

EN-ISO 15189:2012

**AGDx Obesity 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 - Obesitome (Test code: D0066)

MC4R - Gene sequencing (Test code: V00139)

MC4R - Mutation Specific testing (Test code: V00138)

**APPLICATION PURPOSE**

Confirmation clinical diagnosis	<b>EXPEDITED TESTING</b>	<b>Storage for future diagnostics</b>
Confirmation clinical suspicion	No Yes (Contact by phone obligatory)	Please indicate the patients' syndrome
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)	<b>Storage for research</b>
Interpretation previously found sequence variation		Project/code:
Other:		
Known familial variant (gene + variant):		Project leader:
Whole gene or panel scanning:		

**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

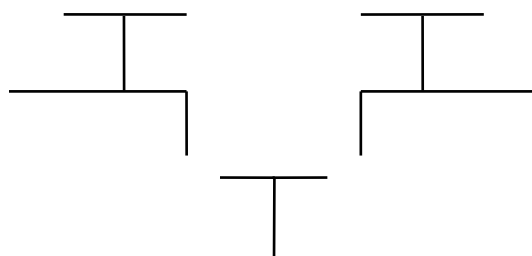
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Indicate patient with an arrow (➤)

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/>

- NGS panel genes are analysed with either quality A or quality C. 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.
- Quality C: Gene coverage >95%. No additional analyses in case a regions with a low coverage (<30 reads).
- CNV analyses, when included in the NGS panel for the detection of exon deletions /duplications, is exclusively possible on EDTA blood specimen.

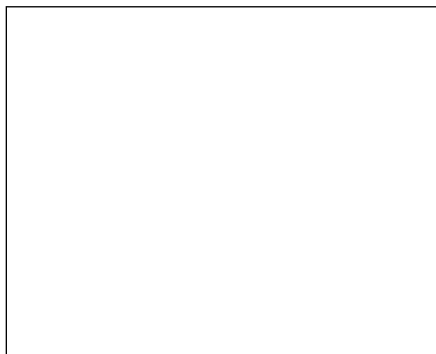
## OBESITY

### Characteristics:

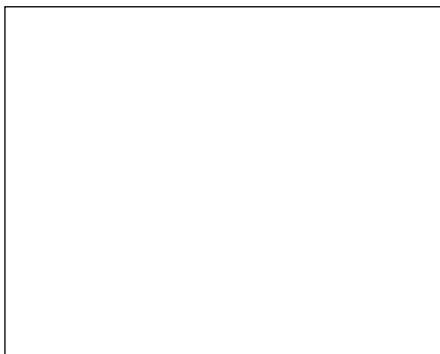
Length	cm	Autism	Yes	No
Weight	kg	Therapy resistance	Yes	No
Head circumference	cm	Early onset (<5 year)	Yes	No
Organ disorders (specify)		Hyperphagy	Yes	No
Dysmorphology (specify)		Dominant inheritance	Yes	No
		Mental disability	Yes	No
		Developmental delay	Yes	No

## ACCEPTANCE OF FINANCIAL RESPONSIBILITY FOR GENETIC TESTING

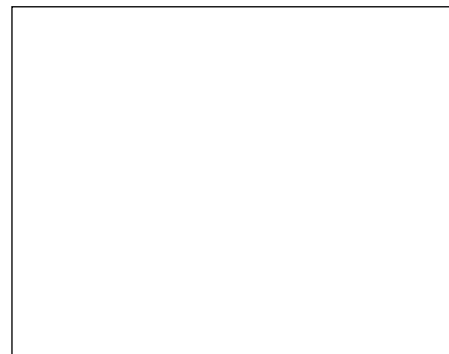
My signature indicates that I accept financial responsibility for all fees associated with this genetic testing order:



Signature of responsible party



Printed name of responsible party



Date

## Obesity Genetics

Amsterdam UMC Genome Diagnostics (AGDx) offers targeted gene testing for obesity for clinical diagnostics. The involvement of genetic factors in the development of obesity is estimated to be 40-70%. Several syndromal obesity genes as well as leptin-melanocortin pathway genes are included in this panel. These clinical relevant genes may influence obese patient' response to weight management. The coverage of this targeted gene panel is > 99%. The purpose of this panel is to offer relevant testing and to make genetic analyses of inherited obesity accessible to all physicians. Since we have many requests for this panel, also health care officers worldwide can order this panel for an exclusively low price, including interpretation and report.

### AGDx NGS – Obesitome

Test code: D0066

€495

### MC4R- Gene sequencing

Test code: V00139

€345

### MC4R – Mutation Specific testing

Test code: V00138

€345

Order tests via the application form and send it together with the specimen or contact [kg-dna@amc.nl](mailto:kg-dna@amc.nl)

If you are interested in other tests, visit our catalog on [genomediagnostics.amsterdamumc.nl](https://genomediagnostics.amsterdamumc.nl)

**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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