

MEDICAL PRESCRIPTION FORM

Customer relation service
Tél.: +33 (0)1 34 40 97 76
Fax: +33 (0)1 34 40 21 29
Email: intgb@lab-cerba.com

Laboratoire Cerba

MOLECULAR DIAGNOSIS OF A NEUROLOGICAL AND NEURODEVELOPMENTAL DISORDER

SAMPLING		
Sampling date: Customer: L / L		
POSTNATAL DIAGNOSIS: EDTA whole blood (from 0.5 ml to 5 ml)		
PATIENT	Decompos	
PAHENI	Prescriber	
LAST NAME		
FIRST NAME		
Maiden Name	Mandatory Stamp	
Address	Mandatory Stamp	
City Country		
Date of birth:		
	E-mail address:	
Mobile phone:	Signature :	
E-mail address:		
REQUESTED TEST		
IN CASE OF AN EMERGENCY SITUATION, A TRIO ANALYSIS IS REQUIRED (One form per sample if request for a TRIO analysis)		
• COMPLETE EXOME ANALYSIS (WES) (SNV/DELINS and CNV) (≈ 22,000 genes + ≈ 12,000 non-coding variants (intronic and promoter regions)		
SOLO (index case only) (OPL code: EXOME) TRIO (index case AND its 2 parents		
SOLO (index case only) (OPL code: EXOME) + segregation study of the variant(s) of interest if the		
ANALYSIS OF AN NGS PANEL (SNV/DELINS and CNV) OR NUCLEOTIDE EXPANSION		
Neurodegenerative Diseases List of genes available on request (polegenetmol@lab-cerba.com)		
☐ Amyotrophic Lateral Sclerosis (65 genes) OPL code: IS004	☐ Hereditary Spastic Paraplegia" (217 genes) OPL code: IS100	
☐ C9orf72 Amyotrophic Lateral Sclerosis (expansion de l'hexa nucléotide) OPL code: SLAC9	☐ Parkinson's Disease (140 genes) OPL code: IS086	
☐ Dementia and Alzheimer (82 genes) OPL code: IS133	☐ Huntington's Disease (expansion CAG gene HTT) OPL code: HTT	
APOE Genotyping OPL code: APOEG	□ Neurodegeneration with Brain Iron Accumulation (48 genes) OPL code: IS134	
□ Neurodegenerative diseases comprehensive panel (602 genes) OPL code: IS135		
Neurodevelopmental Disorders List of genes available on request (polegenetmol@lab-cerba.com)		
Intellectual Disability (2169 genes) OPL code: ISO62	□ Noonan Syndrome and Rasopathies (55 genes) OPL code: ISO82	
☐ Fragile X Syndrome and FXTAS (FMR1 triplet expansion) OPL code: FRAXA ☐ Rett Syndrome (MECP2 gene) OPL code: MECP2	☐ Prader-Willi Syndrome (SNRPN methylation) OPL code: PWSME ☐ Angelman Syndrome (SNRPN methylation) OPL code: ASSME	
☐ Autism Spectrum Disorders (313 genes) OPL code: IS136	☐ Epilepsies (1580 genes) OPL code: ISO43	
☐ GLUT1 Deficiency Syndrome. MetaGLUT1™ Test OPL code: GLUDS (see specific request form)	_ , , , , , , , , , , , , , , , , , , ,	
Peripheral Neuropathies List of genes available on request (polegenetmol@lab-cerba.com)		
☐ Familial Amyloid Polyneuropathy (TTR gene) OPL code: IS137	☐ Charcot-Marie-Tooth Disease (376 genes) OPL code: IS026	
☐ Hereditary Neuropathies (259 genes) OPL code: IS138		
Central Nervous System Disorders List of genes available on request (polegenetmol@lab-cerba.com)		
☐ Hereditary Ataxia (409 genes) OPL code: ISO139	☐ Spinocerebellar Ataxia Panel SCA1,2,3,6,7,12,17 and DRPLA OPL code: PSCA	
☐ Friedreich Ataxia (FXN triplet expansion) OPL code: FRTRI	☐ SCA1 Spinocerebellar Ataxia type 1 (nucleotide expansion) OPL code: SCA1	
☐ Friedreich Ataxia (coding region sequencing) OPL code: FRSEQ	☐ SCA2 Spinocerebellar Ataxia type 2 (nucleotide expansion) OPL code: SCA2	
☐ Leukodystrophies and Leukoencephalopathies (486 genes) OPL code: ISO66	☐ SCA3 Spinocerebellar Ataxia type 3 (nucleotide expansion) OPL code: SCA3	
☐ Dystonia and Abnormal Movements (263 genes) OPL code: IS140	☐ SCA6 Spinocerebellar Ataxia type 6 (nucleotide expansion) OPL code: SCA6	
Hemiplegic Migraine (32 genes) OPL code: IS141	SCA7 Spinocerebellar Ataxia type 7 (nucleotide expansion) OPL code: SCA7	
☐ Brain Malformations (261 genes) OPL code: IS142 ☐ Agenesis of the Corpus Callosum (340 genes) OPL code: IS143	□ SCA12 Spinocerebellar Ataxia type 12 (nucleotide expansion) OPL code: SCA12 □ SCA17 Spinocerebellar Ataxia type 17 (nucleotide expansion) OPL code: SCA17	
☐ Central nervous system Vascular Disease (48 genes) OPL code: IS144	☐ Dentatorubral-Pallidoluysian Atrophy (DRPLA) (nucleotide expansion) OPL code: DRPLA	
SINGLE GENE ANALYSIS (OPL code: MGDM0) / CUSTOM PANEL (send your request to: polegenetmol@lab-cerba.com)		
CONTROL OF LOWER MODINAL SOLIDING PARTIES (SOLID YOUR ISC	Enter the name of the gene to be studied and its	
	HGNC symbol	
● TARGETED VARIANT TESTING (OPL code: MGMUT) (exclusively in the context of a family study or for NGS confirmation) Attach the report of the Index Case or the Relative mentioning the variant to be searched (HGVS nomenclature) or indicate the Cerba file number if performed by our laboratory. Gene(s) to be studied: Reference sequence: Variant(s) to be analyzed: Variant(s) to be analyzed: Note: The index case must be tested for any family segregation request		
■ DNA CONSERVATION (OPL code: ADNLD) (conservation for 5 years)		



MEDICAL PRESCRIPTION FORM

Laboratoire Cerba

Customer relation service Tél.: +33 (0)1 34 40 97 76 Fax: +33 (0)1 34 40 21 29 Email: intgb@lab-cerba.com

MOLECULAR DIAGNOSIS OF A NEUROLOGICAL AND NEURODEVELOPMENTAL DISORDER

CLINICAL INFORMATION		
Symptomatic patient ☐ NO ☐ YES: age at symptom onset: years Clinical suspicion:		
The main clinical signs must be recorded (HPO):		
MOST RELEVANT INDICATION ACCORDING TO THE BIOMEDICINE AGENCY'S THESAURUS		
Neurodegenerative Diseases Amyotrophic Lateral Sclerosis or motor neuron disease with or without frontotemporal de Neurodegeneration with Brain Iron Accumulation Hereditary Spastic Paraplegia Huntington's Disease Neurodevelopmental Disorders Intellectual Disability (ID) without diagnostic hypothesis Intellectual Disability (ID) with diagnostic hypothesis Epilepsies Peripheral Neuropathies Familial Amyloid Polyneuropathy (TTR gene) Hereditary Peripheral Neuropathies Central Nervous System Hereditary Ataxia Dystonia and Abnormal Movements	Prontotemporal Dementia Alzheimer's Disease Parkinson's Disease Dementia and Alzheimer's Disease Intellectual Disability (ID) – Fragile X Autism Spectrum Disorders Charcot-Marie-Tooth Disease Hereditary Neuropathies Leukodystrophies and Leukoencephalopathies Hemiplegic Migraine	
☐ Central Nervous System Malformations	☐ Small Vessel Cerebral Disease	
□ Cavernous Angioma	☐ Brain Malformations	
FAMILY INFORAMTION		
Consanguinity		
MOTHER OF THE PATIENT 2 x 5-mL EDTA tubes of whole blood	FATHER OF THE PATIENT 2 x 5-mL EDTA tubes of whole blood	
LAST NAME FIRST NAME Maiden name Address City Country Date of birth: Sampling date: Same clinical presentation as the index case patient: Yes No (enclose the clinical description)	LAST NAME FIRST NAME Address City	
☐ Yes ☐ No (enclose the clinical description)	☐ Yes ☐ No (enclose the clinical description)	