Diagnostic Service Facility (DSF)
Laboratory of Neurogenetics ● Institute Born-Bunge
University of Antwerp – CDE ● Building V – Parking P4
Universiteitsplein 1 ● B-2610 Antwerp
Tel.: +32 3 265 1020 ● Fax: +32 3 265 1037 ● E-mail: DSF@bornbunge.be
Website: http://www.molgen.ua.ac.be/DNAdiagnostics

DSF director: Christine Van Broeckhoven, PhD DSc

DSF REQUEST FORM GENETIC TESTING

Please mention name, first name and date of birth on the sample tubes. Only clearly identified blood samples and a corresponding request form are accepted. It is the responsibility of the physician to complete and sign this request form. It is important to provide sufficient clinical data to guide the genetic testing.

PATIENT DATA (fill in completely):	**PHYSICIAN DATA** (fill in completely):
Family name + first name:	Family name + first name: .....
Date of birth:	Hospital/Institute: .....
Gender:	.....
Address:	Address: .....
.....	.....
	Phone: .....
Your reference number:	E-mail[1]: .....
	Request date:
	Signature:
Residual material will be used for genetic scientific research. Please check the box if the patient does NOT agree ❑	Copy of results to: .....

[1]Please provide an e-mail address for all further communications and receiving results

SAMPLE

❑ Blood: date taken: : .....

❑ Other material[2], type: .....

[2]Other material can only be accepted after consultation

REQUEST

❑ Confirmation/exclusion[3] clinical diagnosis

❑ Presymptomatic testing

❑ Carrier testing

[3] Circle correct choice

CLINICAL INFORMATION

Clinical diagnosis: .....

Clinical information: .....

.....

.....

.....

.....

Clinical report enclosed: Yes / No / Will be provided

Diagnostic Service Facility (DSF)
Laboratory of Neurogenetics ● Institute Born-Bunge
University of Antwerp – CDE ● Building V – Parking P4
Universiteitsplein 1 ● B-2610 Antwerp
Tel.: +32 3 265 1020 ● Fax: +32 3 265 1037 ● E-mail: DSF@bornbunge.be
Website: http://www.molgen.ua.ac.be/DNAdiagnostics

DSF director: Christine Van Broeckhoven, PhD DSc

Name patient + date of birth: .....

FAMILY AND PEDIGREE INFORMATION

Have you already sent material to our laboratory: yes /no
If yes: Name: ..... First name: .....
Date of birth: ..... Relationship: .....

Gene/mutation known in family: yes / no
If yes: Mutation details: .....

Pedigree:

❑ isolated/sporadic patient: no (known) family history
❑ familial: positive family history
❑ inherited: (autosomal) dominant / (autosomal) recessive / X-linked (please circle the correct choice)
❑ parents are related: yes / no
If yes, specify: .....

Family history:

.....
.....
.....
.....
.....
.....

Draw pedigree and indicate the person(s) to be tested with an arrow:

Diagnostic Service Facility (DSF)
Laboratory of Neurogenetics ● Institute Born-Bunge
University of Antwerp – CDE ● Building V – Parking P4
Universiteitsplein 1 ● B-2610 Antwerp
Tel.: +32 3 265 1020 ● Fax: +32 3 265 1037 ● E-mail: DSF@bornbunge.be
Website: http://www.molgen.ua.ac.be/DNAdiagnostics

DSF director: Christine Van Broeckhoven, PhD DSc

Name patient + date of birth: .....

GENETIC TESTS FOR NEURODEGENERATIVE BRAIN DISEASES

❑ **Dementia**
- ❑ APOE

❑ **Alzheimer dementia**
- ❑ PSEN1 ❑ APP ❑ APP duplication
- ❑ PSEN2

❑ **Familial Alzheimer dementia**
- ❑ PSEN1 ❑ APP ❑ APP duplication
- ❑ PSEN2 ❑ MAPT ❑ PRNP

❑ **Cerebral amyloid angiopathy**
- ❑ APP ❑ APP duplication ❑ APOE

❑ **Frontotemporal lobar degeneration**
- ❑ C9orf72 ❑ GRN ❑ GRN dosage
- ❑ MAPT ❑ MAPT dosage
- ❑ VCP ❑ CHMP2B

❑ **Parkinson disease**
- ❑ LRRK2 ❑ PARK2 ❑ SNCA
- ❑ PARK2 dosage ❑ SNCA dosage
- ❑ PINK1 ❑ DJ1

❑ **Amyotrophic lateral sclerosis**
- ❑ C9orf72 ❑ SOD1 ❑ TARDBP
- ❑ FUS ❑ VCP

❑ **Prion diseases (CJD/GSS/FFI)**
- ❑ PRNP

❑ **Other diseases/genes:**

.....

.....

.....

SAMPLE:
- Mention name, first name, date of birth on each tube
- Per patient 2 x 10 ml **Lithium Heparin** blood[4] is required
- Store samples on room temperature or at 4°C, do NOT freeze
- Samples can be sent by regular mail
- Blood samples should reach our lab within 48 hours (Friday before 2PM)
- **Urgent analysis can only be performed after consultation**

[4]Note: other material can only be accepted after consultation

SHIPMENT:
Diagnostic Service Facility (DSF)
University of Antwerp – CDE
Department of Molecular Genetics ● **Building V**
Universiteitsplein 1 ● B-2610 Antwerp
Phone: +32 3 265 1020 ● Fax: +32 3 265 1037 ● E-Mail: DSF@bornbunge.be

REQUEST FORMS:
By mail (DSF@bornbunge.be), on the DSF website (http://www.molgen.ua.ac.be/DNAdiagnostics)