

METABOLIC DISEASES

Requested test: _____

ADDITIONAL INFORMATION/MEDICAL HISTORY/CLINICAL QUESTION

Known mutations in the family: _____

Single gene/Individual gene panel/Genomics England PanelApp/HPO Terms: _____

Additional findings according to ACMG gene list actionable genes

SAMPLE SHIPMENT (EDTA blood (5ml))

Collection date: _____

Ship specimen by courier service to: **Generations Life/Dungl GmbH, Mülkerbastei 5/1, 1010 Vienna**

Pick-up should be organized - contact: **+43-1-535 48 99** or **office@generations.at**

INFORMED CONSENT

I have been informed and agree that the data collected in the analysis will be stored and evaluated in compliance with data protection and medical confidentiality.

Surplus examination material may be used in anonymized form (without personal data) for quality control purposes and method development

I am aware that I can withdraw my consent for any aspect at any stage

I agree with the genetic analysis.

Place Date Signature Patient

I confirm the accuracy of the information.

Place Date Signature Doctor