nesiller
GENETICS LABORATORY AND CONSULTING

TEST REQUEST FORM

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Name&Surname: | ID Number: | Doctor Name & Surname:

Date of Birth: | Sex: | Phone:

Address: | E-mail:

Pregnancy Week:

Materials Sent: ☐ Blood (Heparin tube) ☐ Bone Marrow ☐ Blood (EDTA tube) ☐ Amniotic Fluid ☐ Other
☐ Abortus ☐ Tissue ☐ Blastomere ☐ Trophectoderm

Clinical Indications:

Used Drugs:

Complaints:

Family History (Diseases in 1st and 2nd degree relatives):

COMMON TESTS	
☐ DNA Profiling	Other:
☐ Rapid Anoploidy Scanning FISH (13, 18, 21, X, Y)	
☐ Chromosome Analysis	
☐ FISH Assays (specify)	
☐ Monogenic Diseases (specify)	
☐ Microdeletions (specify)	
☐ Molecular Karyotyping (MicroArray)	
☐ NIPT	
☐ QF - (13, 18, 21, X, Y)	
INFERTILITY	
☐ Fragile X	Other:
☐ SRY FISH	
☐ Sperm FISH	
☐ Sperm Fragmentation	
☐ Y Chromosome Microdeletion Analysis (Ydel)	
RISK PANELS	
☐ Thrombophilia Panel: FII + FV LEİDEN + MTHFR A1298C + MTHFR C677T	Other:
☐ Cardiovascular Disorder Risk Panel (CVD): ß-Fibrinogen+HPA1+ACE+APOE+APOV+F13+Thrombophilia Panel	
☐ Osteoporosis Panel (6 mutations)	
CARRIER PANELS	
☐ SMA Carrier Test	Other:
☐ FMF (12, 50 or 122 mutation)	
☐ Cystic Fibrosis	
☐ a-thalassemia	
☐ ß-thalassemia	
NGS CARRIER PANELS	
☐ NGS BRCA1-2	Other:
☐ NGS FOCUS HEREDITER - Hereditary mutation screening in 113 cancer-related genes (ATM, BRCA1-2, CDH1, CHEK2, PALB2, STK11, TP53...)	
☐ Whole Exome Sequencing (WES)	
☐ Whole Genome Sequencing (WGS)	
OTHER TESTS	
☐ Mutation Confirmation	Other:
☐ Maternal Contamination	
☐ HLA Typing	
PGT TESTS	
☐ Embryo Aneuploidy Scanning - FISH (5, 7 or 9 chromosomes)	Other:
☐ Embryo Aneuploidy Scanning - NGS (PGT-A, 24 chromosomes)	
☐ Embryo Structural Rearrangement Analysis - NGS (PGT-SR)	
☐ Embryo Monogenic Disesase Analysis (PGT-M) (specify)	