

EN-ISO 15189:2012

**AGDx Dyslipidemia Application form**  
**Laboratory Genome Dx and Genetic Metabolic Disorders**  
 Amsterdam UMC, locations AMC and VUmc

**Sample delivery address (office hours):**  
 Postoffice H01-114, Meibergdreef 9, 1105 AZ AMSTERDAM  
**Outside office hours:** delivery at LAKC B1-114

Tel. nr.: +31 20 566 5110 Fax nr.: +31 20 566 93 89

[kg-dna@amc.nl](mailto:kg-dna@amc.nl) [GenomeDiagnostics.AmsterdamUMC.NL](http://GenomeDiagnostics.AmsterdamUMC.NL)

Print and include this form when sending the patients sample

**PATIENT INFORMATION**

Last name:

First name:

Initials:

Date of birth:

Gender:

Male

Female

Your reference:

PO number:

**ORDERING PHYSICIAN INFORMATION**

Name:

AGB Code (for Dutch specialists only):

Hospital:

Phone:

Medical specialty:

E-mail:

Street/PObox:

CC report:

ZIP code + Town:

Former family members samples known by AGDx: Yes No

Name:

Date of Birth:

Relation:

Family no. (when known):

Family consanguinity: Yes (see pedigree – page 2) No

**TESTS REQUEST (Invoice according to the actual website prices)**

AGDx NGS – Dyslipidemia panel plus CNV (Test code D00471)

**APPLICATION PURPOSE**

Confirmation clinical diagnosis

**EXPEDITED TESTING**

Confirmation clinical suspicion

No Yes (Contact by phone obligatory)

Concluding diagnosis unknown

Report needed before:

Carrier testing (recessive disorder)

Phone contact with:

Presymptomatic research

Note: Prenatal research: 2 - 3 weeks

Genotyping preparing for prenatal testing

Familial mutation: 3 weeks (see page3)

Interpretation previously found sequence variation

Other:

Known familial variant (gene + variant):

Whole gene or panel scanning:

**Storage for future diagnostics**

Please indicate the patients' syndrome

**Storage for research**

Project/code:

Project leader:

**SAMPLE MATERIAL (Note: Fresh EDTA blood sample is required for cnv analysis within a panel)**

Blood

DNA (indicate DNA source):

Biopsy / Tissue (NO muscle tissue)

Saliva

Fibroblasts

EDTA

Type:

Cheek mucosa / Swab

Chorionic Villi

PAX (RNA)

In paraffin

Other material:

Amnios

Extraction date:

Cell culture

**TO BE COMPLETED BY AGDx DNA-LABORATORY PERSONNEL**

Initial for received material

Date arrival

Amount:

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## PEDIGREE

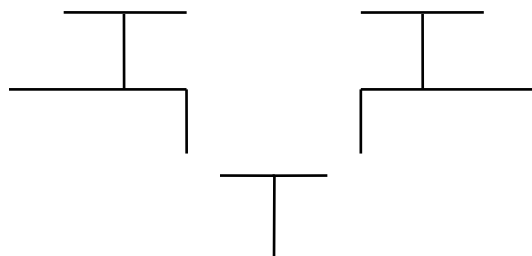
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Indicate patient with an arrow (➤)

Affected persons in full shading



Carriers in half shading



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## CLINICAL INFORMATION

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### INFORMED CONSENT

The patient or his or her legal representative is informed by the applicant concerning the use and storage of the patients' sample.

See form [Conditions for application AGDx](#). If there are any objections concerning the conditions, the applicant can indicate this below:

The patient or his or her legal representative wishing to object concerning the use and storage of the patients' sample.

For additional questions contact [kg-dna@amc.nl](mailto:kg-dna@amc.nl)

### SPECIMEN

Collect 2x 6-7 ml EDTA blood (**DO NOT FREEZE**; do not use 4 ml tubes). Infants 5-10 ml. Label all specimen containers with the patient's **NAME, DATE of BIRTH** and **GENDER**. For additional questions contact [kg-dna@amc.nl](mailto:kg-dna@amc.nl)

### SHIPPING AND HANDLING INSTRUCTIONS

See form [Shipping and handling instructions AGDx](#)

Commercial site, for information only: <http://www.un3373.com/un3373-packaging/>

- DL-NGS panel is analysed in quality A. For more transparency of NGS testing in a diagnostics setting see Matthijs G et al., Eur J Hum Genet 2015; doi: 10.1038.
- Quality A: Genes must be covered completely for 100%. Regions with low coverage (<30 reads) in the NGS test are analysed by addiotnal Sanger sequencing.
- CNV analyses, when included in the NGS panel for the detection of exon deletions / duplications, is exclusively possible on
- EDTA blood specimen.

## DYSLIPIDEMIA

### Cholesterol levels and medication

Date measurement lipid levels:		Medication:		Yes	No
Total cholesterol	mmol/l	Medication start date:			
LDL-cholesterol	mmol/l	Specify medication:			
HDL-cholesterol	mmol/l	Dose:			
Triglycerides	mmol/l	Specify medication:			
Apolipoprotein A1	g/l	Dose:			
Apolipoprotein B	g/l	Start CVD:			
Lipoprotein (a)	mg/l	Height:			
	Treated	Untreated	Weight:		

### Clinical signs

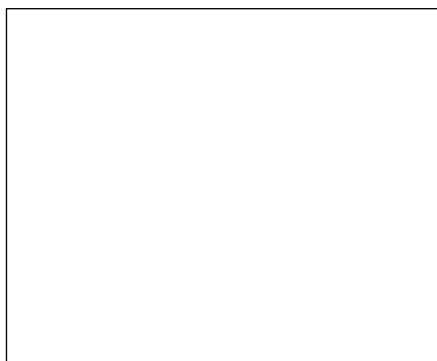
Xanthoma	Yes	No	PTCA	Yes	No
Arcus lipoides	Yes	No	CABG	Yes	No
Xanthelasmata	Yes	No	Claudicatio	Yes	No
Myocardial Infarction	Yes	No	CVA	Yes	No
Angina pectoris	Yes	No	Hypertension	Yes	No

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**ACCEPTANCE OF FINANCIAL RESPONSIBILITY FOR GENETIC TESTING**

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My signature indicates that I accept financial responsibility for all fees associated with this genetic testing order:

A large, empty rectangular box with a thin black border, intended for the signature of the responsible party.

Signature of responsible party

A large, empty rectangular box with a thin black border, intended for the printed name of the responsible party.

Printed name of responsible party

A large, empty rectangular box with a thin black border, intended for the date.

Date

**ADDRESS LABEL**

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AGDx Laboratory Genome Diagnostics (H01-114)\*

Amsterdam UMC

Meibergdreef 9

1105 AZ AMSTERDAM

The Netherlands



**BIOLOGICAL SUBSTANCE  
CATEGORY B**

**MEDICAL DIAGNOSTIC SAMPLE**  
**URGENT SHIPPING!**

\*Outside office hours: delivery at LAKC B1-114

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