For Couriers / Pickup:- ☎ (+966) 0577007153 ✉ support@bndrgene.med.sa

Date D D M M Y Y Y Y

MOLECULAR DIAGNOSTICS TEST REQUISITION

All Information must be completed before sample can be processed

PATIENT INFORMATION

Name

First Name | Middle Name | Last Name

Mother's Name

Mobile Number

Gender ☐ Male ☐ Female

Date of Birth D D M M Y Y

Age Years Months Days

National ID

REFERRING PHYSICIAN DETAILS

(Can attach business card / address stamp / letterhead of physician)

Physician Name

Mobile

☐ Lab ☐ Institute ☐ Hospital Name

CLINICAL HISTORY

(Diagnosis / Reason For Test Request / Indication / ICD 10 code)

Parental Consanguinity ☐ Yes ☐ No

Please write slowly and clearly: (You must complete the back page)

TEST REQUESTED

Please refer to price list for specimen types

☐ **1. Single Gene Analysis:**

_____

_____

Is TRIO required: ☐ Yes ☐ No

☐ **2. Gene Panel Analysis:**

_____

_____

Is TRIO required: ☐ Yes ☐ No

☐ 3. Clinical Exome Sequencing
Is TRIO required: ☐ Yes ☐ No

☐ 4. Whole Exome Sequencing
Is TRIO required: ☐ Yes ☐ No

☐ **Chromosomal** Microarray - Low Resolution
(Karyotyping replacment)

☐ Chromosomal Microarray - High Resolution
(CGH Array)

☐ **Other Tests** (please specify with sample type/Test Name/Code)

_____

_____

SPECIMEN INFORMATION

Specimen Type :

☐ Amniotic Fluid	☐ Cordblood	☐ DBS
☐ Blood	☐ CSF	☐ Buccal Swab
☐ Plasma	☐ Skin Biopsy	☐ Nitreous Fluid
☐ Urine	☐ Serum	☐ Tissue (Specify)

* For specimen collection please refer to specimen collection table a or please call us at mobile: **(+966) 0577007153**

PATIENT CONSENT FORM

☐ **In case of an adult patient:**

I (Name)_____ residing at (Address)_____ is under the treatment /supervision of Dr.(Name)_____ _____. I hereby give my consent for testing of (Test Name/Disorder) _____.

☐ **In case of children or when the patient is unable to give consent, parent or guardians has to give consent.**

I (Name) _____ Guardian of (Patient Name) _____ hereby give my consent for testing of (Test Name/Disorder) _____.

My Clinician has explained me with the details of specimen collection and concerns relating to genetic testing results to best of my understanding. In case of prenatal diagnosis I have been explained that there are chances of not getting confirmed results due to inappropriate sample and also lack of index patient sample material.

I understand that my medical information will be kept confidential and my identity will not be revealed unless authorize by me in writing or as deemed by court of law. The laboratory will use a unique sample coding system and identify my specimen with the same.

I also permit BndrGene Medical Lab to preserve the left over sample and use for their research in future. I don't seek any monetary benefits from the laboratory as this research information may be beneficial to my community/society.

I have been explained the content of this consent by a BndrGene representative / my doctor to best of my understanding (in locallanguage). I am fully aware, that if any questions then I can contact Research Laboratory at the below-mentioned address.

Date: __ __ /__ __ / __ __. Contact Phone: _____ .

Name and Signature of the Patient (>18 years)/ Parent/Legal Guardian relationship to patient

PHYSICIAN DECLARATION

My signature below certifies that I am a licensed professional or his/her representative or a genetic counselor; the patient has been supplied information regarding genetic testing and has been informed about the purpose, limitations and possible risks. The patient has been given the opportunity to ask questions about this consent and seek outside genetic counseling.

I confirm that the patient has been informed that his/her sample will be stored for 30 days in the event for re-test is required. After 30 days, samples will be either destroyed or de-identified and added to a research repository.

Date: __ __ /__ __ / __ __. Contact Phone: _____ .

Name and Signature with Seal of the Physician/Genetic Counselor

FOR BndrGene USE ONLY

Received Date :_____

Time :_____

Received by :_____

Temperature :_____

Save As