

**Requisition Form for Pre-implantation Genetic  
Diagnosis for Monogenic Disease: Feasibility Test  
and Preparation**

For Hospital/Clinic Label

**Patient's information**

Female Partner's name \_\_\_\_\_ Age \_\_\_\_ yrs  
Contact telephone number \_\_\_\_\_ Contact e-mail \_\_\_\_\_

Male Partner's name \_\_\_\_\_ Age \_\_\_\_ yrs  
Contact telephone number \_\_\_\_\_ Contact e-mail \_\_\_\_\_

**Test requested**

- 40001 Feasibility test for PGD common monogenic disease (alpha and beta thalassemia, DMD/BMD, Hemophilia A, SMA type 1, Fragile-X disease)  
 40002 Feasibility test for PGD customized rare monogenic disease  
 40003 Feasibility test for beta thalassemia with HLA matching on chromosome 6

**Clinical information**

Genetic condition requested for PGD \_\_\_\_\_  
Gene/Mutation \_\_\_\_\_

If the previous affected child is alive, parental and child samples are required. If there are no previous affected children, please discuss with medical genetic consultant.  
(Please provide the official genetic testing report of each individual)

Family member	First and Last Name	DOB (dd/mm/yy)	Mutation Result
Patient			
Partner			
Affected child			
Other (s)			

**Mode of Inheritance**  Autosomal Dominant  Autosomal Recessive  X-linked Dominant  
 X-linked Recessive  Simplex  Unknown  Other \_\_\_\_\_

**Physician's Information**

**Physician's Name** \_\_\_\_\_ **Hospital/Clinic** \_\_\_\_\_  
**Contact Address** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

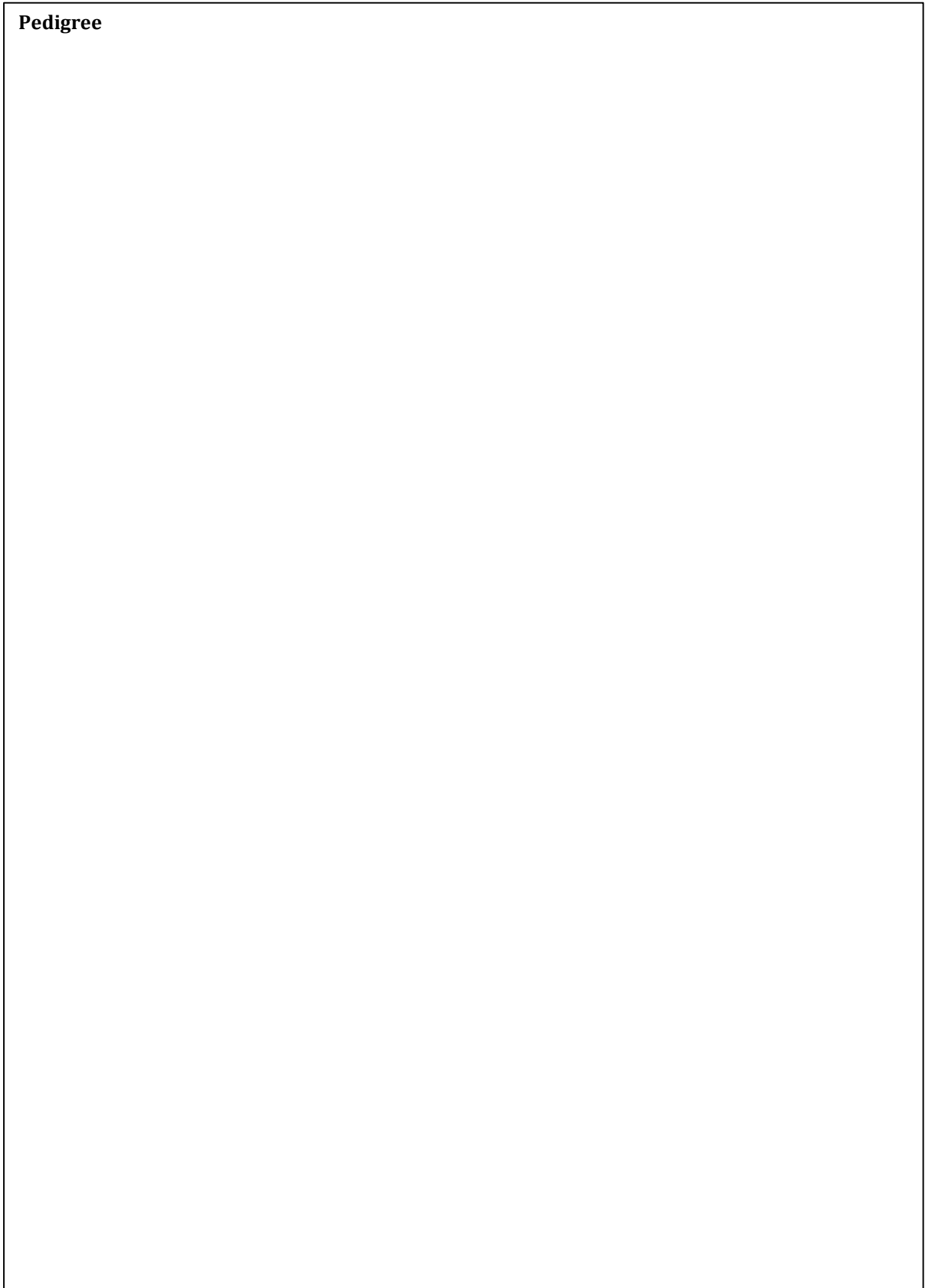
I confirm that genetic counseling has been done to the patient and/or the family before ordering the test.

**Signature** \_\_\_\_\_ **Date of Request** \_\_\_\_\_ (dd/mm/yy)

**For office use only**

complete requisition form  informed consent of partners  informed consent of relatives  
Date specimen received \_\_\_\_\_ Sample ID \_\_\_\_\_  
Staff's signature \_\_\_\_\_

**Pedigree**



**PGD Monogenic Disease Feasibility Test Informed Consent Document**

**Female partner**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Gender**  Male  Female **DOB (dd/mm/yy)** \_\_\_\_\_ **Age** \_\_\_\_ years \_\_\_\_ months  
**Nationality** \_\_\_\_\_ **Ethnicity**  Thai  Southeast Asian  East Asian  Indian  
 Middle East  Other Asian, \_\_\_\_\_  Caucasian  African  Hispanic  Other, \_\_\_\_\_

**Male partner**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Gender**  Male  Female **DOB (dd/mm/yy)** \_\_\_\_\_ **Age** \_\_\_\_ years \_\_\_\_ months  
**Nationality** \_\_\_\_\_ **Ethnicity**  Thai  Southeast Asian  East Asian  Indian  
 Middle East  Other Asian, \_\_\_\_\_  Caucasian  African  Hispanic  Other, \_\_\_\_\_

**Family Member #1**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ (please indicate the position in the pedigree in page 1)  
**Gender**  Male  Female **DOB (dd/mm/yy)** \_\_\_\_\_ **Age** \_\_\_\_ years \_\_\_\_ months  
**Nationality** \_\_\_\_\_ **Ethnicity**  Thai  Southeast Asian  East Asian  Indian  
 Middle East  Other Asian, \_\_\_\_\_  Caucasian  African  Hispanic  Other, \_\_\_\_\_

**Family Member #2**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ (please indicate the position in the pedigree in page 1)  
**Gender**  Male  Female **DOB (dd/mm/yy)** \_\_\_\_\_ **Age** \_\_\_\_ years \_\_\_\_ months  
**Nationality** \_\_\_\_\_ **Ethnicity**  Thai  Southeast Asian  East Asian  Indian  
 Middle East  Other Asian, \_\_\_\_\_  Caucasian  African  Hispanic  Other, \_\_\_\_\_

**Family Member #3**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ (please indicate the position in the pedigree in page 1)  
**Gender**  Male  Female **DOB (dd/mm/yy)** \_\_\_\_\_ **Age** \_\_\_\_ years \_\_\_\_ months  
**Nationality** \_\_\_\_\_ **Ethnicity**  Thai  Southeast Asian  East Asian  Indian  
 Middle East  Other Asian, \_\_\_\_\_  Caucasian  African  Hispanic  Other, \_\_\_\_\_

**Family Member #4**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ (please indicate the position in the pedigree in page 1)  
**Gender**  Male  Female **DOB (dd/mm/yy)** \_\_\_\_\_ **Age** \_\_\_\_ years \_\_\_\_ months  
**Nationality** \_\_\_\_\_ **Ethnicity**  Thai  Southeast Asian  East Asian  Indian  
 Middle East  Other Asian, \_\_\_\_\_  Caucasian  African  Hispanic  Other, \_\_\_\_\_

**Family Member #5**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ (please indicate the position in the pedigree in page 1)  
**Gender**  Male  Female **DOB (dd/mm/yy)** \_\_\_\_\_ **Age** \_\_\_\_ years \_\_\_\_ months  
**Nationality** \_\_\_\_\_ **Ethnicity**  Thai  Southeast Asian  East Asian  Indian  
 Middle East  Other Asian, \_\_\_\_\_  Caucasian  African  Hispanic  Other, \_\_\_\_\_

**Family Member #6**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ (please indicate the position in the pedigree in page 1)  
**Gender**  Male  Female **DOB (dd/mm/yy)** \_\_\_\_\_ **Age** \_\_\_\_ years \_\_\_\_ months  
**Nationality** \_\_\_\_\_ **Ethnicity**  Thai  Southeast Asian  East Asian  Indian  
 Middle East  Other Asian, \_\_\_\_\_  Caucasian  African  Hispanic  Other, \_\_\_\_\_

**Consent**

I understand that our biological samples will be supplied for my and my relative's genetic testing as a reference for setting up pre-implantation genetic diagnosis of condition inherited in our family. I have given my consent for genetic testing to be performed and that the signed consent form is on file. I also understand that a report will only be generated for the couples only, and that it may be possible to infer information about my results based on the couples' report. I will not receive a copy of this report nor a report specific to my own genetic results.

**Signature (female partner)** \_\_\_\_\_

**Signature (male partner)** \_\_\_\_\_

**Signature (family member #1)** \_\_\_\_\_

**Signature (family member #2)** \_\_\_\_\_

**Signature (family member #3)** \_\_\_\_\_

**Signature (family member #4)** \_\_\_\_\_

**Signature (family member #5)** \_\_\_\_\_

**Signature (family member #6)** \_\_\_\_\_

**Medical Professional/Authorized Person's Declaration**

I confirm that genetic counseling has been done to the family members as stated above before ordering the test.

**Physician/authorized person signature** \_\_\_\_\_

Date of request \_\_\_\_\_ (dd/mm/yy)