

Test Requisition Form

Name of the proband:			Date of birth		Age	Gender
			Day	Month	Year	
Contact number & E-mail:			Hospital number (your reference number):			
Name and address of the hospital:						
Referring clinician with e-mail and contact number:						
Test requested:					Test code:	
Sample type: <input type="checkbox"/> EDTA blood- 2 ml from each <input type="checkbox"/> Tissue <input type="checkbox"/> Other: _____ (Specify)						
Additional sample provided with name and relationship (please provide parental sample and sibs when possible):						
Name	Date of birth	Gender	Relationship to proband	Clinical status		
Payment details (provide mode, bank, date and transaction details):						
Referral diagnosis:			What do you think are differential diagnoses?			
Pedigree (either draw here or send a snapshot to us by e-mail):			Clinical summary (list only salient features present and absent; kindly send radiographs and clinical photographs as relevant):			
I, Dr _____ confirm that the patient/ family has received the necessary pre-test genetic counselling and has been informed regarding the possible test outcomes.						
Signature						
Date						

Provide the Human Phenotype Ontology (HPO) terms:
(You can also add your notes here that might help diagnosis)

Consent for genomic testing by the patient/ guardian:

I have understood the information provided to me by my clinician on the need for a genomic test for myself/ my child/ person for whom I am legally responsible.

I have read the informed consent form provided to me (also available on the website of Suma Genomics), and I permit Suma Genomics to perform genetic testing as described. I also allow my specimen/ genetic data (de-identified) to be used in studies at Suma Genomics to improve genetic testing for other patients.

By signing this form, I confirm that I have understood the indication for the test, benefits, risks and limitations of the test performed. I am also aware that although the genetic test intends to diagnose the condition, it might fail to obtain any diagnosis and might also reveal genetic variants of unknown significance. I am aware that Next- Generation sequencing can potentially identify secondary findings (which are explained to me by my clinician/ genetic counsellor), and I have an option to receive them.

I agree to receive the genomic test report through my clinician or counsellor along with post-test counselling (explaining the implications of the test). I am also aware that the test results wouldn't be discussed or communicated to me directly.

Patient name and signature	Date	Place
Father's name and signature	Date	Place
Mother's name and signature	Date	Place
Name of the any other person signing for the proband and his/her relationship to the proband	Date	Place

Suma Genomics Private Limited

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