i screen
NEWBORN GENOME SCREENING

Test Request Form

Institution Information

Name of Institution :

Address :

Clinician : (Signature)

Sample ID :

(Barcode)

Patient Information

Name		Gender	☐ Male ☐ Female
Date of Birth	D D / M M / Y Y Y Y	Test Requested	☐ i-screen ☐ i-screen (Parents Follow up)

Sample Collection Information

Sample Type	☐ Blood Paper ☐ Whole Blood (0.5ml)	Collection Date	D D / M M / Y Y Y Y

Test Information : i-screen

Using Next Generation Sequencing (NGS) technology, it is a screening test for chromosomal abnormality associated with Learning disabilities, Mental Retardation and so on. Micro-deletion or redundancy of the chromosomal region can occur naturally with low probability and these mutations can cause developmental disorders, mental retardation, and behavioral disorders . By examining chromosomal anomalies in newborn babies, you will be able to identify genetic defects with early detection and it is important to minimize the effect with pre-treatment or early treatment. This test screens for 90+ a disease and 170,000 different regions of chromosome are analyzed.

▪ I consent for providing above described personal information. ☐ Confirmed

▪ I was fully explained and understood the limitations of this test and the confirmations prior to requesting a test, and hereby I request this test. ☐ Confirmed

Date : D D / M M / Y Y Y Y Name: (Signature)

GC Genome
107, Ihyeon-ro 30beon-gil, Giheung-gu, Yongin-si, Gyeonggi-do, 16924, South Korea
T. +82 31 280 9900 Fax. +82 31 260 9087
www.gc-genome.com