



Biomnis

Clinical Information Form

Familial Mediterranean Fever gene study

INTERNATIONAL DIVISION

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PATIENT DETAILS

First name(s):
 Surname:
 Date of birth:
 Gender: F M
 Geographic origin:
 Consanguinity: YES NO

CLINICIAN

Surname: Dr
 Address:
 Post code: City:
 Country:
 Tel.:

Indications

Clinical suspicion Familial study
 Familial mutation

TESTING PREREQUISITES

Number of unexplained inflammatory attacks: ≥ 3 YES NO
 CRP value during attacks: mg/l
 Age at symptoms onset: year

CLINICAL INFORMATION

Fever
 YES NO ND
 38°C 39°C 40°C >40°C

Thorax
 Pain YES NO ND
 Pericarditis YES NO ND

NeuriSensorial
 Deafness YES NO ND
 Conjunctivitis YES NO ND
 Uveitis YES NO ND
 Papillitis YES NO ND
 Headache YES NO ND
 Meningitis YES NO ND
 Mental retardation YES NO ND

Skeleton
 Myalgia YES NO ND
 Arthritis YES NO ND
 Arthralgia YES NO ND
 Deforming Arthropathy YES NO ND

Abdomen
 Pain YES NO ND
 Vomiting YES NO ND
 Diarrhea YES NO ND

Skin
 Pseudo-erysipelas YES NO ND
 Urticaria YES NO ND
 Buccal Aphthosis YES NO ND
 Genital aphthosis YES NO ND
 Scrotitis YES NO ND

Kidney
 Proteinuria YES NO ND
 Amyloidosis YES NO ND

Other
 Splenomegaly YES NO ND
 Hepatomegaly YES NO ND
 Adenopathy YES NO ND
 Pharyngitis YES NO ND
 Growth retardation YES NO ND

CONSULTATION CERTIFICATE AND PATIENT CONSENT FORM

(Decree n° 2008-321 of 4th April 2008, amended on 27th May 2013)

I, the undersigned,
 Medical Doctor (MD), certify that I have fully informed my patient

Mr/Miss/Mrs
 of the information defined according to the article R.1131-4 of decree n°2008-321 dated 4 April 2008 of the French public health code and amended on 27th May 2013 and that I have obtained written informed consent from my patient under the conditions specified in article R.1131-5.

Signed in (city)
 on

Clinician's signature

I, the undersigned,
 Mr/Miss/Mrs
 declare that I have been informed and fully understand all information relating to this analysis and give my consent to perform this genetic test, in accordance to the articles R.1131-4 and R1131-5 of the public health code and decree of 27th May 2013.

Signed in (city)
 on

Patient signature