

Request Form

Please fill out electronically. If handwritten, write neatly in block letters

Patient's Initials Date of Birth / /
(DD) (MM) (YYYY)

FOR CENTOGENE USE ONLY
- DO NOT COVER -

Additional Services (optional)

- FAST processing¹ Prenatal processing² Maternal Cell Contamination

MATERIAL REQUIREMENTS
Please check material requirements at
www.centogene.com/diagnostics/how-to-order

Whole Genome Sequencing and Whole Exome Sequencing

- CentoGenome®** (WGS) Standard (incl. medical report) Variants (raw data only) MOx 1.0 MOx 2.0 Prenatal³
- CentoXome®** (WES) Standard (incl. medical report) Variants (raw data only) MOx 1.0 MOx 2.0 Prenatal³
- Number of patients** Solo (index) Duo (index+1) Trio (index+2) PLUS (additional family member(s) beyond Trio)
- Additional test options** (CMA) CentoArray® (index)
- Medical reporting options** Research findings Filtered variant file (raw data) FASTQ (raw data) BAM (raw data) VCF (raw data)

NGS Panel

Panel name

For selective panels additional analyses are included. For more product information, please visit [CentoPortal®](#)

Biochemical Testing

Metabolic biomarker analysis

Enzyme activity analysis

For more product information, please visit [CentoPortal®](#)

Single Gene Testing **Gene name**

- NGS based (CNV included) Sanger Del/Dup (MLPA) Repeat Expansion

Carrier Testing

Targeted analysis⁴ Point Mutation Del/Dup Repeat Expansion

CENTOGENE Index Patient ID Relative with mutation⁵

Gene name **Gene name**

c. **c.**

p. **p.**

transcript **transcript**

Genome Wide Structural Variant Testing

CentoArray® (CMA) Postnatal Prenatal²

Specimen Information

Sample type

If tissue sample Tumor grading stage Tumor cell percentage Origin of tissue

If FFPE tissue Year of tissue fixation Type of fixation

¹ Extra fee per sample – Reduced TAT for CentoXome and CentoGenome to 15 days, CentoCU and Sanger to 10 days, NGS single genes to 20 days

² Before sending any prenatal sample please contact customer.support@centogene.com

³ Prenatal processing and maternal cell contamination fees automatically included

⁴ For individuals not related to cases performed in CENTOGENE please consult customer support for availability

⁵ Family member with mutation, e.g. "Son"

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Please provide any additional phenotypic information

Please avoid abbreviations and include any reference ranges for lab results

Further clinical information attached

Family History

Is there family history of a similar condition? Yes No Unknown
 Are there affected siblings? Yes No No siblings
 Is patient in a consanguineous marriage? Yes No Unknown
 Are patient's parents consanguineous? Yes No Unknown

Pedigree

Please provide any relevant family history, in pedigree or written form

PEDIGREE LEGEND

- Male
- Female
- Sex unknown
- Index
- Deceased
- Affected individuals
- Unaffected individuals

Family Information for Additional Samples Submitted

Father Unaffected Affected – attach summary of this relative's findings

Last Name

First Name

Date of Birth / / Sample Collection / /
(DD) (MM) (YYYY) (DD) (MM) (YYYY)

Mother Unaffected Affected – attach summary of this relative's findings

Last Name

First Name

Date of Birth / / Sample Collection / /
(DD) (MM) (YYYY) (DD) (MM) (YYYY)

Additional Family Member Unaffected Affected – attach summary of this relative's findings Genetic Sex Male Female

Last Name

First Name

Date of Birth / / Sample Collection / /
(DD) (MM) (YYYY) (DD) (MM) (YYYY)

Further Additional Family Member Further family (members) information attached Total number of family members to be analysed

