Patient Information							
	- 1/1 - 7						
Name: Medical record No: Hospital:			□ Male		☐ Female		
Date of birth: DD / MM / YYYY		Weight:	☐ In pat	Height:	□ Out patient	Diagnostic Genomic Medicine Unit	
						وحدة الجينوم الطبية التشخيصية	
Nationality:		Contact	number:			Centre of excellence in Genomic Medicine	
Diagnosis:						Research King Fahad Medical Research Centre P.O.BOX: 80216-Jeddah:21589	
Referring Physician						Tel:6401000 Ext: 25194 - 25213	
Name: Clinic/		z/Ward:			Fax: 012-6952521 E-mail: dgmu@kau.edu.sa		
Contact number: Pager N			No:			Website: http://cegmr.kau.edu.sa	
Signature:							
Sample Type							
Peripheral Blood (PB) *			☐ Amniotic Fluid (AF)				
☐ Bone Marrow (BM)			☐ Chorionic Villus Sampling (CVS)				
Solid Tumor (ST). Tissue source			Cord Blood (CB)				
For Oncology			☐ Product of Conception (POC)				
Peripheral WBC Count:	Blasts	(%):	For Prenatal				
Chemotherapy: □ Yes	□ No		Gestation age by LMP				
□ Other (Specify) .			Gestation age by ultrasound				
Stage of malignancy: Presentation	□ Remission	□ Relapse	Maternal age				
			GravidaPara SABLiving children				
*For Chromosome analysis and FISH and	alvsis, please pr	ovide hoth Sodium	Henarin (are				
Cytogenetics tests		oriac boin soutani	ineparin (gre	cit top) a	DD III (purple to)	p) samples.	
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Dlagga Motas

- 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

LEGEND

Consanguineous
Marriage

Marriage