GeNeCaRe
Diagnostics & Research Centre
WE CARE FOR YOUR GENES

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GUJARAT, SURAT : D-202-203, Second Floor, Shreepad World, Beside Nayara Petrol Pump, Nr. Nishal Circle, PAL Adajan, SURAT - 395009 (Gujarat) INDIA.
Front Desk : 94261 72023 Technical Queries : 99746 42024 Logistics : 99746 52025 / Email : info@genecare.in

DELIVERY / BY MAIL / PERSON

TEST REQUEST FORM

Ref. No. : _____

NAME : _____

DATE OF COLLECTION : _____ DATE OF RECEIVED : _____

AGE _____ SEX _____ DOB _____

FATHER'S/HUSBAND'S NAME : _____

AGE _____ DOB _____ CONTACT NUMBER : _____

ADDRESS _____

REF DOCTOR/HOSPITAL _____

TEST : _____

SAMPLE

☐ CSF ☐ SEMEN ☐ BLOOD ☐ BONE MARROW ☐ AMNIOTIC FLUID ☐ CVS

☐ BAL FLUID ☐ EMBRYO BIOPSY ☐ CORD BLOOD ☐ TISSUE BLOCK ☐ ABORTUS

☐ NASOPHARYNGEAL SWAB ☐ ENDOMETRIUM BIOPSY

IN CASE OF LEUKEMIA PLEASE MENTION TOTAL COUNT _____ % OF BLAST _____

FAMILY HISTORY / CLINICAL HISTORY

INDICATION OF STUDY

FISH STUDY

☐ Leukemia / Lymphoma / MDS

Micro Deletion Syndrome

- ☐ PRADERVILLI/ANGELMAN SYNDROME [15]
- ☐ DEL 22q DiGeorge
- ☐ DEL 5p Cat cry syndrome
- ☐ DEL 4p16 wolf Hirschhorn SYNDROME

Prenatal Panel

- ☐ 13, 21
- ☐ 13,18,21
- ☐ 13,18,21, X & Y
- ☐ ONLY 21

TEST

- ☐ ONLY KARYOTYPE
- ☐ KARYOTYPE WITH FISH 13,18,21
- ☐ Y-CHROMOSOME MICRODELETION
- ☐ MENINGEOMA PCR PANEL
- ☐ SINGLE GENE MUTATION
- ☐ DMD / BMD
- ☐ CYSTIC FIBROSIS
- ☐ NON INVASIVE PRENATAL TEST (NIPT)
- ☐ SPERM FISH
- ☐ TORCH BY PCR
- ☐ HPV
- ☐ KARYOTYPE WITH FISH PANEL (13, 18, 21 X Y)
- ☐ ERA
- ☐ B - THALASSEMIA
- ☐ RESPIRATORY PCR PANEL
- ☐ HIV QUALITATIVE / QUANTITATIVE
- ☐ CLINICAL EXOME SEQUENCING
- ☐ BCR/ABL QUALITATIVE / QUANTITATIVE
- ☐ CARRIER CSREENING
- ☐ SMA
- ☐ FRAGILE X SYNDROME
- ☐ NGS PANEL
- ☐ KARYOTYPE WITH FISH 21
- ☐ FANCONI ANEMIA
- ☐ SICKLE CELL
- ☐ TB PCR
- ☐ HBV QUALITATIVE / QUANTITATIVE
- ☐ SPERM REACTIVE OXYGEN
- ☐ PML / RARA QUALITATIVE / QUANTITATIVE
- ☐ WHOLE EXOME SEQUENCING
- ☐ GeN Array (315K)
- ☐ GeN Array (750K)
- ☐ COMPREHENSIVE HEREDITARY CANCER PANEL

☐ PREIMPLANTATION GENETIC DIAGNOSIS / SCREENING ☐ BRCA 1&2

Sample	Specification	Comments
Whole Blood	4 ml in lavender top (EDTA)	CMA, NGS based tests, Y chromosome microdeletion
Whole Blood	4 ml in green top (Sodium heparin)	Karyotype
Amniotic fluid	10 - 20 ml in falcon tubes	Prenatal tests (MCC required)
Chorionic villus sampling	50 mg cleaned villi in 15 ml falcon tubes with 3 ml Amniomax media	Prenatal tests (MCC required)
Products of conception	50 mg of villus material of fetal orgion/fetal tissue sample (toe-thumb) in sterile container with culture media/normal saline with 0.25mlgentamycin/amikacin	Chromosomal miccroarray, NGS based aneuploidy detection on POC, FISH
Maternal Blood	10 ml in cell-free DNA tubes	Non Invasive Prenatal Testing
Semen	Sterile container	Sperm DNA fragmentation
Trophoectodermal cells	Trophoectodermal biopsy in-20°C Mini Cooler provided by Gene Care Diagnostics & Research Centre (Please follow "PGT Protocol" provided with the kit)	Preimplatation Genetic Tests
Endometrial biopsy	Endometrial biopsy in RNA stabilizing solution provided by Gene Care Diagnostics & Research Centre (Please follow "PGT Protocol" provided with the kit)	GENERA, Endo Biome

CONSENT FORM

CONSENT TO CARRY OUT GENETIC TEST FROM

CHORIONIC VILLUS/AMNIOTIC FLUID/ABORTUS MATERIAL/BLOOD/BONE MARROW

I/WE _____give my/our consent to carry out Genetic study at GENE CARE DIAGNOSTICS & RESEARCH CENTRE, D-202-203, Shreepad World, Beside Nayara Petrol Pump, Nr. Nishal Circle, PAL Adajan, PAL, SURAT - 395009 (Gujarat) INDIA. We fully agree and understand that under many circumstances our culture from sample, may fail to grow or not suitable for process making our genetic study difficult. I/We further agree to give another sample if needed.

Ref No. :

Date :

Signature