

STUDY REQUISITION FORM

1 Patient and sample information

Patient
First and last name

Date of birth
DD/MM/YY

Sex Female Male

Blood
Peripheral blood from 3 to 5 ml in EDTA tubes

Saliva
Using the indicated saliva kit

DNA*
Minimum 5 µg and concentration 50 ng/mL for DNA-derived from blood, saliva, tissue (fresh or frozen).
Minimum 10 µg and concentration 50 ng/mL for DNA-derived from paraffin-embedded tissue.
***DNA source:**
Blood, frozen blood, saliva, fresh tissue, frozen tissue, paraffin-embedded tissue, etc.

Sample collection date

Sample reference: use the same reference on the collection tube

2 Information of the requesting physician

First and last name

Hospital/Institution

Address

City

Province / Region / State

Country

Zip code

Phone

Email

3 Authorized person(s) to receive the results

First and last name

E-mail
to receive results

First and last name

E-mail
to receive results

In compliance with the Spanish and European personal data protection laws, the results will only be delivered to the persons duly identified in this requisition form.

4 Invoicing details

Hospital / Institution	Self-pay patient
	Payment method: <input type="checkbox"/> Bank transfer <input type="checkbox"/> Credit card
Name of the hospital or patient name that should appear on the invoice	National ID / Tax number
Address	City
Province / Region / State	Country
	Zip code
Phone	E-mail to send the invoice
Contact person	

5 Genetic study requested

General NGS panels

S-201906396	Cardiomyopathies General Panel [204 genes]	S-201906397	Arrhythmias and Sudden Death without Structural Cardiopathy General Panel [90 genes]
S-201906399	Cardiomyopathies, Arrhythmias, and Sudden Death General Panel [251 genes]	S-201907189	Cardiovascular Diseases General Panel [405 genes]

Specific NGS panels

Cardiomyopathies

S-201906389	Hypertrophic Cardiomyopathy. Basic Panel [18 genes]
S-201906390	Hypertrophic Cardiomyopathy. Extended Panel [118 genes]
S-201906391	Dilated Cardiomyopathy [121 genes]
S-201906392	Arrhythmogenic Cardiomyopathy [26 genes]
S-201906394	Non-compaction Cardiomyopathy [48 genes]
S-201906393	Restrictive Cardiomyopathy [23 genes]
S-201906395	RASopathies (Noonan, Costello, LEOPARD) [26 genes]
S-201805389	Mitochondrial Genome Sequencing [37 genes]
S-202008652	Mitochondrial Nuclear Genes Comprehensive Panel [400 genes]
S-201601169	Fabry Disease [sequencing of the GLA gene]
S-201702765	Familial Amyloidosis [sequencing of the TTR gene]

Channelopathies and Cardiac Arrhythmias:

S-201906402	Long QT Syndrome. Basic Panel [11 genes]
S-201906403	Long QT Syndrome. Extended Panel [32 genes]
S-201906401	Short QT Syndrome [9 genes]
S-201906405	Catecholaminergic Polymorphic Ventricular Tachycardia [10 genes]
S-201906404	Brugada Syndrome/J-Wave Syndrome [27 genes]
S-201906449	Cardiac Conduction Disease [44 genes]
S-201906450	Atrial Fibrillation [46 genes]

Aortic, vascular, and connective tissue disorders

S-201906109	Aortic, Vascular, and Connective Tissue Disorders [64 genes]
S-201906569	Ehlers-Danlos Syndrome [35 genes]

Congenital Heart Diseases and Pulmonary Hypertension:

S-201601108	Congenital Heart Diseases [114 genes]
S-202007949	Pulmonary Artery Hypertension [25 genes]

Other genetic tests

S-202109976 Massive sequencing with CNVs

Whole exome:

S-202110014 Whole-exome - sequencing only (fastq)

S-202110013 Whole-exome - annotation of variants

S-202110336 Whole-exome - with report tool

S-202110015 Whole-exome - with clinical report

S-202109977 Targeted exome

Gene/genes:

S-202110133 Trio clinical exome

S-202109983 MLPA and methylation-specific MLPA:

Gene/genes:

SNP array:

S-201601485 Index case

S-201702726 Family study or confirmation of CNVs

Array CGH:

S-202008036 Prenatal array (37K)

S-202109987 Postnatal array (60K)

S-202109988 Postnatal array (180K)

S-202109998 Variant segregation/Family studies

Variant:

S-202109989 Inherited Cardiovascular Diseases NGS Kit

Other services:

6 Clinical data

We recommend attaching a clinical report to ensure the correct interpretation of the findings

7 Statement of the existence of informed consent

The patient identified in this requisition (or his/her legal representative) is aware of the information included in it and authorizes that his/her sample be submitted for genetic testing and that a report is issued with the corresponding results.

It is possible to obtain unexpected information during the sample analysis process, which the patient identified in this requisition (or his/her legal representative) has agreed to be informed about.

In addition, the patient identified in this requisition (or his/her legal representative) authorizes that his/her biological sample be stored for subsequent studies and/or confirmation tests.

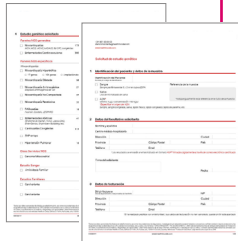
The patient identified in this requisition (or his/her legal representative) also authorizes that his/her biological sample be used for research purposes approved by the relevant ethical committee, always maintaining the patient's anonymity.

Physician's signature

Date

The personal data provided in this form are subject to the current data protection regulations, specifically to Organic Law 3/2018, of December 5, on the Protection of Personal Data and Guarantee of Digital Rights ("LOPDGDD") and to Law 14/2007, of 3 July, on Biomedical Research. The data you provide will be included in files whose responsible is Health in Code. The purpose is the analysis and diagnosis of genetic diseases. Likewise, the data categories are the ones reflected in this form, along with the results obtained. Your personal data will be processed exclusively for the aforementioned purposes. This data processing is made legitimate by the express consent provided by accepting these terms. Your data will not be retained for the whole duration of the relationship established with the entity and while the data fulfil their purposes for this service or until you decide to exercise your cancellation or suppression rights. Said data will not be transferred to third parties without a corresponding prior consent, or in cases other than those expressly defined in data protection legislation. You are hereby informed that you may exercise your rights to access, rectification, cancellation, and objection, as well as to restriction of data processing and to data portability by contacting Health in Code through written communication addressed to Edificio O Fortín, As Xubias, s/n., Campus de Oza, 15006 A Coruña, España, with the subject: "Data Protection", including a copy of your national ID card or passport. You also have the right to file your claim to the Spanish Data Protection Agency (Agencia Española de Protección de Datos).

8 Sample requirements and shipping



STUDY REQUISITION

The sample for genetic testing must be sent together with a correctly filled requisition form.

Available at healthincode.com or by request at customercare@healthincode.com

SAMPLE COLLECTION

Peripheral blood*



3 to 5 ml in EDTA tubes

Genomic DNA*



NGS > 5-10 µg (A260/280 = 1.8-1.9)
Sanger > 1 µg (A260/280 = 1.8-1.9)

Saliva sample



Please use the indicated kit for sample collection.

You can request it at customercare@healthincode.com

**For delivery in over 48 h, controlled-temperature shipment (4-8 °C) is recommended*

SAMPLE PACKAGING

Each primary container (sample tube**) must be placed inside a secondary container (sealed plastic bag or Falcon tube) with enough absorbent material. Secondary recipients must be secured inside a rigid package or box with appropriate cushioning material.

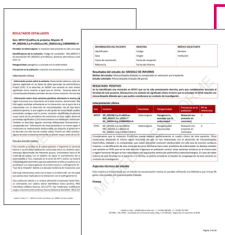
** Please make sure that the sample tube is labeled with the patient's details or reference.

SAMPLE SHIPMENT

Schedule your shipment so that sample reception takes place Monday to Thursday between 8:00 and 17:00.

HEALTH IN CODE S. L.
Edificio O Fortín, As Xubias s/n. Campus de Oza. 15006 A Coruña, Spain
Tel: +34 881 600 003

If you wish, you can request our sample pick-up service at customercare@healthincode.com



RESULTS

We will deliver our report via:

- Certified email
- Health in Code Client Portal

OUR STUDIES ALWAYS INCLUDE THE POSSIBILITY OF PRE-TEST AND POST-TEST COUNSELLING

customercare@healthincode.com | clinicalteam@healthincode.com | +34 881 600 003 | www.healthincode.com