Gesellschaft für medizinische und wissenschaftliche genetische Analysen Dresden mbH
Gutenbergstraße 5
01307 Dresden
Germany

Fax: +49 (0)351/4466325
Email: info@mewigen.de

MEWIGEN
Medical and scientific genetic analysis Dresden

Sample submission form

Ordering Physician:

..... Name

..... Institution

..... Street, No.

..... City, Zip code, Country

..... VAT account #

..... Email

..... Phone

..... Fax

Results delivery: ☐ by Email ☐ by regular mail ☐ by fax

Billing address: ☐ as above ☐ other:

.....

.....

.....

.....

Patient data:

Patient-ID: ..... Ethnic Origin: .....

☐ male ☐ female ☐ unknown / uncertain

Forename, Surname (optional): .....

Date of Birth: .....

Consanguinity of parents: ☐ yes ☐ no ☐ unknown

Sample type:

☐ Sampling card spotted with ..... ml of ..... ☐ ..... ml EDTA blood sample

☐ DNA, source and concentration: .....

☐ Other: .....

Gesellschaft für medizinische und wissenschaftliche genetische Analysen Dresden mbH
Gutenbergstraße 5
01307 Dresden
Germany

Fax: +49 (0)351/4466325
Email: info@mewigen.de

MEWIGEN
Medical and scientific genetic analysis Dresden

Sample submission form

Diagnostic test requested:

Targeted variant testing / Familial variant testing:

……

Reason for examination (confirmation, predictive testing, carrier testing, segregation analysis, founder mutation)

……

Relationship to index patient

Variants of interest:

Gene	Transcript	cDNA change	Protein change

Reason for request / clinical indication:

I declare that the patient has signed a written declaration of consent to this genetic analysis, which is stored in my files.

Physician's seal or address or affilation

……

Physician (date, signature)