Hôpitaux Universitaires Genève

DIAGNOSTIQUE / Service de Médecine Génétique
Centre d'accueil des prélèvements (CAP)
Bâtiment des Laboratoires (BATLab), local 8D-0-850.1
4 rue Gabrielle-Perret-Gentil, 1211 Genève 14

Genomic and Molecular Diagnostics Laboratory
Accredited since 2003, formerly STS 0382

DIAGMOL

http://www.hug.ch/feuilles-de-demande

Head of Genetic Medicine Division : Prof. Marc ABRAMOWICZ
Laboratory managers (medical genetics FAMH):
Dr. J.-L. BLOUIN, Dr. Th. NOUSPIKEL, Dr. M. GUIPPONI
jean-louis.blouin@hcuge.ch, thierry.nouspikel@hcuge.ch, michel.guipponi@hcuge.ch
Lab direct or results: Phone/FAX: +41 (0) 22 37 21 826 / 21 860
Sample Entrance Center (CAP) : Phone +41 (0) 22 37 21 800

Mr. ❑ Mrs. ❑ (IN UPPER CASE, please)

Name:……

Maiden Name:……..

First name :……..

Date of birth : ..... / ..... / ……

Legal representative (for minors) : ❑father ❑mother

Name/first name :……

Street/N°:……

Town, ZIPCODE :……

Hospitalisation Unit: …… Physician :……

N° EdS : ……

Invoice address: ❑Patient ❑Prescriptor ❑Insurance

Type of case : ❑Disease ❑AI ❑Accident ❑Pregnancy

N° AVS (Mandatory for AI) : ……

Insurance : …… **Insured N° :** ……

PHYSICIAN

PHYSICIAN *(NAME/First name - Street/N°- Town, ZIPCODE - Phone/FAX. IN UPPER CASES, PLEASE)*

COPY TO OTHER PHYSICIAN *(NAME/First name - Street/N°- Town, ZIPCODE - Phone/FAX. IN UPPER CASES, PLEASE)*

« The laboratory is granted permission by the Physician/Patient to transmit copies of the report to other physicians»

❒ **Opposition of the patient to the registration of this request results in the electronic patient record (DPI) of the HUG**

If the patient belongs to a family already known to the laboratory, please indicate index case NAME:

CLINICAL INFORMATIONS given by the physician:

Ethnic origins | Father | Mother

Currently pregnant ☐ **Date of last menses** | **Number of weeks of amenorrhea**

SAMPLE(S)

*Most of our tests work from 4 ml of blood in **EDTA** (children <2 ans : 1 ml : ok) or from **purified DNA** (some exceptions apply for some tests) Please contact us for any other type of sample.*

On every and single tube. **Mandatory** !

NAME First name
Date of birth

Sampling date : **Time (optional) :** **Sample Number :**

❑ Blood (tube EDTA)

❑ Saliva (sampled only in tube Oragene-DNA)

❑ Other type of sample
Please indicate type :

❑ DNA from external source
Reference :

❑ DNA already in bank at our laboratory
Reference number:
(if known)

Prenatal
❑ Amniotic fluid
❑ Chorionic villi
❑Fetal tissue
❑Other

Réservé au laboratoire

Tissu	O sang/EDTA	O ADN	O ADN déjà en banque
	O Liq. Amnio.	O CVS	O Tissus fixés
	O Liq. Amnio.	O CVS	O Tissus fixés

Quantité, Remarques :

TEST LIST : SEE OVER (PAGES 3 ET 4)

❒ **Report in English** (default: in French)

NAME, First name :
(CAPITAL LETTERS, please)

Laboratory only
DM-

PHYSICIAN'S SIGNATURE AND INFORMED CONSENT

PHYSICIAN *(NAME/First name – Street/N°- Town, ZIPCODE - Phone/FAX)* **:**

**** By signing here, the physician confirms having informed the patient/the legal representative according to the current legal requirements (LAGH in Switzerland, http://www.sgmg.ch) (including on the cost of tests that are not covered by health insurances), that the patient/ the legal representative had enough time to ask questions and take his/her decision, and having received the patient's/the legal representative's informed consent.***

Date and Physician's signature **MANDATORY***

The patient has given his informed consent for the checked analyses that are listed at the pages 3-4, to be done on the sample specified at the first page.

*The following questions marked by a star * must be checked (MANDATORY !).*

Decision of the patient regarding the storage and use of his/her remaining biological sample(s) and raw analytical data : **mandatory*

- He/she agrees that the remaining biological material and raw analytical data will be stored for possible further analyses. His/her informed consent will be necessary for any further additional analyses. * ☐YES ☐NO
  In case of a negative answer the remaining biological sample will be destroyed after the analysis.

- He/she agrees that his/her biological sample and raw analytical data are used anonymously for quality testing. * ☐YES ☐NO

* **MANDATORY ONLY FOR ANALYSES INVOLVING HIGH THROUGHPUT SEQUENCING OF WHOLE EXOME (SEE PAGE 4)**

Decision of the patient regarding the transmission of results not directly related to the testing requested (so called "incidental findings") **mandatory*

He/she wishes to be informed about genetic results belonging to the following categories :

- Carrier of a disorder for which preventive and/or therapeutic measures are available* : ☐YES ☐NO

Person incapable of discernment: ☐YES ☐NO

The following questions do NOT apply for persons incapable of discernment

- Carrier of a disorder for which no preventive / therapeutic measures are yet available* : ☐YES ☐NO
- Healthy carrier of a recessive disorder which could concern the following generation or other family members* : ☐YES ☐NO
- Other decisions : _____

OPTIONAL

The use of his/her sample and data for research purposes.

Should he/she agree in principle to participate in research studies you could indicate this below. Should this be the case he/she would be contacted at a later stage with details concerning the research project(s). A positive answer below is **not yet consent** for the participation in any actual research projects**.**

- In principle, he/she agrees that his/her biological sample and data could be used for research purposes ☐YES ☐NO

NAME, First name :
(CAPITAL LETTERS, please)

Laboratory only
DM-

REQUESTED ANALYSIS / ANALYSES

NB: IF REQUEST IS FOR A HIGH THROUGHPUT SEQUENCING (GENOME CLINIC), PLEASE GO DIRECTLY TO PAGE 4.

✖ Test not included in the Swiss federal list of laboratory tests (OFSP, BAG, FOPH). The out-of-list tests are not automatically reimbursed by Swiss health insurances.
na Test not accredited; @ Please contact us in advance.
All prices are in Swiss Franc (CHF), not including DNA extraction cost (see DNA banking). For prenatal tests (urgent), an additional charge applies (200 CHF). The laboratory reserves the right to select the most appropriate technique (traditional or high throughput sequencing, cf. page 4) based on efficiency and cost effectiveness.
cl Depending on the choice of technique, the analysis may or may not be accredited.

General tests
- ❒ Amyloidosis (familial, *TTR)* *960 CHF*
- ❒ AS, Angelman syndrome na *533 CHF*
- ❒ APECED (*AIRE)* *1605 CHF*
- ❒ Beckwith-Wiedemann (BWS) na *533 CHF*
- ❒ BPES (*FOXL2)* ✖*530-880 CHF*
- ❒ CMM2 Cutan. Malign. Melanoma (*CDKN2A*) ✖na 745-1095 *CHF*
- ❒ *EGFR* mutations (T790M and others) on ctDNA (only in Streck BCT or PAXgene DNA tubes) ✖*631 CHF*
- ❒ FG (Keller syndrome, *MED12)* ✖na *530 CHF*
- ❒ HBLRG, Gilbert syndrome (*UGT1A1)* ✖*285 CHF*
- ❒ HDGC, Her. Diff. Gastric Cancer (*CDH1)* ✖na *315 CHF*
- ❒ HED, Hypohidrotic Ectodermal Dysplasia (*EDA)* ✖ *1605-1955 CHF*
- ❒ HFE-HH, Hered. Hemochromatosis (*HFE*) *186 CHF*
- ❒ HSCR, Hirschsprung (*RET)* ✖na *2680 CHF*
- ❒ XLI, Ichtyosis, X-linked type (*STS*) *450 CHF*
- ❒ PFIC3, Intrahepatic Cholestasis (*ABCB4*) ✖cl *2680-3030 CHF*
- ❒ SMAX1, Kennedy *(*SBMA*, AR)* na *285 CHF*
- ❒ KNO1, Knobloch*, (COL18A1)* na *1390 CHF*
- ❒ Lactose intolerance (*LCT*) ✖*188 CHF*
- ❒ LWD, Leri-Weill (*SHOX*) *450 CHF*
- ❒ LFS, Li Fraumeni, (*TP53) 1605-1955 CHF*
- ❒ Marfan (*FBN1) 3300 CHF*
- ❒ NF1, Neurofibromatosis type I (*NF1*) na *3250 CHF*
- ❒ Non-invasive prenatal diagnostic of monogenic diseases (*contact us in advance)* ✖ *615-2900 CHF*
- ❒ PJS, Peutz-Jeghers (*STK11)* ✖na *1605-1955 CHF*
- ❒ PTEN Hamartoma Tumor syndrome (PHTS, Cowden, Hamartomas, BRRS, Proteus, *PTEN)* ✖*1605-1955 CHF*
- ❒ PWS, Prader-Willi na *533 CHF*
- ❒ Rendu-Osler-Weber (ROW) ✖cl @ 2900 CHF
- ❒ RETT syndrome (*MECP2) 1310 CHF*
- ❒ RSS, Russell-Silver syndrome (11p15) na *533 CHF*
- ❒ Sickle cell anemia (Drepanocytosis, *HBB*) *288 CHF*
- ❒ UPD, Uniparental Disomy, **Chr**_____ ✖ *470 CHF*
- ❒ VWF, all types, ✖na @ 960-2900 CHF
- ❒ WAGR, Wilms tumor (*WT1)* ✖na *533 CHF*

Alpha-1-antitrypsin deficiency (A1AT)
- ❒ Genotyping PI*S/Z *286 CHF*
- ❒ Full sequencing of *SERPINA1 645 CHF*

Ashkenazi mutations (rare disease carrier)
- ❒ Full screening ✖ *(865 CHF)* or
- ❒ *CFTR* ❒ Fragile-X
- ❒ Tay-Sachs+ FD+Fanconi+Canavan ✖
- ❒ von Gierke+Bloom+Niemann-Pick+ML-IV ✖

Individual prices available upon request

Ataxias
- ❒ Full screening (1765 CHF) or *185 CHF per gene +100 CHF*
- ❒ SCA1 na ❒ SCA2 na ❒ SCA3 na
- ❒ SCA6 na ❒ SCA7 na ❒ SCA17 na
- ❒ Friedreich ❒ DRPLA na ❒ *FXTAS* na

Cardiac Arrhythmias (Channelopathies, CCP) ✖
- ❒ *SCN5A* gene (Brugada) cl *2680 CHF*
- ❒ *KCNQ1* gene (QT-long) cl *2680 CHF*
- ❒ *KCNH2* gene (QT-long) cl *2680 CHF*
- ❒ *KCNE1, KCNE2, KCNJ2 genes* cl *1605 CHF*

Whole Exome Sequencing and Targeted Gene Panel Analysis : see next page (page 4)

Cardiomyopathies (HCM, DCM, NC, CMR,…) ✖
Whole Exome Sequencing and Targeted Gene Panel Analysis: *see next page (page 4)*

Charcot-Marie-Tooth (CMT)
- ❒ Duplication CMT1A *450 CHF*
- ❒ *PMP22* gene sequencing (CMT1A) *960 CHF*
- ❒ *MPZ* gene sequencing (CMT1B) *1390 CHF*
- ❒ *GJB1* gene sequencing (CMTX) *745 CHF*

Chromosomal Microdeletions ✖
- ❒ 22q11, MLPA *450 CHF*
- ❒ Screening, recurrent microdeletions, MLPA *450 CHF*

Cystic Fibrosis (CF, *CFTR*)
CFTR: please indicate the ethnic origins of the patient at page 1
- ❒ Screening frequent mutations (with IVS8 5T, *CFTR*-related disorders) *470 CHF*
- ❒ Full *CFTR* analysis (sequencing+ del/dup by MLPA) *na 1820-2170 CHF*
- ❒ Hyperechogenic fetal bowel (frequent mutations *CFTR* in parents) *470 CHF*
- ❒ Hyperechogenic fetal bowel (frequent mutations *CFTR* +del/dup by MLPA in parents) *820 CHF*

Deafness
- ❒ DFNB1, congenital (locus DFNB1) ✖*665 CHF*
- ❒ Mitochondrial mutations ✖na *645 CHF*

Endocrine Neoplasias, Pheochromocytoma, Paraganglioma (MEN, PCC, PGL)
- ❒ MEN1, Multi. Endoc. Neopl. type I (*MEN1) 1605-1955 CHF*
- ❒ MEN2, Multi. Endoc. Neopl. type II (*RET) 1605 CHF*
- ❒ PGL/PCC, Paraganglioma/Pheochromocytoma: Full sequencing (+MLPA) *2900 CHF (3950 CHF)* or
  - ❒ *SDHB* gene ❒ *RET gene*
  - ❒ *SDHC* gene cl ❒ *SDHD* gene

Individual prices available upon request
- ❒ Von Hippel Lindau (*VHL*) *745-1095 CHF*

Familial Pneumothorax (Birt-Hogg-Dubé, BHD) ✖na
- ❒ Frequent mutation, *FLCN*, exon 11 *315 CHF*
- ❒ *FLCN* full gene analysis *2680-2930 CHF*

Familial Adenomatous Polyposis (FAP)
- ❒ Full Screening *APC* + *MUTYH* (*2900-3600 CHF*) or
- ❒ *APC* gene *2895-3245 CHF*
- ❒ *MAP* (*MUTYH, ex. 7,13*) na *530 CHF*

FGFR3 (syndromes linked to)
- ❒ Achondroplasia *315 CHF*
- ❒ Craniosynostosis or Muenke *315 CHF*
- ❒ Hypochondroplasia *745 CHF*
- ❒ Thanatophoric dysplasia, types I, II *960 CHF*
- ❒ SADDAN *315 CHF*

Fibrinopathies ✖
- ❒ Afibrinogenemia (*FGA, FGB, FGG) 1710 CHF*
- ❒ Dysfibrinogenemia (*FGA, FGG*) 530 - *1710 CHF*
- ❒ Hypofibrinogenemia (*FGA, FGG*) 530 - *1710 CHF*

Fragile X *(FRAXA, FMR1)* na
- ❒ Diagnostic *285 CHF*
- ❒ Carrier testing *285 CHF*
- ❒ Premature ovarian failure (POI) *285 CHF*

Genetic sex✖
- ❒ Genetic sex determination *210 CHF*
- ❒ *SRY* search in a Turner *285 CHF*
- ❒ *SRY* sequencing *530 CHF*

Hemophilias
- ❒ HA, inversions *F8* (IVS22, IVS1) ✖ *553 CHF*
- ❒ HA, *F8,* complete analysis cl *1605-1955 CHF*
- ❒ HB, *F9,* complete analysis *1605-1955 CHF*

Huntington disease (HD, *HTT)* *285 CHF*
- ❒ Diagnostic
- ❒ Presymptomatic ***(2 tubes please)***

Hereditary Periodic Fevers (HRF) ✖
- ❒ Full Sequencing (8 genes) *2900 CHF*
- ❒ Full Screening Frequent Mutations (4 genes) *1820 CHF*
- ❒ FMF, *MEFV* gene *530 CHF*
- ❒ FMF, *MEFV* gene (complete sequencing) *1605 CHF*
- ❒ CAPS, *NLRP3* gene *530 CHF*
- ❒ HIDS, *MVK* gene *530 CHF*
- ❒ TRAPS, *TNFRSF1A* gene *530 CHF*

Whole Exome Sequencing and Targeted Gene Panel Analysis: *see next page (page 4)*

HNPP (tomaculous neuropathy)
- ❒ Deletion CMT1A *450 CHF*
- ❒ *PMP22* gene sequencing *960 CHF*

Lynch syndrome (HNPCC)
Full screening *by NGS see next page (page 4)* or
- ❒ *MLH1+PMS2* genes *2900-3600 CHF*
- ❒ *MSH2+MSH6* genes *2900-3600*
- ❒ MSI (on tumor biopsy) *315 CHF*
- ❒ *BRAF1 V600E* (on tumor biopsy) *315 CHF* na

Male infertility
- ❒ *CFTR*+5T (frequent mutations) *470 CHF*
- ❒ Y chromosome microdeletions (DAZ) *415 CHF*

Mitochondriopathies (ADNmt)
- ❒ Leber optic neuropathy (LHON) *530 CHF*
- ❒ Cytopathy MELAS, MERRF, NARP *472-660 CHF*
- ❒ Deletions/Dup ***(muscle biopsy only)*** ✖*660 CHF*
- ❒ Chromosome Mit sequencing *1605 CHF*

Monogenic Diabetes (MODY, NDM) ✖
Whole Exome Sequencing and Targeted Gene Panel Analysis: *see next page (page 4)* Or
- ❒ *HNF4A* gene (MODY 1) cl *1605-1955 CHF*
- ❒ *GCK* gene (MODY 2) cl *1605-1955 CHF*
- ❒ *HNF1A* gene (MODY 3) cl *1605-1955 CHF*
- ❒ *PDX1* gene (MODY 4) cl *530-880 CHF*
- ❒ *HNF1B* gene (MODY 5) cl *1605-1955 CHF*
- ❒ *INS* gene (MODY 10) cl *530-880 CHF*
- ❒ *KCNJ11* gene cl *530-880 CHF*

Neurological and Neuromuscular
- ❒ SMA, Spinal Musc. Amyotrophy (*SMN1) 450 CHF*
- ❒ CADASIL (*NOTCH3)* ✖*1605 CHF*
- ❒ C9orf72 (ALS, FTD) ✖ *470 CHF*
- ❒ DOPA-responsive dystonia (*GCH1)* ✖na *1740 CHF*
- ❒ Dravet syndrome (*SCN1A)* ✖na *1605-1955 CHF*
- ❒ EPM1, Unverricht-Lundborg (*CSTB)* ✖ Southern+sequencing *1108 CHF*
- ❒ FSHD1, Facio-Scapulo-Humeral Dystrophy ✖ ***(only from EDTA blood)****, 660 CHF*
- ❒ GLUT1 (*SLC2A1)* ✖na *1955 CHF*
- ❒ SPAST, Hered. Spastic Paraparesis (*SPG4) 450 CHF*
- ❒ STARTLE (Hyperekplexia, *GLRA1)* ✖na *1605 CHF*
- ❒ DMD, BMD, Muscular Dystroph Duchenne/Becker (*DMD*), deletions *800 CHF*
- ❒ DM1, Myotonic Dystrophy of Steinert (*DMPK) 285-875 CHF*
- ❒ OPMD, Oculopharyngeal Muscular Dystrophy (*PABPN1)* ✖na *315 CHF*
- ❒ TOR1A, Torsion Dystonia (*DYT1)* ✖na *315 CHF*

Pancreatitis
- ❒ *CFTR*+ IVS8 5T (frequent mutations) *470 CHF*
- ❒ *SPINK* frequent mutation *215 CHF*
- ❒ *PRSS1* frequent mutations ✖*530 CHF*

Primary Ciliary Dyskinesia (PCD) ✖
Whole Exome Sequencing and Targeted Gene Panel Analysis: *see next page (page 4)*

Waardenburg (WS) ✖
- ❒ Types I and III *(PAX3* gene) *1605-1955 CHF*
- ❒ Type II *(MITF* gene) na *1605-1955 CHF*

Miscelleanous (cf. additional informations)
- ❒ DNA Extraction + Banking *61 CHF*
- ❒ Circulating cell-free DNA Extraction na *61 CHF* (only in Streck BCT or PAXgene blood DNA tubes)
- ❒ *Out-of-list (OFAS) gene* na✖*per exon 215 CHF, ax 2900-3250 CHF*
- ❒ Specific/ Known familial mutation ✖*315 CHF*
- ❒ Exclusion of maternal contamination in fetal sample *(amnio-, choriocentesis)* ✖*185 CHF*
- ❒ Transfer of DNA to an external laboratory (please provide specifics below) and complete the ECA forms for internal requests.

Please indicate here any additional helpful information, other specific tests, desired order of analyses (for multiple tests), gene panel ….

NAME, First name :
(CAPITAL LETTERS, please)

Laboratory only
DM-

REQUESTED ANALYSIS / ANALYSES

HIGH THROUGHPUT SEQUENCING OF TARGETED OR WHOLE EXOME AND BIOINFORMATIC ANALYSIS (GENOME CLINIC)

NB: IF THE REQUEST CONCERNS A CLASSICAL ANALYSIS, WITHOUT HIGH THROUGHPUT SEQUENCING, SEE PAGE 3

✖ Test not included in the Swiss federal list of laboratory tests (OFSP, BAG, FOPH). The out-of-list tests are not automatically reimbursed by Swiss health insurances.
[na] Test not accredited; @ Please contact us in advance (availability, TAT, costs…). All prices are in Swiss Franc (CHF), not including DNA extraction cost (see DNA banking) nor possible variant verification by Sanger sequencing. For prenatal tests (urgent), an additional charge applies (200 CHF). The laboratory reserves the right to select the most appropriate technique (high throughput sequencing or traditional, cf. page 3) based on efficiency and cost effectiveness.

❒ **DNA extraction and banking** *61 CHF*

HIGH THROUGHPUT SEQUENCING FOLLOWED BY BIOINFORMATIC ANALYSIS OF 1 TO 10 GENES *(2900 CHF)* @

Prescription by a physician with a federal postgraduate FMH diploma in medical genetics or related to the examined pathology, according to the Swiss federal list of laboratory tests (Chapter 2.Genetics na 2.2.2.Moleculare genetics analyses).

❒ **Cardiac Channelopathies (Arrhythmias, CCP)** ✖
❒ **Cardiomyopathies** ✖
❒ **Diabetes, monogenic (MODY, NDM)** ✖
❒ **Primary Ciliary Dyskinesia (PCD)** ✖
❒ **FGF receptor-associated dysplasias**
❒ **Duchenne and Becker dystrophinopathies and muscular dystrophies (protein disorders associate with dystrophin)**
❒ **Hereditary periodic fevers** ✖
❒ **Wilson's disease**
❒ **Hereditary neoplasia**
❒ **Lynch syndrome (HNPCC)**
❒ **Neurofibromatosis type I**
❒ **Growth disorder syndromes**
(Beckwith-Wiedemann, Silver-Russel, Sotos, etc)

❒ **Other disease (please specify below the genes to analyze and the position in the Swiss list of laboratory tests)**

❒ **Other orphan diseases** ✖ **(please specify below the genes to analyze)**
An "Orphan disease" reimbursement request must be filled by a physician with a federal postgraduate FMH diploma

HIGH THROUGHPUT SEQUENCING FOLLOWED BY A BIOINFORMATIC ANALYSIS OF MORE THAN 10 GENES *(3300 CHF – 3800 CHF)* @

Prescription only by a physician with a federal postgraduate FMH diploma in medical genetics, according to the Swiss federal list of laboratory tests.

Mitochondriopathies
❒ 11-100 genes *3300 CHF*
❒ > 100 genes *3800 CHF*
Cardiac Channelopathies (Arrhythmias, CCP) ✖
❒ 11-100 genes *3300 CHF*
Cardiomyopathies ✖***na***
❒ 11-100 genes *3300 CHF*
Primary Ciliary Dyskinesia (PCD) ✖
❒ 11-100 genes *3300 CHF*
Diabetes, monogenic (MODY, NDM) ✖
❒ 11-100 genes *3300 CHF*
Ehlers-Danlos
❒ 11-100 genes *3300 CHF*
Epilepsy ✖
❒ 11-100 genes *3300 CHF*
❒ > 100 genes *3800 CHF*
Diseases related to coagulation, blood and immune system disorders
❒ 11-100 genes *3300 CHF*
❒ > 100 genes *3800 CHF*
Neuromuscular et neurodegenerative diseases
❒ 11-100 genes *3300 CHF*
❒ > 100 genes *3800 CHF*
Diseases related to skin, connective tissue or bones
❒ 11-100 genes *3300 CHF*
❒ > 100 genes *3800 CHF*
Metabolic and endocrine diseases
❒ 11-100 genes *3300 CHF*
❒ > 100 genes *3800 CHF*
Ophtalmologic diseases
❒ 11-100 genes *3300 CHF*
❒ > 100 genes *3800 CHF*

Diseases related to urogenital system, fertility / sterility
❒ 11-100 genes *3300 CHF*
❒ > 100 genes *3800 CHF*
Hereditary neoplasia
❒ 11-100 genes *3300 CHF*
❒ > 100 genes *3800 CHF*
Sensorimotor neuropathies
(CMT, HNPP, amyloid polyneuropathy)
❒ 11-100 genes *3300 CHF*
Kallman syndrome
❒ 11-100 gènes *3300 CHF*
Marfan syndrome and other thoracic aorta syndromes
❒ 11-100 genes *3300 CHF*
Mendelian syndrome with growth disorder
❒ 11-100 genes *3300 CHF*
❒ > 100 genes *3800 CHF*
Developmental disorders ✖
❒ 11-100 genes *3300 CHF*
❒ > 100 genes *3800 CHF*

Other diseases (please specify below the genes to analyze and the position in the Swiss list of laboratory tests)
❒ 11-100 genes *3300 CHF*
❒ > 100 genes *3800 CHF*

Other orphan diseases ✖ **(please specify below the genes to analyze)**
An "Orphan disease" reimbursement request must be filled by a physician with a federal postgraduate FMH diploma
❒ 11-100 genes *3300 CHF*
❒ > 100 genes *3800 CHF*

ADDITIONAL ANALYSES @

Additional bioinformatic analysis ❒ 1-*10 genes: 600 CHF* ❒ *11-100 genes : 1000 CHF* ❒ *more than 100 genes : 1500 CHF*
Other additional analyses ❒ Sanger sequencing *215 CHF* ❒ MLPA *350 CHF* ❒ Other ([na]***, depending which analysis)*** : _____
Comments:_____

INFORMATIONS ABOUT BIOINFORMATIC ANALYSES Gene panels: http://www.hug-ge.ch/medecine-genetique/liste-panels-genes
Gene panel to analyze *(please contact us in advance):*

_____
*(Please specify the investigated pathology, the number of genes and the requested gene panel (if available) or else provide **your gene list in an Excel file**)*

❒ Transfer of DATA of NGS to an external laboratory (please provide specifics below) and complete the DATA exchange form.

SEARCH FOR VARIANTS IN THE PARENTS

In case of request of search of variants in the parents, please send us for each of them the sample and a request of DNA extraction and banking.

❒ Consanguineous parents
Precisions/comments :_____
Father: Last name :_____ First name :_____ Date of birth :_____ Sample available : ❒ Yes ❒ No ❒ Will be sent
Mother: Last name :_____ First name :_____ Date of birth :_____ Sample available : ❒ Yes ❒ No ❒ Will be sent

Complementary information /comments: