Medical Laboratory No. 8034 accredited by ČIA according to ČSN EN ISO 15189:2013

Workplace address:
Genetic Laboratory
Genetika Plzeň, s.r.o., Parková 1254/11a, 326 00 Plzeň
Telephone: +420 377 241 529, +420 603 174 793

Next Lab Genetika

CYTOGENETIC TEST REQUISITION

Signature, Contact of the requesting clinician:	Sampling by:	Date / time of sampling:	Internal file ID:
	Sample received by:	Date / time of sample receipt in the laboratory:	Sample ID:

PATIENT DETAILS

First Name:	Sex: FEMALE MALE	Home Address:
Last Name:		Telephone Number:
Insurace Number:	Date of Birth:	E-mail:
Health Insurance Company:		Diagnosis:

SAMPLE TYPE / SAMPLING SYSTEM

	Peripheral blood Vacuette - heparin (Green Cap)
	Amniotic Fluid Vacuette - Yellow Cap
	Chorionic villi Vacuette - heparin (Green Cap)
	Abortion tissue Sterile Saline Container
	Buccal Swab Sterile Nylon Swab
	Fetal blood Vacuette - heparin (Green Cap)
	Other

FISH

	Sex chromosomes
	SHOX
	DiGeorge syndrome
	PW/A syndrome
	Wolf-Hirschhorn syndrome
	Williams-Beuren syndrome
	Painting Probes
	Other

CHROMOSOMAL EXAMINATION

	Karyotype
	Acquired chromosome aberrations
	Cultivation for DNA examiniation

Fetal Sex Notification:
YES **NO**

ADDITIONAL DATA

Gestational age by ultra-sound:

Comments:

ARRAY CGH

ADDITIONAL DATA AND NOTES

The requesting clinician is responsible for correct specimen sampling and its transport according to the Laboratory Manual. To see accredited methods and list of examined genes visit www.genetika-plzen.cz

F.GP 910 v003