



Patient data

Last name, first name:

Date of birth:

Referring doctor / clinic:

Ärztliche Leitung:

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**Request Form - Cytogenetics / Molecular Cytogenetics**

Report should be sent to:

e-mail address:

Invoice should be sent to:

e-mail address:

**Payment**

bank transfer (please see information below)

credit card (please see separate form)

The analysis will be started as soon as the payment is settled.

Gender of the patient:  male  female

Sample material: Collection date: \_\_\_\_\_

Heparin blood (no other additives!) (5 ml)

Amniotic fluid (Original syringe! Close well!)

Chorionic villi sample (CVS)

Product of conception (POC)

EDTA-blood (5 ml) (for microsatellite investigation e.g. maternal contamination of AF, CVS, POC)

H  
AF  
CVS  
POC  
E

**Important notes:**

➤ Do not cool or freeze the material!

➤ Make sure that there is no leakage!

Cytogenetics H/AF/CVS/POC

Chromosomal analysis (karyotype)

Molecular Cytogenetics H/AF/CVS/POC/E

FISH-Diagnostics

Rapid prenatal diagnosis of chromosome aneuploidies:  
Trisomie 13, 18, 21 and gonosomal changes

Microdeletion syndromes

Wolff-Hirschhorn syndrome 4p16.3

Cri-du-Chat syndrome 5p15.2

Williams-Beuren syndrome 7q11

Langer-Giedion syndrome 8q24.11-q24.13

Prader-Willi / Angelman syndrome 15q11-13

Lissencephaly (Miller-Dieker syndrome) 17p13.3

Smith-Magenis syndrome 17p11.2

DiGeorge / Catch22 syndrome 22q11.21-q11.23

Kallmann syndrome Xp22.3

Subtelomer diagnostics

Chromosome painting

Array-CGH (please attach consent form)

Diagnosis - Clinical important notes:

Date

Signature and official stamp of the referring physician

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