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

MEDICAL PRESCRIPTION FORM

CONSULTATION CERTIFICATE / CONSENT TESTING

REPRODUCTIVE DISORDERS

BIOLOGICAL AND/OR GENETIC TESTING

Madatory completion of the signed consultation certificate and consent form (document overleaf)

TESTING LABORATORY

Customer n°: |_|_|_|_|_| C /|_|

Madatory Stamp

SAMPLING

Sampling date: |_|_|/|_|_|/|_|_|_|_|

☐ **EDTA whole blood**

☐ **Heparinized whole blood**

PATIENT

SURNAME ……

FIRST NAME ……

Maiden name ……

Address ……

CP …… City ……

Date of birth: |_|_|/|_|_|/|_|_|_|_|

PRESCRIBER

SURNAME ……

FIRST NAME ……

Address ……

CP …… City ……

Tel. |_|_| |_|_| |_|_| |_|_| |_|_|

Fax |_|_| |_|_| |_|_| |_|_| |_|_|

E-mail address: ……

INFORMATION ABOUT THE PARTNER

PARTNER:

Surname …… First name …… Date of birth: |_|_|/|_|_|/|_|_|_|_|

EARLY MISCARRIAGE SCREENING (≥3 before 14 WA)

GENETIC SCREENING

☐ Constitutional blood karyotyping *(code: 09703)*

HORMONAL SCREENING

☐ Blood prolactin *(code: 19901)*
☐ TSH *(code: 41501)*
☐ Anti-TPO Ab *(code: 40605)*
☐ Anti-thyroglobulin Ab (according to TSH) *(code: 40705)*
☐ Anti-TSH receptor Ab (according to TSH) *(code: 41902)*
☐ Other: ……

IMMUNOLOGICAL SCREENING

☐ Anti-nuclear Ab *(code: 35805)*
☐ Anti-native DNA Ab *(code: 35901)*
☐ Anti-soluble nuclear Ag Ab (SSA/SSB Sm/RNP/Scl70/JO1/CENPB) *(code: 37001)*
☐ Anti-cardiolipin Ab (IgM and IgG) *(codes: 34301 andt 34302)*
☐ Anti-β2 GP1 Ab (IgM and IgG) *(codes: 34001 and 34009)*
☐ Other: ……

OVARIAN RESERVE SCREENING

☐ FSH on cycle D2-D3 *(code: 19702)*
☐ LH on cycle D2-D3 *(code: 19803)*
☐ Estradiol on cycle D2-D3 *(code: 16501)*
☐ Progesterone on cycle D20-D22 *(code: 19301)*
☐ AMH

VITAMIN SCREENING

☐ Vit B6, B9, B12 *(codes: 46601, 46901 and 47201)*
☐ Homocysteinemia *(code: 69901)*
☐ Other: ……

BILAN DE THROMBOPHILIE

☐ Prot S *(code: 86901)*
☐ Prot C *(code: 86801)*
☐ AT III *(code: 85001)*
☐ ACC *(code: ACCO)*
☐ F II (mutation G20210G>A prothrombin gene mutation) *(code: 86302)*
☐ F V Leiden *(code: 85602)*
☐ *MTHFR* (677 C>T) + (1298 A>C) *(code: MTHFR)*
☐ *MTHFR* (677 C>T) *(code: 43208)*
☐ *MTHFR* (1298 A>C) *(code: 43209)*
☐ Other: ……

HYPOFERTILITY SCREENING

MALE INDICATION

☐ (53) OAT
☐ (52) Azoospermia
☐ (02) Suspected Klinefelter syndrome
☐ (54) Congenital bilateral absence of vas deferens
☐ (08) Pre-ICSI / IVF / Gamete donation
☐ (10) Idiopathic infertility

FEMALE INDICATION

☐ (55) Diminished ovarian reserve
☐ (56) Sporadic POI
☐ (57) Familial POI
☐ (10) Idiopathic infertility
☐ (27) Suspected Turner syndrome

TEST REQUESTED

☐ Constitutional blood karyotyping *(code: 09703)*
☐ CFTR gene mutations *(code: CF139)*
(+/-variant of IVS8 (T)(TG) allele +/- rare mutations) (reflex test)
☐ Y chromosome micro-deletions *(code: DELY)*
☐ FMR1 gene analysis (fragile X syndrome) *(code: FRAXA)*
☐ Ovary Antibodies *(code: 36901)*
☐ Cortico-Adrenal Antibodies *(code: 34201)*
☐ *MTHFR* (677 C>T) + (1298 A>C) *(code: MTHFR)*
☐ *MTHFR* (677 C>T) *(code: 43208)*
☐ *MTHFR* (1298 A>C) *(code: 43209)*
☐ Testis Antibodies *(code: 34206)*
☐ Chlamydia trachomatis: molecular diagnosis from genital sample *(code: CTPCR)*
☐ Male Infertility Comprehensive Panel* (193 genes) *(code: IS070)*
☐ Female Infertility Comprehensive Panel* (204 genes) *(code: IS047)*
☐ Other: ……

*https://www.lab-cerba.com/files/live/sites/Cerba/files/documents/FR/FDE_EXOME_PANEL_FR_REPRO.pdf

Laboratoire Cerba, in its capacity as data controller, is required to process the personal data you provide on this form in order to carry out examinations, interpret them, transmit results and for the administrative management of the laboratory. If you are a patient, your data may then be reused for the purposes of anonymization for scientific research, quality control, statistical studies or satisfaction surveys. To find out more about the processing of your personal data, your rights and the research projects carried out using your data, go to www.lab-cerba.com, "Personal Data" and "Research Projects" tabs. To exercise your right of opposition, contact our RPD at: rpd.cerba@lab cerba.com / CERBA-RPD - ZAC DES EPINEAUX 10-12 Avenue ROLAND MORENO CS 51312 95740 FREPILLON / If you are a patient, in accordance with applicable regulations, once your examinations have been completed, the residues from your samples will be disposed of. However, they may be kept for re-use in scientific research or quality control, either directly or after transfer to third parties, in strict compliance with medical confidentiality. You may object to such use by contacting our DPS (see contact details above).

Cerba

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DECLARATION OF CONSULTATION BY THE PRESCRIBING PHYSICIAN OR GENETIC COUNSELLOR

I hereby certify that I have informed the above-mentioned patient, as well as his/her parents (legal representatives), about the characteristics of the disease being researched, the means of diagnosing it, the possibilities for prevention and treatment, and the storage of his/her sample. I also certify that I have obtained the consent of the patient AND that of his/her legal guardian in accordance with the conditions outlined in the French Public Health Code (Articles R1131-4 and 5).

PATIENT	LEGAL GUARDIAN	PRESCRIBER
Surname: *First name:* *Date of birth:*	*Surname, First name, Date of birth:* If the patient is a minor or an adult under guardianship Relationship to the patient:	*Surname:* *First name:*
Signature	*Signature*	*Signature*

ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION AND CONSENT FOR THE TEST(S) TO BE CARRIED OUT

I, the undersigned, certify that I have received from:

- ☐ the medical geneticist : Dr/Pr……
- ☐ a genetic counsellor under the supervision of Dr/Pr……

Information concerning the above recommended genetic test(s), which will be carried out on the basis of:

- ☐ biological specimen(s) I have auto-sampled
- ☐ biological sampling on my child or on an adult under my guardianship

And I consent to genetic testing in the context of :

I have been informed:

- Of my right to request (at any time): that this study be interrupted; that the results be withheld from me; and/or that my stored samples be destroyed.
- That the complete interpretation of these results relies, in certain situations, on the definition of biological kinship, which can be analysed using these samples.
- Of my duty to inform family members in the event of the identification of any serious genetic abnormality, warranting preventive measures (including genetic counselling or treatment).

I will receive the results of these tests, and the prescribing physician (or genetic counsellor) will explain them to me, based on the current state of knowledge in genetic counselling.

I consent to have my biological sample stored and subsequently used to continue investigations within the scope of this diagnostic approach, according to the progression of knowledge.	☐ Yes ☐ No
The technique employed may reveal genetic information that is unrelated to the pathology in question: such a discovery may have an impact on my health or the health of my relatives. I would like to be informed of such results.	☐ Yes ☐ No
I consent to have my sample and all necessary medical data, including photographs, transferred to another laboratory to complete this genetic study.	☐ Yes ☐ No
I consent to the recording and storage of medical data useful for diagnostic management in computer databases.	☐ Yes ☐ No

Part of my sample may remain unused within the context of this diagnostic approach. I consent to its storage and use for internal laboratory quality assurance studies.	☐ Yes ☐ No
I consent to the anonymous use of my medical data and/or a portion of my samples for research projects, without any direct personal benefit.	☐ Yes ☐ No

I was given the opportunity to ask the geneticist or genetic counsellor (who prescribed this analysis) all my questions, and I received complete and satisfactory answers.

Signed in …….. on ……

SIGNATURE