eurofins | Biomnis

Test request form
HLA Typing for Transplants

Immunochemistry
Tel.: **+33 (0)4 72 80 23 29** • Fax: **+33 (0)4 72 80 73 56**
Email: international@biomnis.com

Customer number:

Sample date: ⌊__⌋⌊__⌋⌊__⌋

Laboratory's stamp or bar code sticker

PRESCRIBING CLINICIAN

First name(s): ..... Surname : .....
Adress: .....
Post code: ⌊__⌋⌊__⌋⌊__⌋⌊__⌋⌊__⌋ City : ..... Country: .....
Tel.: ⌊__⌋⌊__⌋⌊__⌋⌊__⌋⌊__⌋ Fax: ⌊__⌋⌊__⌋⌊__⌋⌊__⌋⌊__⌋

Clinician's stamp

PATIENT(E)

First name(s): ..... Surname : .....
Date of birth* : ⌊__⌋⌊__⌋⌊__⌋⌊__⌋⌊__⌋⌊__⌋ Gender: ☐ F ☐ M
Adress: .....
Post code: ⌊__⌋⌊__⌋⌊__⌋⌊__⌋⌊__⌋ City: .....
Country: ..... Tel.: ⌊__⌋⌊__⌋⌊__⌋⌊__⌋⌊__⌋
Geographical origin** : ☐ Europe/North Africa ☐ Sub-Saharan Africa and the Caribbean ☐ Asia ☐ Other (e.g. mixed-race): .....

** If the patient is a minor, consent must be given by the parents.*
*** This information is essential only for the tests marked [1] below.*

CLINICAL SIGNS

.....

SAMPLE TYPE - *This section must be completed*

☐ EDTA whole blood ☐ Other *- please specify* : .....

TEST REQUEST FORM

☐ HLA-A
☐ HLA-B
☐ HLA-C[1]: *Attach clinical information*

[1] Available on request and with additional charges

☐ HLA-DR
☐ HLA-DQ
☐ HLA-DP[2] : *Attach clinical information and a sample on a tube ACD*

[2] Available on request, with additional charges and exclusively if the bone marrow donor has been selected

CLINICAL CONTEXT

☐ Pre-transplant monitoring
☐ Post-transplant monitoring
☐ Connection with potential donors (brother, sister...): .....
Transplant of ☐ bone marrow ☐ organ

Supplementary analysis in the event of biological anomaly detection:
if the activity is low, antibody screening is initiated

CONSENT PRIOR TO THE CARRYING OUT OF GENETIC EXAMINATIONS OF AN INDIVIDUAL

(Pursuant to articles R. 1131-4 and R. 1131-5 of the French Public Health Code).

I, the undersigned .....
born on ⌊__⌋⌊__⌋⌊__⌋ ***hereby declare that I had a consultation with Dr:***
.....
where information on the genetic tests to be performed for the reasons listed below was provided:

☐ *To confirm or otherwise the diagnosis of a genetic disease in relation to my symptoms,*
☐ *To confirm or otherwise the pre-symptomatic diagnosis of a genetic disease,*
☐ *To identify the healthy carrier status of an individual (heterozygote screen or chromosomal rearrangement),*
☐ *To assess my genetic susceptibility of being afflicted with a genetic disease or undertaking a medical treatment.*

As such, I consent to:

☐ *sample(s) being collected from me.*
☐ *sample(s) being collected from my child (for minors) or an adult under guardianship.*
☐ *sample(s) being collected from my fœtus.*

I have been informed that the results of these genetic tests will be communicated to me by the aforementioned Doctor during an individual consultation. If the exam reveals any results other than those specified on the original request, the aforementioned Doctor will determine the appropriate steps to be taken during the individual consultation.

Should any of the sample remain unused following examination:

☐ *I consent to this sample being used, if needs be, for scientific research purposes. In this case, all personal medical data will be protected by it being made totally anonymous. Consequently, I am conscious that the scientific studies performed will not provide me with any advantage or prejudice.*

Signed in (city) .....
on ⌊__⌋⌊__⌋⌊__⌋

Patient's signature, signature of a legal representative of a child or signature of a legal guardian for an adult under guardianship:

DECLARATION OF MEDICAL CONSULTATION

(French Decree n° 2008-321 dated 4 April 2008 - French Decree dated 27 May 2013).

I, the undersigned .....
R.1131-5 of the French Public Health Code, hereby certify that the patient mentioned above was received for a consultation today where information on the characteristics of the disease to be screened, the methods used to detect it and details on the possibilities of prevention and treatment were provided.

Signed in (city) .....
on ⌊__⌋⌊__⌋⌊__⌋

Clinician's signature:

B30-INTGB - February 2017