



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



MOLECULAR GENETICS 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:	Home Address:
Last Name:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	Telephone Number:
Insurance Number:	Date of Birth:	E-mail:
Health Insurance Company:		Diagnosis:

GENETIC TESTS

<input type="checkbox"/> DNA isolation and storage only		
<input type="checkbox"/> Amniocentesis QF-PCR		
<input type="checkbox"/> Celiac disease		
<input type="checkbox"/> CFTR gene mutation		
<input type="checkbox"/> Connexin - 35delG		
<input type="checkbox"/> Connexin - W24X (Indian mutation)		
<input type="checkbox"/> Fragile X syndrome		
<input type="checkbox"/> Gilbert's syndrome		
<input type="checkbox"/> Hemochromatosis		
<input type="checkbox"/> HLA B27 (Bechterew's disease)		
<input type="checkbox"/> Inherited thrombophilia	<input type="checkbox"/> F V Leiden (G1691A)	
	<input type="checkbox"/> F II Prothrombin (G20210A)	
<input type="checkbox"/> Lactose intolerance		
<input type="checkbox"/> NBS		
<input type="checkbox"/> NIPT		
<input type="checkbox"/> Oncopanel		
<input type="checkbox"/> SMA		
<input type="checkbox"/> Smith-Lemli-Opitz syndrome (DHCR7: screening of the 3 most common mutations)		
<input type="checkbox"/> Smith-Lemli-Opitz syndrome (DHCR7: whole-gene sequencing)		
<input type="checkbox"/> Y chromosome microdeletion		

<input type="checkbox"/> Carrier Screening + Evaluation of Couple Reproductive Risks
Partner's name:
Partner's DOB:
<input type="checkbox"/> Reproduction Disorders (incl. Inherited Thrombophilia)

Other (specify):

SAMPLE TYPE / SAMPLING SYSTEM

<input type="checkbox"/> Peripheral blood Vacurette Tube - K3 EDTA (Purple cap)
<input type="checkbox"/> Amniotic Fluid Vacurette Tube (Yellow cap)
<input type="checkbox"/> Buccal Swab Sterile Nylon Swab
<input type="checkbox"/> CVS, Abortion Tissue Sterile Saline Container
Notes: