eurofins | Biomnis

Clinical information form

Targeted gene testing

INTERNATIONAL DIVISION
17/19, avenue Tony Garnier • BP 7322 • 69357 Lyon cedex 07
Tel.: **+33 (0)4 72 80 23 85** • Fax: **+33 (0)4 72 80 73 56** • E-mail: **international@eurofins-biomnis.com**

I. CONTEXT OF THE REQUEST

☐ **Confirm a variation detected on a previous test for the index case**

INDEX CASE: PLEASE also complete the test request form reference B12-INTGB

First name(s): ..... Last Name: .....

Birth name: .....

Date of birth: ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_ Gender: ☐ F ☐ M

Analysis initially performed on the index case:

☐ Exome or panel ☐ CMA ☐ Other, *specify*: .....

Attach a copy of the results report or detail the nomenclature of the variation (in the area provided in this document below or insert the Eurofins Biomnis file number if available (one of these three elements MUST be included)

File number:

OR

☐ **Family survey** **(in this case, please also fill in the information on the index case above)**

SAMPLED BLOOD RELATED: PLEASE complete the test request form reference B12-INTGB for each blood relative (or the test request form reference B3-INTGB if prenatal)

BLOOD RELATIVE 1

First name(s): ..... Last name: .....

Birth name: .....

Date of birth: ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_ Gender: ☐ F ☐ M

☐ Asymptomatic ☐ Symptomatic

Specify clinic: .....

Relationship with index case: .....

BLOOD RELATIVE 2

First name(s): ..... Last name: .....

Birth name: .....

Date of birth: ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_ Gender: ☐ F ☐ M

☐ Asymptomatic ☐ Symptomatic

Specify clinic: .....

Relationship with index case: .....

BLOOD RELATIVE 3

First name(s): ..... Last name: .....

Birth name: .....

Date of birth: ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌊_ Gender: ☐ F ☐ M

☐ Asymptomatic ☐ Symptomatic

Specify clinic: .....

Relationship with index case: .....

R66-INTGB - October 2021

eurofins | Biomnis

Clinical information form

Targeted gene testing

INTERNATIONAL DIVISION
17/19, avenue Tony Garnier • BP 7322 • 69357 Lyon cedex 07
Tel.: **+33 (0)4 72 80 23 85** • Fax: **+33 (0)4 72 80 73 56** • E-mail: **international@eurofins-biomnis.com**

FAMILY TREE

II. REQUESTED ANALYSIS

For each variation to be explored, please specify the type of analysis (targeted Sanger sequencing or qPCR or other), the name of the gene and the variation in HGVS or ISCN nomenclature

VARIATION 1

Type of analysis: ☐ targeted Sanger sequencing ☐ qPCR ☐ Other, *specify*: .....
Gene name: .....
Variant (HGVS or ISCN nomenclature): .....

VARIATION 2

Type of analysis: ☐ targeted Sanger sequencing ☐ qPCR ☐ Other, *specify*: .....
Gene name: .....
Variant (HGVS or ISCN nomenclature): .....

VARIATION 3

Type of analysis: ☐ targeted Sanger sequencing ☐ qPCR ☐ Other, *specify*: .....
Gene name: .....
Variant (HGVS or ISCN nomenclature): .....

VARIATION 4

Type of analysis: ☐ targeted Sanger sequencing ☐ qPCR ☐ Other, *specify*: .....
Gene name: .....
Variant (HGVS or ISCN nomenclature): .....