Genetic test requisition

Order form for PANEL Tribro, WES Tribro, WGS Tribro, RNASEQ Tribro and related analyses.

1. Patient

Patient ID _____ Name _____

Date of birth _____ Biological sex _____

Family ID _____ Ancestry (optional) _____

2. Requesting clinician

Name _____ Institution _____

Email _____ Phone _____

3. Test requested

☐ Gene panel — code TBO-GP-____ ☐ Whole-exome sequencing ☐ Whole-genome sequencing ☐ RNA sequencing

☐ Mitochondrial genome ☐ CNV analysis ☐ Structural variants ☐ Repeat expansion ☐ Methylation profiling

Design: ☐ Singleton ☐ Duo ☐ Trio ☐ Other: _____ Priority: ☐ Routine ☐ Urgent (reason: _____)

Secondary findings: ☐ Report ☐ Do not report (must match the signed consent)

4. Clinical information

Indication and clinical question

HPO ID	Phenotype term	Present / excluded	Age of onset

HP:

HP:

HP:

HP:

HP:

HP:

HP:

HP:

Relevant family history; consanguinity

Previous genetic tests and results

5. Sample

Sample type (blood EDTA / DNA / saliva / tissue / RNA)

Collection date and time

Sample ID / barcode

Collected by

Family member sample	Relationship	Affected?	Sample ID

6. Declaration

I confirm that informed consent has been obtained and that the clinical information given is accurate.

Clinician signature

Date

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