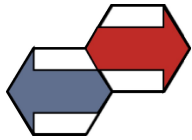


Patient data (or stick a label here)			Center for Nephrology and Metabolic Disorders
Name	First name		
DOB	Phone	Molecular Genetic Laboratory	
Street	City	Director Dr. Mato Nagel (Nephrologist)	
ZIP	Country	Werner Seelenbinder-Str. 73	
		D-02943 Weisswasser/Germany	
		phone: +49-3576-215522 fax: +49-3576-215524 email: labor@moldiag.de	

Muster 2016.03en

Clinical Survey Form

Clinical data
Alternatively or additionally Any attached documents clinical reports, diagnostic findings including histomorphology related to the disease are warmly welcome.

Clinical consequences of the test	
Therapeutic	<input type="checkbox"/> Initiation of a specific therapy (please specify) <input type="checkbox"/> Avoidance of cumbersome therapy (please specify) <input type="checkbox"/> Transplantation related issues (please specify) <input type="checkbox"/> Other (please specify)
Diagnostic	<input type="checkbox"/> Improvement of diagnostic precision in otherwise uncertain cases (please specify) <input type="checkbox"/> Avoidance of cumbersome diagnostic procedures (please specify) <input type="checkbox"/> Family screening (please specify) <input type="checkbox"/> Other (please specify)
Family counseling	<input type="checkbox"/> Family planning <input type="checkbox"/> Prenatale Diagnostik <input type="checkbox"/> Other (please specify)
Other	

Family history	
X-linked recessive	<input type="checkbox"/> true x-linked (male->female->male transmission) <input type="checkbox"/> probably x-linked (affected males and a- or oligosymptomatic females)
autosomal recessive	<input type="checkbox"/> typical (consanguinity) <input type="checkbox"/> typical (parents healthy and two or more children symptomatic) <input type="checkbox"/> probably
autosomal dominant	<input type="checkbox"/> typical (male->male transmission) <input type="checkbox"/> probably
uncertain	<input type="checkbox"/> a single patient in an otherwise healthy family <input type="checkbox"/> no family data
Other	

Additional samples	
Sample / Patient identification	Family relation
Sample / Patient identification	Family relation
Sample / Patient identification	Family relation
Sample / Patient identification	Family relation
Sample / Patient identification	Family relation
Alternatively or additionally You are invited to attach a pedigree.	