NIMGenetics
New Integrated Medical Genetics

# POSTNATAL DIAGNOSIS

## SERVICE REQUEST FORM

### Petitioner's Data

| | | |
|---|---|---|
| Requesting Entity | Date | |
| Name and Surname | E-mail address | |
| Address | | |
| Province | Postal code | Telephone number |

### Patient's Clinical Data

| | | |
|---|---|---|
| Name and Surname | Gender | Age |

Patient's Ethnicity

☐ Caucasian ☐ Hispanic ☐ African

☐ Asian ☐ Others _____

**IMPORTANT**

For proper sample processing and analysis of results, ATTACH FULL CLINICAL REPORT, including reason for consultation, relevant clinical data and personal and family background associated with the patient.

| | |
|---|---|
| Type of Sample | Date of extraction |
| Diagnosis | |
| Reason for consultation / Summary of Medical History / Background | |

The sample must always be accompanied by this request form and the corresponding informed consent, which can be downloaded at www.nimgenetics.com. Only if the informed consent is not enclosed with the sample, check the following box:

☐ I declare that the patient has been informed about the indication, purpose, characteristics, scope and limitations of the requested study. The informed consent associated with this test has been signed by the patient, and it remains under the custody of the centre Hospital or medical practitioner in charge

Signature of the medical practitioner in charge

_____

### Invoicing and Payment Information

| | |
|---|---|
| Entity | |
| Address | |
| Authorised Person | Tax ID (NIF/CIF) |
| Telephone number | E-mail address |
| Telephone number | |

### Contact Details

NIMGenetics - Calle Faraday, 7, 28049 Madrid - Phone. (+34) 91 037 83 54 - contactoespecialistas@nimgenetics.com

### Data Protection and Confidentiality

In accordance with Law 41/2002 Regulating Patient Autonomy and Law 15/1999 on Personal Data Protection, the petitioner shall have the consent of the patient to carry out the diagnostic tests requested and for the processing of their data. Thus, and as information to be provided to the patient, we must inform you that the data collected in this form shall be incorporated into a confidential automated file, duly registered with the Spanish Data Protection Agency, in accordance with the terms established in Law 15/1999, the ownership of which corresponds to NIMGenetics, SL, with the purpose of the processing diagnostic study described in the form, the patient being able to exercise at any time the rights to access, rectification, cancellation or objection, recognised by the regulations cited relating to Personal Data Protection, to be sent to the following address: NIMGENETICS, S.L., Genómica y Medicina, C/ Faraday, 7 28049 Madrid.

NIMGenetics is a Genetic Diagnosis centre authorised by the Department of Health and Consumption of the Community of Madrid, registered in the corresponding Register Nº CS10673



NIMGenetics S.L. - Parque científico de Madrid - C/Faraday, 7 (Campus de Cantoblanco) 28049 Madrid - CIF B-85332138

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## Patient's Personal Data

| Name and Surname | Gender | Age |
|---|---|---|
| | | |

## CGH ARRAYS

- ☐ KaryoNIM® Postnatal 60K (CGH1001)
- ☐ KaryoNIM® Postnatal 180K (CGH1003)
- ☐ KaryoNIM® 180K Autism (CGH1005)
- ☐ KaryoNIM® 400K (CGH1007)

## NGS PANELS AND SINGLE GENES

☐ NIMSeq® (Reference*): _____
Disease and/or genes: _____

## EXONIC SEQUENCING

☐ ExoNIM® Targeted (Reference*): _____
Disease and/or genes: _____

☐ Ampliaciones ExoNIM® (Referencia*): _____
Previous study identifier: _____
Disease and/or genes: _____

☐ Combination of ExoNIM® panels (Reference*): _____
Disease and/or genes: _____

- ☐ ExoNIM® Clínico (EXN2003)
- ☐ ExoNIM® Trío (EXN3001)
- ☐ ExoNIM® Plus Epilepsia (EXN5001)
- ☐ ExoNIM® Personalized (Reference or attach gene list): _____

## OTHERS

☐ MLPA (Specify/Reference*) _____ ☐ Mitochondrial DNA ((Specify/Reference*) _____

☐ Triplet Expansion (Specify/Reference*) _____

## STUDY OF CARRIERS (SANGER)

- Degree of kinship with the reference case:

- Reference case previously studied at NIMGenetics:

☐ NO ⟶ IT IS NECESSARY TO ATTACH A COPY OF THE PREVIOUS REPORT containing information on the variants to be analysed (gene #NM, nucleotide variation/protein)

☐ YES⟶ Reference case identifier: _____ :

Variant 1: _____ (Gene) _____ (Nucleotide variation/Protein)

Variant 2: _____ (Gene) _____ (Nucleotide variation/Protein)

Variant 3: _____ (Gene) _____ (Nucleotide variation/Protein)

(*) Check our extensive portfolio for postnatal diagnosis through the professional genetic test search available on our website: nimgenetics.com/en/genetic-test-search/



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