

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).

Minimum 10 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

5 Genetic study requested

NGS panels:

- | | | | |
|--|-----------|---|----------|
| <input type="checkbox"/> Disorders of the Immune System | 458 genes | | |
| <input type="checkbox"/> Primary Immunodeficiencies | 301 genes | | |
| <input type="checkbox"/> Primary Antibody Deficiencies | 41 genes | <input type="checkbox"/> Agammaglobulinemia | 10 genes |
| <input type="checkbox"/> Common Variable Immunodeficiency | 25 genes | <input type="checkbox"/> Hyper-IgM Syndrome | 8 genes |
| <input type="checkbox"/> Combined Immunodeficiencies | 37 genes | <input type="checkbox"/> Bare Lymphocyte Syndrome | 13 genes |
| <input type="checkbox"/> Severe Combined Immunodeficiency | 19 genes | | |
| <input type="checkbox"/> T(-)B(+) SCID | 11 genes | <input type="checkbox"/> T(-)B(-) SCID | 8 genes |
| <input type="checkbox"/> Syndromes with Combined Immunodeficiency | 74 genes | <input type="checkbox"/> Hyper-IgE Cyndrome | 14 genes |
| <input type="checkbox"/> Dyskeratosis Congenita | 16 genes | <input type="checkbox"/> Ataxia telangiectasia | 1 gene |
| <input type="checkbox"/> Defects in Intrinsic & Innate Immunity | 67 genes | <input type="checkbox"/> Fungal Infections, Predisposition | 15 genes |
| <input type="checkbox"/> Viral Infections, Predisposition | 21 genes | <input type="checkbox"/> Invasive Bacterial Infections, Predisposition | 6 genes |
| <input type="checkbox"/> Mendelian Susceptibility to Mycobacterial Disease | 17 genes | <input type="checkbox"/> Cystic fibrosis | 1 gene |
| <input type="checkbox"/> Phagocyte Defects, Congenital | 44 genes | <input type="checkbox"/> Neutropenia, Non-Syndromic | 7 genes |
| <input type="checkbox"/> Neutropenia, Syndromic | 21 genes | <input type="checkbox"/> Chronic Granulomatous Disease | 6 genes |
| <input type="checkbox"/> Complement System Deficiencies | 38 genes | <input type="checkbox"/> Systemic Lupus Erythematosus (SLE)-like Syndrome | 8 genes |
| <input type="checkbox"/> Atypical Haemolytic Uremic Syndrome | 13 genes | <input type="checkbox"/> Pyogenic Infections, Recurrent | 6 genes |
| <input type="checkbox"/> Disseminated Neisserial Infections | 9 genes | <input type="checkbox"/> Hereditary Angioedema | 2 genes |
| <input type="checkbox"/> Immune Dysregulation Diseases | 247 genes | | |
| <input type="checkbox"/> Autoimmune Diseases | 156 genes | <input type="checkbox"/> Autoimmune Lymphoproliferative Syndrome | 21 genes |
| <input type="checkbox"/> Systemic Lupus Erythematosus | 69 genes | <input type="checkbox"/> Autoimmune Enteropathy | 18 genes |
| <input type="checkbox"/> Autoimmune Nephropathy | 52 genes | <input type="checkbox"/> Autoimmune Polyendocrinopathy | 13 genes |
| <input type="checkbox"/> Autoinflammatory Diseases | 145 genes | | |
| <input type="checkbox"/> Behçet's Disease | 27 genes | <input type="checkbox"/> Autoinflammatory Diseases with Recurrent Fever | 12 genes |
| <input type="checkbox"/> Inflammatory Bowel Disease | 26 genes | <input type="checkbox"/> Aicardi-Goutières Syndrome | 7 genes |
| <input type="checkbox"/> Hemophagocytic Lymphohistiocytosis | 29 genes | <input type="checkbox"/> 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: _____

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

The personal data provided in this form are subjected to the current data protection regulations, specifically to Regulation UE 2016/679 of the European Parliament and of the Council of 27 April 2016 and to Law 14/2007, of 3 July, on Biomedical Research. The data you provide will be included in files whose responsible is Health in Code. The **purpose** is the analysis and diagnosis of genetic disease. Likewise, the **data categories** are the ones reflected in this form, along with the results obtained. Your personal data will be treated exclusively for the aforementioned purposes. This treatment is **legitimate** based on the express consent provided by accepting these terms. Your **data will be retained** for the whole duration of the relationship established with the entity and while the data fulfil their purposes for this service, or until you decide to exercise your cancellation or suppression rights. These data will not be transferred to third parties without previous consent or outside the cases expressly provided for in the current data protection regulations. You are hereby informed that you may exercise your **rights to access, rectification, cancellation, and objection, as well as to restriction of data processing and to data portability** by contacting Health in Code, through written communication addressed to Edificio O Fortín, As Xubias, s/n., Campus de Oza, 15006 A Coruña, España, with the subject: "Data protection", including a copy of your national ID card or passport. You also have the right to file your claim to the Spanish Data Protection Agency (Agencia Española de Protección de Datos).

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*



3 to 5 ml in EDTA tubes

Genomic DNA*



NGS > 5-10 μg (A260/280 = 1.8-1.9)
Sanger > 1 μg (A260/280 = 1.8-1.9)

Saliva



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 °C) 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