

SERVICE REQUEST FORM

Petitioner information

Name	Family name (surname)	Date	
Department		Institute/Hospital	
Address	City	Province/State	
Zip	Country	Phone number	e-mail

Patient or sample information

Sample ID / Patient's name & surname	Family relationship	Gender	Gamete	
Birth date	Clinical History #	Patient	Male	Donor
		Mother	Female	Receptor
		Father	Unknown	
		Other (specify)		

Invoicing information

Institute/Hospital/Company	Authorized person
Address	Company VAT number (EU) / Tax ID (non-EU)
<div style="border: 1px solid black; width: 300px; height: 60px; margin: 0 auto;"></div> Authorized signature	

Requested test

Microarray	Next generation sequencing		
qChip Post	Custom microarray	qGenEx® Whole Exome	Carrier testing
qChip Pre	qChip Hemo		
qChip PdC	SNP arrays	qGenEx® Panels	qSeqEasy®
Agilent 4x180K			
Agilent 2x400K	Other microarrays	qCancer®	RNAseq
Agilent 1x1M			Other NGS services (specify)
Other molecular tests			
qCell Identity	Sanger sequencing	Microsatellites	Data analysis
MLPA / MS-MLPA	FISH	CFTR - targeted	
Cytogenetic karyotype	QF-PCR	qClinics consultation	

Information about biological sample submitted

Peripheral blood	limphoblastoid cell line
Amniotic fluid (uncultured)	Biopsy / products of conception
Amniotic fluid (cultured)	FPPE embedded tissue
Corion biopsy	Other (specify)
DNA (5ug - specify tissue of origin)	

Information about DNA

Sample extraction date	Extraction date	Extraction method
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Clinical information

Diagnostic or clinical suspicion

Clinical data, family history and other relevant observations regarding patient's phenotype

Notes

About service requests: We kindly encourage to contact us before submitting your samples, so we can properly advise on the most appropriate type of test for you.

About Personal Data: According to Spanish Law 41/2002, regulating Patient Autonomy, and Spanish Law 15/1999 on Protection of Personal Data, the applicant for the test should have the patient's written consent to carry out this testing and the treatment of his/her personal data. The data collected in this form will be incorporated into an automated confidential file that is registered in the Spanish's Agency for Data Protection under the terms established by Law 15/1999, in order to manage the diagnostic study herein requested. The patient can exercise at any time the rights of accessing, rectification, cancellation or opposition, by means of writing to the following address: qGenomics, S.L., c/Juan XXIII, 10. 08950 – Esplugues del Llobregat - Catalunya - España.

About biological specimens: Quantitative Genomic Medicine Laboratories, SL (qGenomics) preserves the received specimens, and/or their derivatives, indefinitely for future validation, educational and / or research purposes, maintaining total anonymity on the origin of each sample. The patient or his/her representative has the right not to consent the use of samples for research and it will not impact diagnostic testing / reporting. The patient may decline this agreement at any time by contacting Quantitative Genomic Medicine Laboratories, SL. The patient waives any ownership on research products arising as a result of the use of his/her specimens.

By submitting this request form, you certify the existence of an **informed consent document**, duly obtained and signed by the patient or his / her legal representative, that authorizes you to request this test.

Check this box if you **do not authorize the use of this material for research purposes**. If unmarked, it represents an implicit consent to use the sample for these purposes

Signed (petitioner / MD or Genetic Counselor)

In, _____, the _____ of _____, 20__