

SOTOS SYNDROME : NSD1 SCREENING



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Website : www.ipg.be

Centre of Human Genetics

Patient name :

Date of birth :

Sex : F M

Home address :

Telephone :

Billing address :

Local ID :

To be filled in by DNA-laboratory employees :

Material

BL CV FI AMN DNA Biopsy ...

Quantity :

Date sample received :

DNA-number :

(The next fields are mandatory) Please fill in :

Referring doctor :

Date of sampling :

Hospital :

Department :

Address :

Telephone / tracer / e-mail :

Material :

Per investigation we need 20 ml EDTA blood samples (small children 5-10 ml) or 50 µg of DNA. Clearly mention the **NAME, DATE OF BIRTH and SEX** on the blood samples. Prenatal and other materials only after consultation with laboratory staffs (+ 32 71 44 71 81).

Sending :

Do not freeze the samples. Send at room temperature. Ec countries : from Monday to Wednesday by regular post, after Wednesday send by express. Send prenatal material on the same day with a courier. Non EC countries : Send with a courier.

PURPOSE :

- | | |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Carriership / exclusion of a diagnosis | <input type="checkbox"/> Partner testing |
| <input type="checkbox"/> Confirmation of clinical diagnosis
(with respect to a known gene defect in the family) | <input type="checkbox"/> Prenatal testing |
| <input type="checkbox"/> Presymptomatic testing | <input type="checkbox"/> Archiving (for possible future diagnosis) |
| | <input type="checkbox"/> Research |

Mutation known in the family ?

Yes

No

☞ If yes :

Have family members been referred to our lab before ?

Yes

No

Name :

Date of birth :

Relation to patient :

Analysis won't be realized without an informed consent (see page 7) and clinical information.

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FAMILIAL INFORMATION

Consanguinity in the family ?

Yes (Indicate in
genealogy)

No

Genealogy :

Mark the person to be investigated with an arrow (↗).
Affected persons : full shade (■), carriers semi shade (◐).



