SAPIENS

PRENATAL GENETIC DIAGNOSIS TEST REQUEST FORM

PROTOCOL NO / BARCODE:

PATIENT:		**PHYSICIAN:**
Name and surname:		**Name and surname:**
Gender: F ☐ M ☐ **Date of birth:**		**Phone number:** **E-mail:**
Mother name:	**Father name:**	**Institution:**
ID number: **E-mail:** **Phone number:** **Address:**		**Stamp:** **SAMPLE TAKEN AND DATE OF SAMPLE COLLECTION:** **Pregnancy Week:** **Date of Receipt:** **Time:** ☐ Chorionic Villus (CVS) ☐ Abort ☐ Peripheral Blood ☐ Amniotic Fluid ☐ Tissue ☐ Other ☐ Cord Blood

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 approval. It is a legal requirement to obtain the consent of the patient and his/her guardian for those under 18.
- 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.

ÖZEL SG GENETİK HASTALIKLAR DEĞERLENDİRME MERKEZİ
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☐	Prenatal Hereditary Disease NGS Panel
☐	Prenatal Clinical Exome Analysis
☐	Rapid Aneuploidy Analysis QF PCR
☐	Chromosome Analysis in Chorionic Villus Biopsy (CVS) Material
☐	Chromosome Analysis in Amniotic Fluid
☐	Chromosome Analysis in Fetal Blood
☐	Chromosome Analysis in Miscarriage/Abortion Material
☐	WES Whole Exome Sequencing
☐	WES & Mitochondrial Disease Panel
☐	WES Duo Whole Exome Sequencing Duo
☐	WES Trio Whole Exome Sequencing Trio
☐	WES Trio Plus Whole Exome Sequencing Trio Plus
☐	CES Clinical Exome Sequencing
☐	Hereditary Disease Panel
☐	Noonan Syndrome- Rasopathy Panel
☐	Dmd (Duchenne Muscular Dystrophy)
☐	Aneuploidy Screening Test for All Fetal Chromosomes from Maternal Blood - NIPT
☐	Prenatal Cystic Fibrosis CFTR Sequence Analysis
☐	Prenatal Cystic Fibrosis CFTR Deletion Duplication Analysis
☐	Spinal Muscular Atrophy Screening
☐	Fragile X Syndrome Analysis
☐	Spinal Muscular Atrophy Smn1-2 Gene Deletion Duplication Analysis
☐	Phenylketonuria Mutation Screening
☐	Alpha-Thalassemia (HBA Gene) Mutation Screening
☐	Congenital Adrenal Hyperplasia (Cyp21a2 Gene)
☐	Cystic Fibrosis CFTR Whole Gene Sequence Analysis
☐	Beta Thalassemia (HBB Gene) Sequence Analysis
☐	Achondroplasia FGFR3 Sequence Analysis
☐	Alpha-Thalassemia Deletion/Duplication Analysis
☐	DMD Whole Gene Deletion Duplication Screening/Carrier Test Screening
☐	Known Single Gene Point Mutation Analysis
☐	Phenylketonuria (PAH) Gene Sequence Analysis
☐	Mother+Father Chromosome Analysis in Prenatal Diagnosis
☐	Prenatal Chromosomal Microarray – 300K
☐	Prenatal Chromosomal Microarray – 850K
☐	Mother+Father Chromosomal Microarray in Prenatal Diagnosis

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

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