DGMU#: - - *For lab use only*

Patient Information

Name: ☐ Male ☐ Female

Medical record No: Hospital: ☐ In patient ☐ Out patient

Date of birth: DD / MM / YYYY Weight: Height:

Nationality: Contact number:

Diagnosis:

Referring Physician

Name: Clinic/Ward:

Contact number: Pager No:

Signature:

Diagnostic Genomic Medicine Unit
وحدة الجينوم الطبية التشخيصية

Centre of excellence in Genomic Medicine Research
King Fahad Medical Research Centre
P.O.BOX: 80216-Jeddah:21589
Tel:6401000 Ext: 25194 - 25213
Fax: 012-6952521
E-mail: dgmu@kau.edu.sa
Website: http://cegmr.kau.edu.sa

Sample Type

☐ Peripheral Blood (PB) *
☐ Bone Marrow (BM)
☐ Solid Tumor (ST). Tissue source ……..……...

For Oncology

Peripheral WBC Count: …… Blasts (%): ……..
Chemotherapy: □ Yes □ No
□ Other (Specify) ……..……
Stage of malignancy: □ Presentation □ Remission □ Relapse

☐ Amniotic Fluid (AF)
☐ Chorionic Villus Sampling (CVS)
☐ Cord Blood (CB)
☐ Product of Conception (POC)

For Prenatal

Gestation age by LMP……..……
Gestation age by ultrasound……..……
Maternal age……..……
Gravida……Para……..…
SAB……..Living children……..

**For Chromosome analysis and FISH analysis, please provide both Sodium Heparin (green top) & EDTA (purple top) samples.*

Cytogenetics tests

☐ Chromosome Analysis

Clinical indications

- O Advanced maternal age (above 35)
- O Abnormal MSAFP □ High □ Low
- O Abnormality seen on ultrasound
- O Previous neonatal death
- O Previous child with chromosome abnormalities
- O Parent carried chromosome rearrangement
- O Family history of Down's syndrome
- O Dysmorphic features
- O Failure to thrive
- O Ambiguous genitalia
- O Amenorrhea
- O Short stature
- O Mental retardation
- O Recurrent abortion: (First/Second/Third) trimester
- O Other, *please specify*……..……..…..

☐ Hematological malignancies ..……

☐ Chromosomal Breakages

☐ Fanconi Anemia
☐ Ataxia Telangiectasia

☐ Fragile X Study

Molecular Cytogenetics tests

☐ FISH Analysis

☐ Screening for numerical aberration of chromosomes (13, 21, 18, X & Y)
☐ DiGeorge / Velocardiofacial syndrome (22q11.2)
☐ Prader-Willi / Angelman syndrome (15q11-q13)
☐ Williams syndrome (7q11.23)
☐ Miller-Dieker syndrome (17p13.3)
☐ Smith-Magenis syndrome (17p11.2)
☐ Cri-du-Chat syndrome (5p15.2)
☐ Wolf-Hirschhorn syndrome (4p16.3)
☐ Kallmann syndrome / (STS) (Xp22.3)
☐ Centromeric probe ☐ 13 ☐ 18 ☐ 21 ☐ X ☐ Y
☐ Whole chromosome paint probes.
Please specify…….....
☐ Telomeric probe, *please specify*…….
☐ Arm-specific painting probes
Please specify……

Molecular Genetics tests

☐ DNA Analysis

☐ **Thrombophilia**
- Factor V Leiden (G1691A)
- MTHFR (C677T)
- Prothrombin (G20210A)

☐ Duchenne /Becker Muscular Dystrophy (DMD)
Creatine Kinase (CK)……..(IU)
☐ Spinal Muscular Atrophy (SMA)
☐ Beta-Thalassemia mutations

☐ RNA Analysis

- **Hematological malignancies**

Qualitative

☐ BCR/ABL: t(9;22)
☐ PML-RARA: t(15;17)
☐ AML-ETO: t(8;21)
☐ CBF-β-MYH11: inv(16)

Quantitative

☐ Quantitative BCR/ABL t(9;22)

Please, draw the family pedigree on the back of the request form.

FOR DGMU USE ONLY

Sample Condition: Sample Volume: (ml)
Receiving date: DD / MM / YYYY Receiving time: :
DGMU Sample Number: - -

☐ Sample Accepted Comments: ….……..
☐ Sample Rejected Reason for rejection…..……..
Physician notified? ☐ Yes ☐ No Physician name: ……

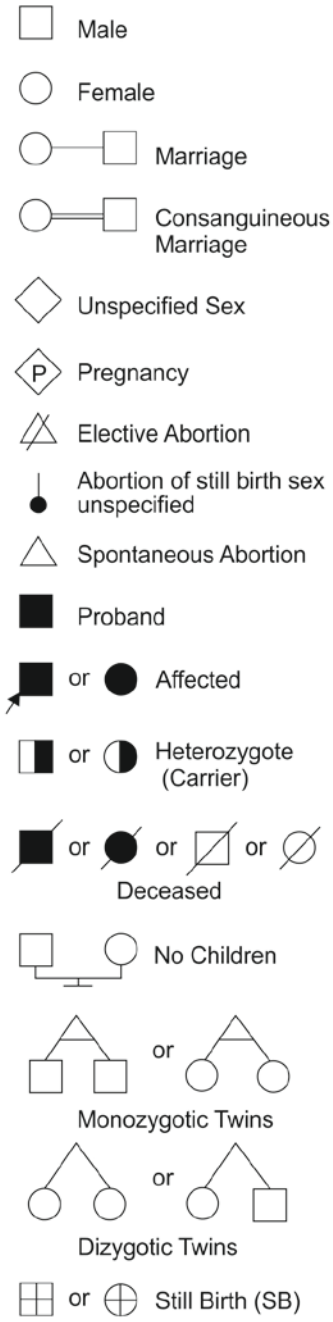
Please Note:

- *All samples should be labeled with patient name and medical record number. Sample will be rejected if referring physician and clinical indication fields are not filled correctly.*
- *All samples should be kept in room temperature, and samples for cytogenetic and RNA analysis should reach the lab before 2:00 p.m.*
- *Three generations pedigree should be provided at the back of this form for all patients. For assistance please call ext. 25194*

(DGMU RF.6)

Family Pedigree

LEGEND



(DGMU RF.6)