İNTERGEN Genetics and Rare Diseases Diagnosis Center

GENETIC TEST - PANEL REQUEST FORM

(This form consists of 6 pages.)

The Requesting Doctor:

Name and Surname: Institution:

Contact Number: Email Address for Report:

1- Patient's Medical Condition

(If the space provided is insufficient, use the back of the page or attach a copy of the patient's epicrisis form to the request form)

The information requested under this heading is necessary for the proper interpretation of the test result. Please fill it out completely. We remind you that if the information is incomplete/incorrect, the test result may be faulty or the sample may need to be returned, and in such cases, the responsibility will not belong to our center.

Requested Test:

(If not listed below, you can write it manually.)

Reason for Test Request:

□ Diagnosis □ Carrier Research □ Family Screening □ Other (Specify):

Sample Type:

□ Blood with EDTA □ Blood with Heparin □ Bone Marrow □ Miscarriage Material □ Chorionic Villus Sample (CVS)
□ Paraffin Block Sample □ Amniocentesis □ Other (Specify):

Date and Time of Collection: Quantity:

Section 1 - If the Patient is a Child Under 18

(If the patient is an adult, fill out Section 2.)

Patient's Personal Information

Name and Surname: Sex: □ Male □ Female □ Uncertain

Identity Number:
Patient's Address:
Date of Birth: Mother's Phone Number: Father's Phone Number:

Relationship Status of the Patient's Parents:

□ Related □ Mother and Father from the Same Village/Town □ Unclear □ No Relation

Patient's:

Mother's Name and Surname:
Mother's Date of Birth:
Mother's Identity Number:

Father's Name and Surname:
Father's Date of Birth:
Father's Identity Number:

Information on the Patient's Siblings: (Specify if siblings have the same or different illness as the child)

1st Sibling's Name and Surname:
1st Sibling's Date of Birth:
1st Sibling's Identity Number:
1st Sibling's Disease Status:

2nd Sibling's Name and Surname:
2nd Sibling's Date of Birth:
2nd Sibling's Identity Number:
2nd Sibling's Disease Status:

3rd Sibling's Name and Surname:
3rd Sibling's Date of Birth:
3rd Sibling's Identity Number:
3rd Sibling's Disease Status:

If the mother has had miscarriages or children who were born and passed away, please specify:

Address: No:5, 2119. St. , Mustafa Kemal Çankaya/Ankara **Phone:** 444 6 436
Fax: 0 312 428 26 93 **Website:** www.intergen.com.tr **e-mail:** info@intergen.com.tr
Licence No: GDHM-SM/06.10/02

Doküman No: INT.KGE.FRM.30E **Yayın Tarihi:** 28.05.2025 **Revizyon Tarihi/No:** 14.03.2026/01

Patient Medical History
(Include the names and types of relationships of other sick individuals in the family, if any.)

Clinical and Laboratory Findings (Detailed Table on Page 6):
(Photos and videos of the tests related to the patient should be included. If there are photos and videos of tests performed on your relatives that may affect this test, you can send them in printed form as an attachment to the request form, specifying who the person is. You can share videos and photos with us by sending an email to numunekabul@intergen.com.tr, including a photo of the request form.)

Family Tree (Pedigree)
Due to our internal rules, we kindly request that you respond to these questions carefully. If you prefer to draw a pedigree, please draw it on a separate sheet of paper and attach it to this form.

Please fill in the information below for the mother.
How many siblings does she have?

Is there any sibling with a genetic disorder? Is there anyone who does not have children due to a medical reason?

Do any of her siblings' children have a genetic disorder? (e.g., developmental delay, hearing loss, autism)

Regarding the mother's parents (maternal grandparents):
□ Consanguinity (parental relatedness) present
□ Mother and father are from the same village/town
□ Not sure
□ No consanguinity / no relatedness

,
Does she have any medical condition?

Please fill in the information below for the father.
How many siblings does he have?

Is there any sibling with a genetic disorder? Is there anyone who does not have children due to a medical reason?

Do any of his siblings' children have a genetic disorder? (e.g., developmental delay, hearing loss, autism)

Regarding the father's parents (paternal grandparents):
□ Consanguinity (parental relatedness) present
□ Mother and father are from the same village/town
□ Not sure
□ No consanguinity / no relatedness

Does he have any medical condition?

It is important to complete the information under the Family Tree (Pedigree) section in order to increase the likelihood of achieving an accurate diagnosis. If this section is not completed, all responses will be considered as normal by default.

Section 2 – Adult Patient

Patient's Personal Information
Full Name:
Sex: □ Male □ Female
ID Number:
Date of Birth:

Patient's Address:

If Applicable, Spouse's Information
Full Name:
Sex: □ Male □ Female
ID Number:
Date of Birth:

Consanguinity Status Between Spouses:
□ Consanguinity (relatedness) present □ Parents are from the same village/town □ Not sure □ No consanguinity / no relatedness

If applicable, please describe the patient's pregnancy history:
(For a male patient, please provide the spouse's history.)
(Please specify in detail: no pregnancies, pregnancy losses, born and died, living—healthy or affected, and any relevant details.)

Address: No:5, 2119. St. , Mustafa Kemal Çankaya/Ankara **Phone:** 444 6 436
Fax: 0 312 428 26 93 **Website:** www.intergen.com.tr **e-mail:** info@intergen.com.tr
Licence No: GDHM-SM/06.10/02

Doküman No: INT.KGE.FRM.30E **Yayın Tarihi:** 28.05.2025 **Revizyon Tarihi/No:** 14.03.2026/01

Patient Medical History

(Include the names and types of relationships of other sick individuals in the family, if any.)

Clinical and Laboratory Findings (Detailed Table on Page 6):

(Photos and videos of the tests related to the patient should be included. If there are photos and videos of tests performed on your relatives that may affect this test, you can send them in printed form as an attachment to the request form, specifying who the person is. You can share videos and photos with us by sending an email to numunekabul@intergen.com.tr, including a photo of the request form.)

Family Tree (Pedigree)

Information about your siblings (and, if applicable, your spouse's siblings):

(Please specify if any sibling or any of their children has a medical condition.)

Please fill in the information below for the patient.

How many siblings does the patient have?

Is there any sibling with a genetic disorder? Is there anyone who does not have children due to a medical reason?

Do any of the siblings' children have a genetic disorder? (e.g., developmental delay, hearing loss, autism)

Regarding the patient's parents:

□ Consanguinity (parental relatedness) present
□ Parents are from the same village/town
□ Not sure
□ No consanguinity / no relatedness

Do the patient's parents have any medical condition?

Is there any other health problem in the family that you would like to mention?

If there is any family member with cancer, please specify their age at diagnosis and your degree of relation to them.

Please fill in the information below for the patient's spouse.

How many siblings does the spouse have?

Is there any sibling with a genetic disorder? Is there anyone who does not have children due to a medical reason?

Do any of the siblings' children have a genetic disorder? (e.g., developmental delay, hearing loss, autism)

Regarding the spouse's parents:

□ Consanguinity (parental relatedness) present
□ Parents are from the same village/town
□ Not sure
□ No consanguinity / no relatedness

Do the spouse's parents have any medical condition?

Is there any other health problem in the family that you would like to mention?

If there is any family member with cancer, please specify their age at diagnosis and your degree of relation to them.

It is important to complete the information under the Family Tree (Pedigree) section in order to increase the likelihood of an accurate diagnosis. If this section is not completed, all responses will be considered normal by default. If the provided space is insufficient, you may write the additional information on page 6, which has been left blank for this purpose.

2- Physician's Obligation to Inform the Patient

Before any medical intervention in healthcare, the patient must be informed—verbally, in a plain and understandable manner, and in accordance with their cultural and social background—about the purpose, nature, expected outcomes, reliability, and potential risks of the intervention, and the patient's consent must be obtained for the procedure.

As the treating physician who knows the patient and has examined them in person, please provide your patient with verbal information about the genetic test to be performed, in compliance with this scope and these requirements. Please also provide a copy of the written information form prepared by our Center, which you can access via **https://intergen.com.tr/tr/formlar** and of which a sample has been sent to you. Allow the patient a reasonable amount of time to read the form and ask any questions.

If the patient has detailed questions that need to be answered within the scope of medical genetics, you may contact us.

Once the results are available, the report will be sent directly to you as the requesting physician. If the patient prefers to receive the report via a different method (e.g., sealed envelope delivered by courier to an address, e-mail, etc.), please indicate below which method they prefer and provide the relevant contact details for that method:

Address: No:5, 2119. St. , Mustafa Kemal Çankaya/Ankara **Phone:** 444 6 436
Fax: 0 312 428 26 93 **Website:** www.intergen.com.tr **e-mail:** info@intergen.com.tr
Licence No: GDHM-SM/06.10/02

Doküman No: INT.KGE.FRM.30E **Yayın Tarihi:** 28.05.2025 **Revizyon Tarihi/No:** 14.03.2026/01

3 – Genetic Test List

Molecular Genetic Tests ◻ Prenatal ◻ Postnatal

◻ **Preimplantation Genetic Testing (PGT) ◻ M ◻ A ◻ SR**
◻ **BabySEQ (NIPT) ◻ Basic Panel ◻ Expanded Panel ◻ XL ◻ Rare**
◻ **Whole Exome Sequencing (WES) ◻ Single ◻ Duo ◻ Trio**
◻ **Whole Genome Sequencing (WGS) ◻ Single ◻ Duo ◻ Trio**
◻ **Long-Read Genome Sequencing (LGR)**
◻ **RNA-Seq Transcriptome Analysis**
◻ ACE Gene Polymorphism
◻ Aneuploidy Screening (from miscarriage material) (NGS)
◻ DMD (Duchenne Muscular Dystrophy) (MLPA)
◻ DMD (Duchenne Muscular Dystrophy) (Full Gene Sequencing)
◻ EPCR A4600G Mutation
◻ EPCR G4678C Mutation (Sequencing Analysis)
◻ Factor V Leiden Mutation
◻ Factor V Cambridge Mutation
◻ Factor V Hong Kong Mutation
◻ Factor V R2 Mutation
◻ Factor XIII V34L Mutation
◻ FMF (Familial Mediterranean Fever) (MEFV gene) (Full Gene Sequencing) (Postnatal)
◻ FMF (Familial Mediterranean Fever) (12 Common Mutations) (MEFV gene) (Sequencing Analysis) (Postnatal)
◻ Fragile X Syndrome (FMR1 Repeat Expansion Analysis)
◻ Cystic Fibrosis (CFTR gene) (MLPA)
◻ Cystic Fibrosis (CFTR gene) (Full Gene Sequencing)
◻ Copy Number Variation (CNV) Analysis
◻ MTHFR 1298 Polymorphism
◻ MTHFR 677 Polymorphism
◻ PAI-1 4G/5G Polymorphism (Sequencing Analysis)
◻ Prothrombin G20210A Mutation
◻ DNA Identity Testing Prior to Sperm/Gamete Cryopreservation (STR Analysis)
◻ Spinal Muscular Atrophy (SMA) (SMN1, SMN2) (Full Gene Sequencing)
◻ Spinal Muscular Atrophy (SMA) (SMN1, SMN2, 5q13) (MLPA)
◻ Single Gene Sequencing: Gene Name: .....
◻ Thrombophilia – Extended Panel (Panel 1+2)
◻ Thrombophilia Panel 1 (Common Mutations – FVL, FVR2, F2, MTHFR, PAI-1)
◻ Thrombophilia Panel 2 (Other Tests – F5C, F5HK, ACE, F13, EPCR)
◻ Y Chromosome Microdeletion Analysis
◻ Safe Sports Package
◻ 21-Hydroxylase Deficiency Panel (Full Gene Sequencing and MLPA) (Mother + Father index Full Gene Sequencing + MLPA)
◻ Familial Cancer Panel
◻ Pulmonary Diseases Panel
◻ Hereditary Predisposition to Acute Myeloid Leukemia (AML)
◻ Albinism Panel
◻ Alport Syndrome Panel
◻ Alternating Hemiplegia Panel
◻ Amegakaryocytic Thrombocytopenia – Radioulnar Synostosis Panel
◻ Amyloidosis Panel
◻ Amyotrophic Lateral Sclerosis (ALS) – Dementia Panel
◻ Angioedema Panel
◻ Disorders of Sex Development / Abnormal Genitalia Panel
◻ Aortic Aneurysm / Aortic Diseases Panel
◻ Overgrowth and Macrocephaly Syndromes Panel
◻ Ataxia – Movement Disorders Panel
◻ Ataxia Repeat Expansion Analysis Panel
◻ Atypical Hemolytic Uremic Syndrome / Thrombotic Microangiopathies Panel
◻ Connective Tissue Disorders Panel
◻ Intestinal Failure Panel
◻ Basal Ganglia Calcification Panel
◻ Basal Cell Nevus Syndrome Panel
◻ Kidney Diseases Panel
◻ Bronchiectasis Panel
◻ Growth Retardation – Early Childhood / Short Stature Panel (Early Childhood)
◻ Growth Hormone Deficiency / Resistance Panel
◻ CLN – Neuronal Ceroid Lipofuscinosis Panel
◻ Pediatric Intensive Care Panel
◻ Iron Metabolism Disorders Panel
◻ Dysmorphology – Congenital Anomalies Panel
◻ Dystonia / Chorea Panel
◻ Dental Diseases Panel
◻ Diabetes and Obesity Panel
◻ Diabetes Insipidus Panel
◻ Dysautonomia Panel (Familial)
◻ Ehlers-Danlos Syndrome Panel
◻ Ectodermal Dysplasia Panel
◻ Ectopia Lentis Panel
◻ Ectrodactyly Panel
◻ Epilepsy Panel
◻ Erythrocytosis Panel
◻ Facial Dysostosis and Frontonasal Dysplasia Panel
◻ Genodermatoses (Skin Disorders) + Skin Cancers + Pigmentation Disorders Panel
◻ Genomic Imprinting Disorders Panel
◻ Glucocorticoid Deficiency Panel
◻ Eye Diseases Panel
◻ Hereditary Hemorrhagic Telangiectasia (HHT) Panel
◻ Herpes Simplex Encephalitis Panel
◻ Recurrent Hydatidiform Mole Panel
◻ Hyperekplexia Panel
◻ Hyperphosphatasia–Intellectual Disability Syndrome Panel
◻ Hyperinsulinemic Hypoglycemia Panel
◻ Hypercholesterolemia / Hyperlipoproteinemia / Hyperlipidemia Panel
◻ Hypermanganesemia–Dystonia Panel
◻ Hyperparathyroidism Panel
◻ Hypertension (Early-Onset) Panel
◻ Hypodysfibrinogenemia Panel
◻ Pituitary Adenoma Panel
◻ Pituitary Hormone Deficiency Panel
◻ Hypophosphatemia Panel
◻ Hypophosphatemic Rickets Panel
◻ Hypoglycemia Panel
◻ Hypogonadotropic Hypogonadism Panel
◻ Hypokalemic Periodic Paralysis Panel
◻ Hypocalciuric Hypercalcemia Panel
◻ Hypomagnesemia Panel
◻ Hypoparathyroidism Panel
◻ Hypopigmentation Panel
◻ Hypotonic Infant Panel
◻ Hirschsprung Disease Panel
◻ Holoprosencephaly Panel
◻ IUGR and IGF Abnormalities Panel
◻ Immunodeficiency Panel
◻ Infantile Nystagmus Panel
◻ Infertility Panel
◻ Male Infertility Panel
◻ Female Infertility Panel
◻ Intracerebral Calcification Disorders Panel
◻ Skeletal Dysplasia Panel
◻ Hearing Loss Panel
◻ Generalized Infantile Arterial Calcification Panel
◻ Muscle Diseases Panel
◻ Persistent Müllerian Duct Syndrome Panel
◻ Hereditary Cerebral Small Vessel Disease Panel
◻ Hereditary Spastic Paraplegia Panel
◻ Cardiac Diseases Panel
◻ Bone Density Disorders / Bone Fractures / Osteogenesis Imperfecta Panel
◻ Bone Marrow Failure / Anemia / Hemolytic Anemia Panel
◻ Ketotic Hypoglycemia Panel
◻ Coagulation Disorders / Thrombosis / Bleeding Disorders Panel (Excluding F8 Inversion Mutations) – Platelet Disorders
◻ Cholestasis / Liver Failure / Liver Diseases Panel
◻ Congenital Adrenal Hyperplasia Panel
◻ Congenital Dyserythropoietic Anemia Panel
◻ Congenital Disorders of Glycosylation (CDG) Panel
◻ Cortisone Reductase Deficiency Panel
◻ Craniosynostosis Panel
◻ Chronic Pain Panel
◻ Chronic Diarrhea Panel
◻ Xeroderma Pigmentosum Panel
◻ Cutis Laxa Panel
◻ Lymphedema Panel
◻ Malignant Hyperthermia Panel
◻ Intellectual Disability Panel
◻ Meniere's Disease (Familial) Panel
◻ Metabolic Disorders Panel
◻ Methemoglobinemia Panel
◻ Migraine Panel
◻ Mitochondrial Disorders Panel
◻ Moyamoya Panel

Address: No:5, 2119. St. , Mustafa Kemal Çankaya/Ankara **Phone:** 444 6 436
Fax: 0 312 428 26 93 **Website:** www.intergen.com.tr **e-mail:** info@intergen.com.tr
Licence No: GDHM-SM/06.10/02

□ Mosaic Variegated Aneuploidy Syndrome Panel
□ Rare Genetic Inflammatory Skin Disorders Panel
□ Narcolepsy Panel
□ Noonan Syndrome / RASopathy Syndromes Panel
□ Neural Tube Defect Panel
□ Neural Tube Defects (Familial) Panel
□ Neurodegenerative Diseases / Leukodystrophy Panel
□ Neurofibromatosis and Related Disorders Panel
□ Neurogenetic Disorders Panel
□ Neuromuscular Disorders Panel
□ Neuropathy / Charcot-Marie-Tooth (CMT) / HMN / HSMN Panel / Dejerine-Sottas Disease Panel
□ Neurotransmitter Disorders Panel
□ Optic Neuropathy Panel
□ Autoimmune / Autoinflammatory Diseases – Inflammatory Bowel Diseases Panel
□ Palmoplantar Keratoderma and Erythrokeratoderma Panel
□ Pancreatic Diseases Panel (Pancreatitis, Pancreatic Agenesis, Hypoplasia)
□ Pancreatitis Panel
□ Parathyroid Cancer Panel
□ Parkinson's Disease Panel
□ Paroxysmal Dyskinesia Panel
□ Paroxysmal Central Nervous System Disorders Panel
□ Periodic Paralysis Panel
□ Perrault Syndrome Panel
□ PHACE(S) Syndrome Panel
□ Familial Pneumothorax Panel
□ Preeclampsia Panel
□ Primary Pigmented Nodular Adrenocortical Disease Panel
□ Primary Ciliary Dyskinesia Panel
□ Psychiatric Disorders – Genetic Differential Diagnosis Panel
□ Pseudohypoaldosteronism Panel
□ Pseudoxanthoma Elasticum Panel
□ Central Precocious Puberty Panel
□ Pulmonary Fibrosis Panel
□ Pulmonary Hypertension Panel
□ Rhabdomyolysis Panel
□ Restrictive Cardiomyopathy Panel
□ Rett Syndrome / Angelman Syndrome Differential Diagnosis Panel
□ Rheumatoid-like Osteoarthropathy Panel
□ Rheumatologic Diseases Panel
□ Russell-Silver Syndrome Panel (Including MLPA)
□ Central Hypoventilation Syndrome – Extended Panel
□ Segmental Overgrowth Disorders Panel
□ Non-Syndromic Familial Congenital Anorectal Malformations Panel
□ Septo-Optic Dysplasia Panel
□ Cerebral Palsy Spectrum Disorders Panel
□ Cerebral Vascular Malformations Panel
□ Cerebrovascular Events Panel
□ Spherocytosis Panel
□ Sideroblastic Anemia Panel
□ Ciliopathy Panel
□ Digestive System (Gastrointestinal) Atresia Panel
□ Spinal Muscular Atrophy Panel (Non-SMN1)
□ Sotos Syndrome Panel
□ Surfactant Metabolism Disorders Panel
□ Thyroid Diseases Panel
□ Thyrotoxic Periodic Paralysis Panel
□ Thoracic Dystrophies Panel
□ Trichohepatoenteric Syndrome Panel
□ Trichothiodystrophy Panel
□ Sleep Disorders Panel
□ VACTERL-like Phenotypes Panel
□ Vascular Skin Disorders Panel
□ Waardenburg Syndrome Panel
□ Structural Basal Ganglia Disorders Panel
□ Cleft Lip and Palate Panel
□ Neonatal Respiratory Distress Panel

Cancer Genetics Tests

□ 41-Gene Solid Tumor Panel + MSI
□ 69-Gene Liquid Biopsy Panel
□ Hereditary Breast and Ovarian Cancer Panel (BRCA1, BRCA2) (MLPA)
□ Hereditary Breast and Ovarian Cancer Panel (BRCA1, BRCA2) (Full Gene Sequencing)
□ Hereditary Breast and Ovarian Cancer Panel (BRCA1, BRCA2) (Full Gene Sequencing + MLPA) (Panel)
□ BRCA1 Gene (Full Gene Sequencing)
□ BRCA2 Gene (Full Gene Sequencing)
□ Skin Cancer Panel
□ Gastrointestinal Stromal Tumor (GIST) Panel
□ Hematologic Malignancy Panel: Leukemia / Lymphoma – Point Mutations, Fusions, Copy Number Analysis, Drug Resistance Panel
□ Hereditary (Familial) Cancer Panel
□ HRD Score
□ Hereditary Lymphoma Panel
□ Cancer Pharmacogenetics and Monitoring Panel (Hereditary Cancer + TMB + Fusion RNA-Seq)
□ Bone Marrow Chromosome Analysis
□ Melanoma Panel
□ Myeloid Disorders Panel
□ Multiple Endocrine Neoplasia (MEN) Panel
□ Multiple Endocrine Neoplasia / Paraganglioma / Pheochromocytoma / Gastric Stromal Sarcoma Panel
□ Renal Cell Carcinoma Panel
□ PD-L1
□ Peripheral Blood Chromosome Analysis (Hematologic Malignancies)
□ RNA-Seq
□ TMB + MSI

Cytogenetic Tests

□ Amniotic Fluid – Culture
□ Chromosome Analysis from Amniotic Fluid (Prenatal)
□ Skin Biopsy Chromosome Analysis
□ DEB Test (Fanconi Anemia)
□ Chromosome Analysis from Miscarriage Material
□ Emanuel Syndrome, Hereditary Chromosomal Imbalance (Chromosome Analysis from Skin Biopsy)
□ Chromosome Analysis from Fetal Blood
□ Fetal and Stillbirth Examination
□ Fibroblast Culture
□ Chorionic Villus Sampling (CVS) Chromosome Analysis
□ Microarray (Prenatal)
□ Chromosome Analysis from Peripheral Blood
□ Solid Tissue Biopsy Chromosome Analysis

Pregnarisk (Pre-Marital and Preconception Tests)

□ Pregnarisk □ Panel 1 □ Panel 3 □ Panel 6

Lifemap

□ Lifemap Basic □ Lifemap Extended □ Lifemap Pro
□ Lifemap İmmun Pro

Lifescan

□ Colon □ Liver

Address: No:5, 2119. St. , Mustafa Kemal Çankaya/Ankara **Phone:** 444 6 436
Fax: 0 312 428 26 93 **Website:** www.intergen.com.tr **e-mail:** info@intergen.com.tr
Licence No: GDHM-SM/06.10/02

Doküman No: INT.KGE.FRM.30E **Yayın Tarihi:** 28.05.2025 **Revizyon Tarihi/No:** 14.03.2026/01

Clinical and Laboratory Findings:

Growth and Development
- ◻ Decreased body weight
- ◻ Failure to thrive
- ◻ Feeding difficulties
- ◻ Fractures
- ◻ Growth delay
- ◻ Obesity
- ◻ Overgrowth
- ◻ Premature birth
- ◻ Reduced bone density
- ◻ Short stature
- ◻ Tall stature

Nervous System
- ◻ Mental deterioration
- ◻ Metabolic Encephalopathy
- ◻ Microcephaly
- ◻ Motor delay
- ◻ MRI pathology
- ◻ Myoclonus
- ◻ Parkinsonism
- ◻ Polyneuropathy
- ◻ Rigor
- ◻ Seizures
- ◻ Spastic paraparesis
- ◻ Stroke
- ◻ Tremor
- ◻ White matter lesions
- ◻ Hydrocephalus
- ◻ Hyperactivity
- ◻ Hyperreflexia
- ◻ Intellectual disability
- ◻ Leukodystrophy
- ◻ Lissencephaly
- ◻ Global developmental delay
- ◻ Aggressive behavior
- ◻ Ataxia
- ◻ Autism
- ◻ Basal ganglia pathology
- ◻ Brain atrophy
- ◻ Brainstem pathology
- ◻ Cerebral atrophy
- ◻ Chorea
- ◻ Cognitive impairment
- ◻ Corpus callosum agenesis
- ◻ Delayed speech
- ◻ Dementia
- ◻ Developmental regression
- ◻ Dysarthria
- ◻ Dyskinesia
- ◻ Dysmyelination
- ◻ Dystonia
- ◻ EEG abnormality
- ◻ Encephalopathy
- ◻ Floppy baby
- ◻ Gait disturbances

Eyes
- ◻ Visual impairment
- ◻ Ophthalmoplegia
- ◻ Optic atrophy
- ◻ Rod-cone dystrophy
- ◻ Strabismus
- ◻ Nystagmus
- ◻ Visual loss
- ◻ Xanthelasma
- ◻ Ptosis
- ◻ Burning eyes
- ◻ Cataract
- ◻ Cherry red spot
- ◻ Corneal opacity
- ◻ Double vision
- ◻ Exophthalmos
- ◻ Gaze palsy
- ◻ Glaucoma
- ◻ Mydriasis
- ◻ Hyperelorism
- ◻ Reduced visual acuity
- ◻ Retinal degeneration

Cardiovascular
- ◻ Swollen feet
- ◻ Tachycardia
- ◻ Dilated cardiomyopathy
- ◻ Ventricular septal defect
- ◻ Abnormal heart valves
- ◻ Hypertension
- ◻ Hypertrophic cardiomyopathy
- ◻ Myocardial infarction
- ◻ Shortness of breath

Abdomen
- ◻ Jaundice
- ◻ Nausea
- ◻ Pancreatitis
- ◻ Pancreatic carcinoma
- ◻ Portal hypertension
- ◻ Splenomegaly
- ◻ Stomach ache
- ◻ Vomiting
- ◻ Hyperbilirubinemia
- ◻ Hypoalbuminemia
- ◻ Inguinal hernia
- ◻ Umbilical hernia
- ◻ Hepatic cysts
- ◻ Hepatic failure
- ◻ Hepatic steatosis
- ◻ Hepatic tumor

Kidney
- ◻ Nephrotic syndrome
- ◻ Polycystic kidney
- ◻ Proteinuria
- ◻ Renal agenesis
- ◻ Renal Fanconi syndrome
- ◻ Renal insufficiency
- ◻ Renal phosphate wasting
- ◻ Swollen ankles
- ◻ Kidney stones
- ◻ Adrenal hypertension
- ◻ Chronic kidney disease
- ◻ Glomerulosclerosis
- ◻ Hematuria
- ◻ Hydronephrosis
- ◻ Hypercalcemia

Muscles/Joints
- ◻ Calf muscles pseudohypertrophy
- ◻ Contractions
- ◻ Gower's sign
- ◻ Hip dysplasia
- ◻ Joint hypermobility
- ◻ Joint laxity
- ◻ Muscle weakness
- ◻ Myasthenic reaction
- ◻ Myopathy
- ◻ Myotonia
- ◻ Muscular atrophy
- ◻ Muscular dystrophy
- ◻ Muscular hypotonia
- ◻ Rhabdomyolysis
- ◻ Rigidity
- ◻ Soreness
- ◻ Stiffness

Hematology/Laboratory
- ◻ Acidosis
- ◻ Albuminuria
- ◻ Alkalosis
- ◻ Aminoaciduria
- ◻ Anemia
- ◻ Bacterial infection recurrent
- ◻ Coagulation affected

Respiratory/Mouth/Teeth /Voice/Hearing
- ◻ Asthma
- ◻ Carious teeth
- ◻ Tooth abscess
- ◻ Gingival overgrowth
- ◻ Hearing impairment
- ◻ High palate
- ◻ Long philtrum
- ◻ Macroglossia
- ◻ Microdontia
- ◻ Otitis media
- ◻ Pulmonary hypoplasia
- ◻ Recurrent upper respiratory infections
- ◻ Respiratory insufficiency
- ◻ Stubborn cough
- ◻ Cleft palate
- ◻ Coughing up blood
- ◻ Dysphagia

PHYSICIAN'S	ON BEHALF OF INTERGEN
Full Name:	Full Name:
Date:	Date:
Signature:	Signature:

This form regulates the terms and conditions of the service relationship between the requesting physician and Intergen regarding the genetic test.

Address: No:5, 2119. St. , Mustafa Kemal Çankaya/Ankara **Phone:** 444 6 436
Fax: 0 312 428 26 93 **Website:** www.intergen.com.tr **e-mail:** info@intergen.com.tr
Licence No: GDHM-SM/06.10/02

Doküman No: INT.KGE.FRM.30E **Yayın Tarihi:** 28.05.2025 **Revizyon Tarihi/No:** 14.03.2026/01