

Department of Pathology & Genetics
Genetics Centre, Molecular Genetics Unit

MOLECULAR GENETICS REQUEST FORM

Patient Name: Health Card no:
Age: Nationality:
Sex: Date of collection:
Hospital/Clinic/Ward/Room: CVS - Gestational age (if any):
Consanguinity: Recent transfusion history:
Family History of disease Affected family member Yes No
Ethnic origin of Father: UAE Arab (Country:) India/Pakistan Iran Africa S.E.Asia Other
Ethnic origin of Mother: UAE Arab (Country:) India/Pakistan Iran Africa S.E.Asia Other

CLINICAL HISTORY:

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TEST REQUIRED:

- Hb Analysis (CBC+HPLC)

DNA ANALYSIS:

- Beta-Thalassemia (Hb Analysis +DNA)
 Alpha-Thalassemia (Hb Analysis +DNA)
 Alpha & Beta-Thalassemia (Hb Analysis +DNA)
 Sickle Cell Disease (Hb Analysis +DNA)
 PRENATAL DIAGNOSIS* (Beta Thalassemia & Sickle Cell Anemia)
 Cystic Fibrosis (CFTR gene; 13 Mutations)
 Fragile-X (FMR-1 gene; PCR + Fragment Analysis (Asuragen)
 Xmn-I Polymorphism (Haplotyping)
 DNA Isolation & Storage
 Other

NOTE: Genetic (DNA) testing is a complex process. Results depend on accurate and reliable laboratory methods and procedures. Findings should always be interpreted by experts who specialize in genetic diseases. Tests vary in sensitivity and their ability to detect mutations or molecular lesions. The test results must be conveyed to affected individuals and their families and genetic counselling sessions are mandatory.

For information about tests and other diagnostic matters, please contact Molecular Genetics Laboratory at +9714 219 3461
All tests are performed on 10 ml. Fresh Blood in EDTA Vacutainers (Lavender Top at Room temp).

*For CVS collection & shipment please contact the laboratory ; working days from Sunday to Thursdays; 7:00-14:00.
Call X3458 for consultation.

Referring Physician:

Tel.& Fax:

Requested Date:

Report to be sent to:

Signature & Stamp:

E-mail:

