+34 881 60 00 03
customercare@healthincode.com
www.immunohic.com

immunoHIC

Study Requisition Form - Immunogenetics

1 Patient and sample information

Patient
Last name, First name

Date of birth
DD/MM/YY

Sex ○ F ○ M

☐ Blood
Peripheral blood from 3 to 5 ml in EDTA tubes

☐ Saliva
Using the indicated saliva kit

☐ DNA*
Minimum 5 µg and concentration 50 ng/mL for DNA-derived from blood, saliva, tissue (fresh or frozen).
Minimum10 µg and concentration 50 ng/mL for DNA-derived from paraffin-embedded tissue.
DNA source:
Blood, frozen blood, saliva, fresh tissue, frozen tissue, paraffin-embedded tissue, etc.

Date of sample extraction

Sample reference: use the same reference on the collection tube

2 Information of the requesting physician

Full name

Hospital/Institution

Address | City

Province / Region / State | Country | Zip code

Phone | Email

3 Authorized person(s) to receive the results

First and last name

E-mail
to receive results

First and last name

E-mail
to receive results

In compliance with the Spanish and European personal data protection laws, the results will only be delivered to the persons duly identified in this requisition form.

4 Invoicing details

☐ **Hospital / Institution**

☐ **Self-pay patient**
Payment method: ○ Bank transfer ○ Credit card

Name of the hospital or patient
name that should appear on the invoice

National ID / Tax number

Address | City

Province / Region / State | Country | Zip code

Phone | E-mail
to send the invoice

Contact person

+34 881 60 00 03
customercare@healthincode.com
www.immunohic.com

5 Genetic study requested

NGS panels:

- ☐ **Disorders of the Immune System** — 458 genes

- ☐ **Primary Immunodeficiencies** — 301 genes
  - ☐ **Primary Antibody Deficiencies** — 41 genes
    - ☐ Agammaglobulinemia — 10 genes
    - ☐ Common Variable Immunodeficiency — 25 genes
    - ☐ Hyper-IgM Syndrome — 8 genes
  - ☐ **Combined Immunodeficiencies** — 37 genes
    - ☐ Bare Lymphocyte Syndrome — 13 genes
  - ☐ **Severe Combined Immunodeficiency** — 19 genes
    - ☐ T(-)B(+) SCID — 11 genes
    - ☐ T(-)B(-) SCID — 8 genes
  - ☐ **Syndromes with Combined Immunodeficiency** — 74 genes
    - ☐ Hyper-IgE Cyndrome — 14 genes
    - ☐ Dyskeratosis Congenita — 16 genes
    - ☐ Ataxia telangiectasia — 1 gene
  - ☐ **Defects in Intrinsic & Innate Immunity** — 67 genes
    - ☐ Fungal Infections, Predisposition — 15 genes
    - ☐ Viral Infections, Predisposition — 21 genes
    - ☐ Invasive Bacterial Infections, Predisposition — 6 genes
    - ☐ Mendelian Susceptibility to Mycobacterial Disease — 17 genes
    - ☐ Cystic fibrosis — 1 gene
  - ☐ **Phagocyte Defects, Congenital** — 44 genes
    - ☐ Neutropenia, Non-Syndromic — 7 genes
    - ☐ Neutropenia, Syndromic — 21 genes
    - ☐ Chronic Granulomatous Disease — 6 genes
  - ☐ **Complement System Deficiencies** — 38 genes
    - ☐ Systemic Lupus Erythematous (SLE)-like Syndrome — 8 genes
    - ☐ Atypical Haemolytic Uremic Syndrome — 13 genes
    - ☐ Pyogenic Infections, Recurrent — 6 genes
    - ☐ Disseminated Neisserial Infections — 9 genes
    - ☐ Hereditary Angioedema — 2 genes

- ☐ **Immune Dysregulation Diseases** — 247 genes
  - ☐ **Autoimmune Diseases** — 156 genes
    - ☐ Autoimmune Lymphoproliferative Syndrome — 21 genes
    - ☐ Systemic Lupus Erythematous — 69 genes
    - ☐ Autoimmune Enteropathy — 18 genes
    - ☐ Autoimmune Nephropathy — 52 genes
    - ☐ Autoimmune Polyendocrinopathy — 13 genes
  - ☐ **Autoinflammatory Diseases** — 145 genes
    - ☐ Behçet's Disease — 27 genes
    - ☐ Autoinflammatory Diseases with Recurrent Fever — 12 genes
    - ☐ Inflammatory Bowel Disease — 26 genes
    - ☐ Aicardi-Goutières Syndrome — 7 genes
  - ☐ **Hemophagocytic Lymphohistiocytosis** — 29 genes
    - ☐ HLH with Epstein Barr Virus Susceptibility — 13 genes

Complementary services

☐ **Familial study** (please identify the index case if tested at Health in Code)

Details of the index case:

Gene/variant: ..... Gene/variant: .....

☐ **Single-gene sequencing**

Gene/variant: ..... Gene/variant: .....

☐ **Study extension**

Specify the name of the new panel: .....

☐ **Genetic variants report without sequencing** .....

Other services

☐ **Exome**

○ Sequencing + FASTQ ○ Sequencing + FASTQ + variant annotation ○ Sequencing + FASTQ + variant annotation + interpretation

☐ **MLPA**

Gene: .....

+34 881 60 00 03
customercare@healthincode.com
www.immunohic.com

6 Clinical data

We recommend attaching a clinical report to ensure the correct interpretation of the findings

7 Statement of the existence of informed consent

- ☐ The patient identified in this requisition form (or his/her legal representative) knows the information included in this form and authorizes this genetic study.
- ☐ It is possible to obtain unexpected information during the sample analysis process, which the patient identified in this requisition (or his/her legal representative) has agreed to be informed about.
- ☐ In addition, the patient identified in this requisition (or his/her legal representative) authorizes that his/her biological sample be stored for subsequent studies and/or confirmation tests.
- ☐ The patient identified in this requisition (or his/her legal representative) also authorizes that his/her biological sample be used for research purposes approved by the relevant ethical committee, always maintaining the patient's anonymity.

Physician's signature

Date

8 Sample requirements and shipping

STUDY REQUISITION FORM

The sample for genetic testing must be sent together with a correctly filled requisition form.

Available at www.immunohic.com or by request at customercare@healthincode.com

SAMPLE COLLECTION

Peripheral blood*	Genomic DNA*	Saliva
		
3 to 5 ml in EDTA tubes	*NGS > 5-10 µg (A260/280 = 1.8-1.9)* *Sanger > 1 µg (A260/280 = 1.8-1.9)*	Please use the indicated kit for sample collection. You can request it at customercare@healthincode.com

**For delivery in over 48 h, controlled-temperature shipment (4-8 ºC) is recommended*

SAMPLE PACKAGING

Each primary container (sample tube**) must be placed inside a secondary container (sealed plastic bag or Falcon tube) with enough absorbent material. Secondary recipients must be secured inside a rigid package or box with appropriate cushioning material.

*** Please make sure that the sample tube is labeled with the patient's details or reference.*

SAMPLE SHIPMENT

Schedule your shipment so that sample reception takes place Monday to Thursday between 8:00 and 17:00.

HEALTH IN CODE S. L.
Edificio O Fortín, As Xubias s/n. Campus de Oza. 15006 A Coruña, Spain
Tel: +34 881 600 003
If you wish, you can request our sample pick-up service at customercare@healthincode.com

RESULTS

We will deliver our report via:

- Health in Code Client Portal
- Certified email

OUR STUDIES ALWAYS INCLUDE THE POSSIBILITY OF PRE-TEST AND POST-TEST COUNSELLING

customercare@healthincode.com | immunohic@healthincode.com | +34 881 600 003 | www.immunohic.com