



Genetics request application

Laboratory Id number

Patient's data

Name Surname

Assurance company e-mail

Personal data: Age Week of pregnancy Informed consent: Yes No Gender: Female Male

Contact patient's data

Address City C.P.

Telephone e-mail

Professional data

Dr/Dra Institution

Specialty Sampling data

Test requested:

Genetics test in prevention medicine:

- TrainMee, sports performance
- Mee Nutrition, nutritional genetics analysis
- Alimentary intolerance complete genetics test (Lactose, Fructose and Gluten)
- Diabetes type II risk
- Familial hypercholesterolemia risk
- Breast and ovarian cancer panel (26 genes)
- Carrier screening test
- Thrombophilia risk (15 genetic variants)

www.e-icm.net

Other clinical data and family antecedents:

Sample: Whole Blood EDTA Buccal mucosa Parafin Tissue Other