

The section GD is NEN-EN-ISO 15189:2012 accredited by the Dutch Accreditation Council. The scope for accreditation number M007 can be found at www.rva.nl.



Please fully complete the form (one form per person). Surname and initials* Name spouse Street name + number postal code and city* Country* Date of birth (yyyy/mm/dd)* Sex* Patient information / Fill out completely PROCEDURE: Always consult us prior to sending material for Prenatal Diagnosis, (tel. 0031715269800) All materials must be clearly labelled with the patient number, name and date of birth MATERIAL: Hematological and DNA analysis: 2 EDTA blood samples (4-7 ml each; neonates _ 1ml), Chorionic villi (20 mg) or ammitotic fluid (15 mi). TRANSPORT: Alt room temperature to the address above. Use an overnight courier for priority samples and cooled material. EDTA blood and DNA can be sent by post. PATIENT INFORMATION: Please give to the patient, this can be found at www.LUMC.nl/klingen For diagnostic turnaround times, our current criteria for diagnostic requests and opening hours, see our website. When requesting this genetic test, we assume that the risk of incidental findings was discussed with the patient. Objection to other use of remaining material: yes no REFERRING PHYSICIAN: Telephone : Hospital/Institution : Department : Departme	Surname and initials* Name spouse Street name + number* Postal code and city*	se fully com	plete the form (or	ne form per	nerson)					
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 Persistent microcytic anaemia with normal ferritin values Microcytic parameters with or without anaemia From country with high carrier frequency Other: 				ues			y with high c	arrier frequer	тсу	
 (Preparing) prenatal analysis; earlier affected child? yes / no*. If yes, give more information or reference number below 				ves / no*. If			ormation or	reference nui	mber below.	
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