



Centre of Molecular Diseases

Prof. Luisa BONAFE, Centre of Molecular Diseases, Clinique infantile 02-33, Av. Pierre Decker 2 CH-1011, Lausanne
Tel: 021 314 34 80 Lab.: 079 556 59 09 Fax: +41 21 314 35 46 www.skeldys.org

No molecular diagnosis is done without this registration form, clinical info, clinical photos, x-Rays, signed consent form and billing address.

PATIENT INFORMATION

Family name*:		First Name*:		PMO laboratory # <i>(do not fill)</i>
Date of Birth*(dd/mm/yyyy):	Gender*: F M	Origin/Ethnic Background:	Known consanguinity: <i>Please enclose pedigree if available</i> Yes No	
Mother`s name: First: _____ Last: _____				
Father`s name: First: _____ Last: _____				
Reason for Referral:				
Clinical Diagnosis:				

SAMPLE INFORMATION

DNA <small>Minimum 10 µg</small>	Volume _____ µl	Blood in EDTA (3ml)	Fibroblasts	Other: <small>Please specify</small>
<input type="checkbox"/>	Concentration _____ ng/µl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resuspended in (buffer) _____				_____

REQUIRED - PLEASE INCLUDE*:

These information is crucial for accurate interpretation of results.

Clinical info Clinical photos X-Rays Signed consent form

PHYSICIAN INFORMATION

Title:	Name:		
Address:	Tel: _____ Fax: _____		
	E-mail*: _____		
	<i>Preferred method to receive results</i> Secure Email <input type="checkbox"/> Regular Mail <input type="checkbox"/>		

BILLING INFORMATION

Billing Address* ¹ :	Patient`s address*: <i>(for our internal billing system only if not identical to billing address):</i>

*Mandatory

¹Please notify if any agreement has been made with our team on billing.

SAMPLE TREATMENT			
DNA/RNA Extraction <input type="checkbox"/>	DNA Banking <input type="checkbox"/>	Cell culture ² <input type="checkbox"/>	Prenatal Studies ³ <input type="checkbox"/>
Molecular analysis <input type="checkbox"/>	Exome <i>Minimum 10 µg of DNA</i> <input type="checkbox"/>	Other: <i>Please specify</i> <input type="checkbox"/>	<input type="checkbox"/>

² Please contact the laboratory before sending the cells.

³ Please contact the laboratory in advance; maternal contamination analysis is required with all prenatal studies.

Next Generation Sequencing – Gene Panels		
Connective Tissue & Osteogenesis Imperfecta <input type="checkbox"/>	Chondrodysplasias <input type="checkbox"/>	Lysosomal Storage Diseases <input type="checkbox"/>
<p><i>Coverage ~96%</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> ALDH18A1 Cutis laxa, 3A (PYCS) <input type="checkbox"/> ANTRX2 Hyaline fibromatosis S. <input type="checkbox"/> ATP6V0A2 Cutis laxa, 2A <input type="checkbox"/> B3GALT6 SEMD-JL Beighton <input type="checkbox"/> B3GALT3 Larsen-like, recessive <input type="checkbox"/> B4GALT7 EDS, progeroid <input type="checkbox"/> BMP1 OI, recessive <input type="checkbox"/> CANT1 Desbuquois <input type="checkbox"/> CHST14 EDS, contractural <input type="checkbox"/> CHST3 Larsen, AR <input type="checkbox"/> COL1A1 OI, dominant <input type="checkbox"/> COL1A2 OI, dominant <input type="checkbox"/> COL3A1 EDS, vascular <input type="checkbox"/> COL5A1 EDS, classical <input type="checkbox"/> COL5A2 EDS, classical <input type="checkbox"/> CRTAP OI, recessive <input type="checkbox"/> FBN1 Acromicric dysplasia <input type="checkbox"/> FBN2 Arachnodactyly, cong. <input type="checkbox"/> FKBP10 Bruck syndrome 1 <input type="checkbox"/> FKBP14 EDS, kyphoscoliotic <input type="checkbox"/> FLNB Larsen, dominant <input type="checkbox"/> GORAB Geroderma osteod. <input type="checkbox"/> IFITM5 OI type 5, dominant <input type="checkbox"/> IMPAD1 gPAPP dysplasia <input type="checkbox"/> KIF22 SEMD-JL, leptodactylic <input type="checkbox"/> LEPRE1 OI, recessive <input type="checkbox"/> PAPSS2 SEMD <input type="checkbox"/> PLOD1 EDS, kyphoscoliotic <input type="checkbox"/> PLOD2 Bruck syndrome 2 <input type="checkbox"/> PP1B OI, recessive <input type="checkbox"/> PYCR1 Cutis laxa, 2B <input type="checkbox"/> SERPINF1 OI, recessive <input type="checkbox"/> SERPINH1 OI, recessive <input type="checkbox"/> SLC26A2 Diastrophic dysplasia <input type="checkbox"/> SLC39A13 EDS, spondylocheiroid. <input type="checkbox"/> SMAD3 Loey's-Dietz, 1C <input type="checkbox"/> SP7 OI, recessive <input type="checkbox"/> TGFBR1 Loey's-Dietz, 1 <input type="checkbox"/> TGFBR2 Loey's-Dietz, 2 <input type="checkbox"/> TNXB EDS, hypermobile <input type="checkbox"/> XYLT1 Desbuquois 2 <p>EDS = Ehlers-Danlos syndrome OI = Osteogenesis Imperfecta SEMD = Spondylo-epi-metaphyseal dysplasia SEMD-JL = Spondylo-epi-metaphyseal dysplasia with joint laxity</p>	<p><i>Coverage ~97%</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> ACP5 Spondyloenchondrodysplasia <input type="checkbox"/> ADAMTS10 Weill-Marchesani 1 <input type="checkbox"/> ADAMTSL2 Geleophysic dysplasia <input type="checkbox"/> ALPL Hypophosphatasia <input type="checkbox"/> COL10A1 Metaphyseal dysplasia Schmid <input type="checkbox"/> COL11A1 Stickler 2 <input type="checkbox"/> COL11A2 Stickler 3, OSMED <input type="checkbox"/> COL2A1 SEDC group <input type="checkbox"/> COL9A1 MED, dominant <input type="checkbox"/> COL9A2 MED, dominant <input type="checkbox"/> COL9A3 MED, dominant <input type="checkbox"/> COMP Pseudoachondroplasia <input type="checkbox"/> CUL7 3-M syndrome <input type="checkbox"/> DLL3 Spondylocostal dysplasia 1 <input type="checkbox"/> DYM Dygge-Melchior-Clausen dysplasia <input type="checkbox"/> EXT1 Exostoses, multiple, 1 <input type="checkbox"/> EXT2 Exostoses, multiple, 2 <input type="checkbox"/> FAM111A Kenny-Caffey syndrome <input type="checkbox"/> FGFR3 FGFR3 dysplasia group <input type="checkbox"/> FLNA Filamin A dysplasia group <input type="checkbox"/> GDF5 Grebe dysplasia <input type="checkbox"/> GNAS Fibrous dysplasia <input type="checkbox"/> GPC6 Omodysplasia <input type="checkbox"/> HES7 Spondylocostal dysplasia 4 <input type="checkbox"/> HSPG2 Dyssegmental dysplasia <input type="checkbox"/> LFNG Spondylocostal dysplasia 3 <input type="checkbox"/> LRP5 Osteoporosis-pseudoglioma syndrome <input type="checkbox"/> MAFB Multicentric carpotarsal osteolysis <input type="checkbox"/> MATN3 MED, dominant <input type="checkbox"/> MESP2 Spondylocostal dysplasia 2 <input type="checkbox"/> MMP2 Torg-Winchester syndrome <input type="checkbox"/> NPR2 Acromesomelic dysplasia, Maroteaux <input type="checkbox"/> OBSL1 3-M syndrome <input type="checkbox"/> PDE4D Acrolyostosis 2 <input type="checkbox"/> PHEX Hypophosphatemic rickets <input type="checkbox"/> PRKAR1A Acrolyostosis 1 <input type="checkbox"/> RMRP Cartilage-Hair-Hypoplasia <input type="checkbox"/> ROR2 Robinow syndrome, recessive <input type="checkbox"/> RUNX2 Cleidocranial dysplasia <input type="checkbox"/> SBDS Shwachman-Bodian-Diamond syndrome <input type="checkbox"/> SLC35D1 Schneckbecken dysplasia <input type="checkbox"/> SOX9 Campomelic dysplasia <input type="checkbox"/> TBX6 Spondylocostal dysplasia 5 <input type="checkbox"/> TRAPPC2 SED tarda, X-linked <input type="checkbox"/> TRIP11 Achondrogenesis 1A <input type="checkbox"/> TRPV4 Metatropic dysplasia <input type="checkbox"/> WISP3 Progressive pseudorheumatoid dysplasia 	<p><i>Coverage ~98%</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> AGA Aspartylglucosaminuria <input type="checkbox"/> ARSA Metachromatic leucodystrophy <input type="checkbox"/> ARSB MPS VI <input type="checkbox"/> ASAH Farber disease <input type="checkbox"/> CLN3 Neuronal ceroid lipofuscinosis <input type="checkbox"/> CLN5 Neuronal ceroid lipofuscinosis <input type="checkbox"/> CLN6 Neuronal ceroid lipofuscinosis <input type="checkbox"/> CLN8 Neuronal ceroid lipofuscinosis <input type="checkbox"/> CTNS Cystinosis <input type="checkbox"/> CTSA Galactosialidosis <input type="checkbox"/> CTSC Haim-Munk syndrome <input type="checkbox"/> CTSD Neuronal ceroid lipofuscinosis <input type="checkbox"/> CTSK Pycnodysostosis <input type="checkbox"/> DNAJC5 Neuronal ceroid lipofuscinosis <input type="checkbox"/> FUCA1 Alpha-Fucosidosis <input type="checkbox"/> GAA Pompe disease <input type="checkbox"/> GALC Krabbe disease <input type="checkbox"/> GALNS MPS IV <input type="checkbox"/> GBA Gaucher disease <input type="checkbox"/> GLA Fabry disease <input type="checkbox"/> GLB1 GM1 gangliosidosis <input type="checkbox"/> GNE Sialuria <input type="checkbox"/> GNPTAB Mucopolidiosis II <input type="checkbox"/> GNPTG Mucopolidiosis II <input type="checkbox"/> GNS MPS IIID <input type="checkbox"/> GUSB MPS VII <input type="checkbox"/> HEXA GM2 gangliosidosis <input type="checkbox"/> HEXB Sandhoff disease <input type="checkbox"/> HGSNAT MPS IIIC (Sanfilippo C) <input type="checkbox"/> HYAL1 MPS IX <input type="checkbox"/> IDS MPS II <input type="checkbox"/> IDUA MPS I <input type="checkbox"/> LAMP2 Danon disease <input type="checkbox"/> LIPA Wolman disease <input type="checkbox"/> MAN2B1 Alpha-Mannosidosis <input type="checkbox"/> MANBA Beta-Mannosidosis <input type="checkbox"/> MCOLN1 Mucopolidiosis IV <input type="checkbox"/> MFSD8 Neuronal ceroid lipofuscinosis <input type="checkbox"/> NAGA Schindler disease <input type="checkbox"/> NAGLU MPS IIIB <input type="checkbox"/> NEU1 Mucopolidiosis I <input type="checkbox"/> NPC1 Niemann-Pick C <input type="checkbox"/> NPC2 Niemann-Pick C <input type="checkbox"/> PPT1 Neuronal ceroid lipofuscinosis <input type="checkbox"/> PSAP Krabbe-like, MLD-like, Gaucher-like <input type="checkbox"/> SGSH MPS IIIA <input type="checkbox"/> SLC17A5 Sialic acid storage disease <input type="checkbox"/> SMPD1 Niemann-Pick A+B <input type="checkbox"/> SUMF1 Multiple sulfatase deficiency <input type="checkbox"/> TPP1 Neuronal ceroid lipofuscinosis
<p>Please note that results on NGS of whole panel regions are given on the indicate coverage (%). For selected genes we complete uncovered coding regions if specifically required.</p>		
Without complete coverage <input type="checkbox"/>		With complete coverage (additional costs) <input type="checkbox"/>
Sanger Sequencing		
<ul style="list-style-type: none"> <input type="checkbox"/> GATM (AGAT) AGAT deficiency <input type="checkbox"/> DLL3 Spondylocostal dysostosis 1 <input type="checkbox"/> FAM111A - Exon 5 Kenny-Caffey syndrome <input type="checkbox"/> GAMT GAMT deficiency <input type="checkbox"/> HES7 Spondylocostal dysostosis 4 <input type="checkbox"/> IDH1 - Exon 4 Metaphyseal chondromatosis <input type="checkbox"/> IDH2 - Exon 4 Metaphyseal chondromatosis <input type="checkbox"/> IFITM5 OI, dominant, type 5 <input type="checkbox"/> KIF22 - Exon 4 SEMD-JL leptodactylic <input type="checkbox"/> LFNG Spondylocostal dysostosis 3 <input type="checkbox"/> MAFB Multicentric carpotarsal osteolysis <input type="checkbox"/> MESP2 Spondylocostal dysostosis 2 <input type="checkbox"/> MMP2 Torg-Winchester syndrome 	<ul style="list-style-type: none"> <input type="checkbox"/> MMP13 Metaphyseal dysplasia, Spahr <input type="checkbox"/> MMP14 Winchester syndrome <input type="checkbox"/> RMRP Cartilage-hair hypoplasia <input type="checkbox"/> ROR2 Robinow syndrome, recessive <input type="checkbox"/> SMAD3 Loey's-Dietz syndrome 3 <input type="checkbox"/> TGFB1 Camurati-Engelmann disease <input type="checkbox"/> WISP3 Progressive pseudorheumatoid dysplasia <input type="checkbox"/> GAA Pompe disease <input type="checkbox"/> SLC6A8 Creatine transporter deficiency <input type="checkbox"/> SLC2A1 (GLUT1) Glucose transporter type 1 deficiency <input type="checkbox"/> Other gene⁴ _____ 	
Testing for Known Mutation/Variant		
Please provide copy of report if testing done at another laboratory		
Name of Relative(s) (father, mother, sister, cousin, etc...)		Familial Mutation (gene, exon, cDNA, protein)

⁴ Only if discussed with the laboratory