b> <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
<b>Neuromuscular</b> <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	<b>Musculoskeletal</b> <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	<b>Ophthalmologic</b> <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	<b>Cardiovascular</b> <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
<b>Hearing</b> <input type="checkbox"/> Sensorineural Hearing Loss <input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Mixed Hearing Loss	<b>Hematologic/Immunologic</b> <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	<b>Endocrine</b> <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	<b>Metabolic/Mitochondrial</b> <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