NIMGenetics
New Integrated Medical Genetics

COD.

To be filled by the laboratory

SERVICE REQUEST FORM
PRENATAL DIAGNOSIS

Petitioner's Data

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

Patient's Clinical Data

Name and Surname:	**Gender:**	**Age:**
Diagnosis		
Reason for Consultation:	**Summary of Medical History/Background**	
Type of Sample:	**Date of sample extraction:**	

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:**
Authorised Signature:	

Contact Details:
NIMGenetics, Calle Faraday, 7 · 28049 Madrid / Tel. (+34) 91 037 83 54 / contactoespecialistas@nimgenetics.com

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PRENATAL DIAGNOSIS

Pregnancy and reproduction

KaryoNIM® Prenatal (PRE3001)	☐	Foetal QF-PCR (PRE4001)	☐
ReproNIM® Carrier (REP1001)	☐	Maternal cell contamination testing (PRE4002)	☐
ReproNIM® Focus - LX (REP1004)	☐	Prenatal Karyotype in amniotic fluid (PRE5001)	☐
TromboNIM® (PEG7001)	☐	Prenatal Karyotype in chorionic villus (PRE5002)	☐
One-off mutation Sanger study	☐	NIMSeq® Prenatal	☐
ExoNIM® Targeted Prenatal	☐	ExoNIM® Trio Prenatal	☐
Others (specify*): _____			

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)

(*) Check our extensive portfolio for postnatal diagnosis at www.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.

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La Suma de Todos
Comunidad de 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 under number CS 10673