

Request form for PGT-M preparation – partner, relatives

(This form is an accompanying document for samples from relatives needed for karyomapping setup)

Personal data:		Requesting clinician:	
Name and surname: Date of birth: Sex: Female Male Address: Diagnosis (ICD):		 (name, specialty, address, stamp, signature)	
Sample type:			
Peripheral blood (5 ml of non-coagulating blood in K3EDTA) Other (please specify):		DNA isolated from:	
Date and time of sampling:		Date and time of request:	
Clinical data of partner, relatives (to be completed by the requesting clinician):			
Is the person affected by the disease? YES NO		Has the causal mutation been tested in this person? YES – attach the laboratory report	
		NO Is the testing requested now? YES NO	
Patient for whom the PGT-M is being prepared:			
Name and surname:		Date of birth:	
PGT-M is prepared for the disease:			
Relationship of this person to the patient:			
Informed consent* – the patient:			
AGREE WITH:		DISAGREE WITH:	
Sample storage		Sample storage	
Sample examination		*) Requesting clinician confirms by sending this request form that the patient or legal representative has signed an informed consent, which is either part of patient's documentation or is attached to this request form.	
Use for research			
Examination is performed by: GENNET, s.r.o., GENNET Laboratories, Pekařská 635/6, 158 00 Praha 5 – Jinonice, Tel: 226 231 691			
Laboratory records:			
Date and time of receipt of the sample / request form:		Signature:	

