|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PATIENT INFORMATIONS | | | | |
| *Surname (ID code if anonymous):* | | *Name:* | | |
| *Address:* | | | | |
| *CAP:* | *Municipality:* | | | *Prov.:* |
| *Birth place:* | | *Date of birth (age if anonymous):* | | *Gender:*  M 🞎 F 🞎 |
| *Fiscal code:* | | | | |
| *Phone 1:* | | *Phone 2:* | | |
| *email:* | | | *Fax:* | |

|  |  |
| --- | --- |
| **TYPE OF REQUEST** by the referring physician | |
| URGENT YES 🞎 NO🞎 | |
| 🞎 Postnatal | 🞎 Prenatal (weeks of gestation\_\_\_\_\_\_\_\_\_\_\_) |
| ***If the patient has a genetic disease***  ***Diagnosis / Clinical suspect:*** | |
| ***If the patient is asymptomatic, indicate the reason for the investigation:*** | |
| ***Is there any clinical documentation?*  YES 🞎 NO🞎**  ***If the answer is yes , attach short documentation*** | |
| ***Is there a family history of the disease?*** YES 🞎 NO🞎  If the answer is yes, indicate the degree of kinship: | |
|
| ***Has the patient been DNA tested?*** YES 🞎 NO🞎  If the answer is yes, indicate which one and result: | |
| ***Have DNA tests been performed on family members?*** YES 🞎 NO🞎  If the answer is yes, indicate which one and results: | |
|
| ***GENETIC INVESTIGATIONS REQUIRED:*** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referring physician:** | | *Name and surname:* | | |
| *Affiliated entity:* | | | | |
| *Address:* | | | | |
| *CAP:* | *Municipality:* | | | *Prov.:* |
| *Phone:* | | | *Email:* | |
| **Report recipient:**  *(if different from the sending med.)* | | *Name and surname:* | | |
| *Address:* | | | | |
| *CAP:* | *Municipality:* | | | *Prov.:* |
| *Phone:* | | | *Email:* | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Biological material sent:** | 🞎 BLOOD 🞎 DNA 🞎 OTHER (indicate which one ) | | |
| **I declare to act with the written informed consent of my patient or his / her parent / guardian, as per current regulations. It will be my responsibility to report any requests regarding the use of the biological material sent.** | | *Date:*  \_\_\_/\_\_\_/\_\_\_\_ | *Signature and stamp of the referring physician or biological geneticist who collected the informed consent:* |

*Compiled by laboratory B.I.R.D*

|  |  |  |
| --- | --- | --- |
| *Compilation date:* | *Compiled by:* | *Sample identification code:* |
| *Note:* | | |

*MOD\_LAB\_gen\_002 – anonymized part for the laboratory*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **URGENCY** YES 🞎 NO 🞎 | | *Initial letter*  *Surname:* | *Initial letter*  *Name:* | *Age:* | | *Sex:*  🞎 M / 🞎 F | | ***Identification code:*** | | |
| **Biological sample** | **Quantity** | | *Investigation required:* | | | | |
| Blood in EDTA |  | | *Compilation date:* | | |
| Blood on paper |  | | 🞎 Prenatal (U.M. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) | | | 🞎 Presymptomatic | | *Compiled by:* | | |
| DNA |  | | *Family history:* | | | | | *Medical referral date:* | | |
| Other |  | | *Acceptance date:* | | |
|  | | *End date of work:* | | |
| **Operations on the sample** | | | | | | | **Sample storage** | | | |
| Operator | **Operation** | | | | Date | |  | Blood | DNA |  |
|  | Blood sampling | | | |  | | Conc.: |  |  |  |
|  | DNA extraction | | | |  | | Ratio: |  |  |  |
|  |  | | | |  | | Quantity: |  |  |  |
|  |  | | | |  | | Box: |  |  |  |
|  |  | | | |  | | Freezer: |  |  |  |
|  | Second reading | | | |  | | Drawer: |  |  |  |
| *NOTE (indicate the NON-SUITABILITY of the sample)* | | | | | | | | | | |

*Compiled by secretariat B.I.R.D*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Arrival date:* | 🞎 Internal 🞎 External | | | *Received by:* | *Signature:* |
| 🞎Biological sample | *Material received:* | | | | 🞎 Informed consent |
| 🞎 Spending commitment  🞎Medical referral | | *N° Medical referral****:*** | *Medical referral date:* | | 🞎 Appropriate 🞎 Not appropriate |
| *Missing material or documentation:* | | | | | |
| *Documentation received at a later time:* | *Arrival date:* | | *Received by:* | | *Signature:* |
| *Documentation received at a later time:* | *Arrival date:* | | *Received by:* | | *Signature:* |
| *Documentation received at a later time:* | *Arrival date:* | | *Received by:* | | *Signature:* |
| *Approval date:* | *Approved to proceed by:* | | | | *Signature:* |
| *Note:* | | | | | |

***Instructions for compilation:***

*Only the upper part of the form must be completed (the lower part is reserved for the laboratory). The fields to be filled in are:*

1. *Urgency: tick the box Urgency indicating the reason for the urgency (valid reasons are considered: pregnancy, situations in which the genetic determination of the disease involves a radical alteration of the therapy)*
2. *Data of the patient: insert the data of the patient*

*2.1 For anonymous samples, indicate the identification code of the sample under "surname" and the age of the subject at the date of compilation under “date of birth”. It is also necessary to fill in the fields: province of residence, place of birth and gender.*

1. *Requested investigation data: specify the type of investigation, the indication (eg. Clinical diagnosis, suspected diagnosis, affected relative), family history (eg. Mother carrying a mutation ..., cousin suffering from ...); tick the appropriate boxes in the case of prenatal or presymptomatic tests; ev. attach clinical report.*
2. *Referring physician data: Fill in the fields with the referring physician data and the relevant structure. Under "Doctor's regional code" enter the regional code of the doctor or for doctors without, a 10-character code composed as follows: 2 letters indicating the province of the order of doctors to which they belong, 6 numbers with the registration code in the order of doctors (with any 0 on the left), 2 characters with the initials "CH" indicating Surgeon or "OD" for dentist (eg GO 001264 CH).*
3. *Data of the recipient of the report: if different from the referring physician (the reports can only be sent to a doctor or to a biologist / genetic biotechnologist who will send them to the patient providing all the information necessary for their correct interpretation).*
4. *Biological material sent: indicate the biological material sent, indicating the date of collection and the anticoagulant used for blood samples, the extraction method, concentration and ratio 260/280 for DNA / RNA samples.*
5. *Date and signature of the referring physician or from whoever received informed consent: The signature with the stamp of the referring physician or specialist is required. This also applies as a declaration in lieu of informed consent.*

***Instructions for sending samples to the institute:***

*Contact the institute before sending the samples for detailed information on the tests available (the methods of sending, the suitable biological samples, the necessary documentation and waiting times).*

*Blood in EDTA and extracted DNA are accepted as biological samples. Not all biological samples are suitable for all available procedures, in particular cases the tests can also be performed on biological samples other than those indicated (eg blood spots, RNA, cDNA, cells culture, tissue fragments, fixed tissues). Contact the laboratory to agree on the possibility of using other types of biological samples.*

*Blood samples must be kept at + 4 ° C if sent within 48 hours of collection and at -20 ° C if sent after 48 hours from collection. DNA samples should be kept at -20 ° C away from UV light. The shipment must be made at room temperature using a secondary container in accordance with IATA standards by express courier with delivery within 24 hours. Contact the laboratory for other types of delivery.*

*Each sample sent must be accompanied by this form (completed, signed and stamped), by informed consent (signed by the patient and countersigned by the doctor), by the necessary referrals or by the hospital's expense commitment (request for external specialist service signed by the doctor and the health management). The presence of a brief clinical report is welcome.*

***Attention!*** *To obtain the exemption from paying the ticket, the exemption code must be present on the medical referral. In the case of the exemption code for suspected rare disease (R99999), it is necessary for the relevant specialist doctor to request the service. More precisely, the specialist doctor can directly fill in the referrals from the National Health Service (red prescriptions, dematerialized prescriptions) indicating the exemption code R99999 or these referrals can be issued by the family doctor who must cross the box "S" (suggested) on the referral which in this case must be accompanied by a white prescription from the specialist doctor who prescribes this investigation. In the case of only the referral from the SSN issued by the family doctor, it is not possible to apply the exemption code for suspected rare disease (R99999).*

*For any questions or clarifications, you can contact the center at the following addresses:*

*Phone.:+39 0444 555557 Fax:+39 0444 1429779 E-mail:* [*consulenze@birdfoundation.org*](mailto:consulenze@birdfoundation.org)