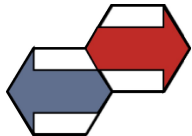


Patient data (or stick a label here)			Center for Nephrology and Metabolic Disorders
Name	First name		
DOB	Phone	Molecular Genetic Laboratory	
Street	City	Director Dr. Mato Nagel (Nephrologist)	
ZIP	Country	Werner Seelenbinder-Str. 73	
		D-02943 Weisswasser/Germany	
		phone: +49-3576-215522 fax: +49-3576-215524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

Muster 2016.02en

Diagnostic Order Form

Order text (diagnoses, genes, or methods)

Who should receive the summary report?
Name of physician, First name
Clinic, Department
Street, Building, Room
ZIP code, City
E-mail, Phone, Fax
<i>Please provide email or fax and check below if notifications should be sent.</i>

Additional patient data
Patient identification
Sex
Race
Known infectious diseases

Sample data	
Sample identification	
Type of specimen	<input type="checkbox"/> Purified DNA by (kit or method) <input type="checkbox"/> Blood with EDTA anticoagulant (please specify if other) <input type="checkbox"/> Blood without anticoagulant <input type="checkbox"/> Buccal swabs/ saliva (please specify) <input type="checkbox"/> Biopsy material (please give details) <input type="checkbox"/> Purified RNA by (kit or method) <input type="checkbox"/> Other
DNA concentration	Sampling date

Who should receive a copy of the summary report?
Name, First name
Clinic, Department
Street, Building, Room
ZIP code, City
E-mail, Phone, Fax
<i>Please provide email or fax and check below if notifications should be sent.</i>

Who should receive the invoice?
Name of clerk in charge, First name
Department
Street, Building, Room
ZIP code, City
E-mail, Phone, Fax
Reference
<i>Please provide patient identification and clinic or any other information that you want to be put on the invoice for reference.</i>

Checklist	
obligatory	<input type="checkbox"/> Patient has given written consent <input type="checkbox"/> Genetic counseling can be assured <input type="checkbox"/> Pro forma invoice included
optional	<input type="checkbox"/> Clinical survey form attached <input type="checkbox"/> Yes, I want notification of sample arrival to the email or fax given above <input type="checkbox"/> Yes, I want notification of summary report dispatched to the email or fax given above <input type="checkbox"/> Yes, I want a provisional summary report sent to the email or fax given above