i-screen
Requisition and Consent Form

Barcode

*All required fields MUST be filled in.

Patient Information			
First Name*		**Last Name***	
Date of Birth*	D D / M M / Y Y Y Y	**Sex***	□ M □ F
City / State / Country		**MRN**	
Additional Comments	Please note any additional clinical history		
Primary Ethnicity*	□ African □ Asian □ Caucasian □ Hispanic □ Others		
Physician Information			
Clinic / Hospital Name*		**Department***	
Name*		**Email**	
Specimen Information			
Collection Date*	D D / M M / Y Y Y Y	**Sample Type***	□ Blood Paper □ EDTA WB 0.5 ml
Test Selection			
□ i-screen		□ i-screen (Parents Follow up)	

Test Information

Using Next Generation Sequencing (NGS) technology, it is a screening test for chromosomal abnormality associated with Learning disabilities, Mental Retardation and so on. Micro-deletion or redundancy of the chromosomal region can occur naturally with low probability and these mutations can cause developmental disorders, mental retardation, and behavioral disorders . By examining chromosomal anomalies in newborn babies, you will be able to identify genetic defects with early detection and it is important to minimize the effect with pre-treatment or early treatment. This test screens for 90+ a disease and 170,000 different regions of chromosome are analyzed.

- I consent for providing above described personal information. □ Confirmed
- I was fully explained and understood the limitations of this test and the confirmations prior to requesting a test, and hereby I request this test. □ Confirmed

Date D D / M M / Y Y Y Y **Name** (Signature)

GC Genome
Cell Center Bldg 1F, 107, Ihyeon-ro 30beon-gil, Giheung-gu, Yongin-si, Gyeonggi-do, Republic of Korea (16924)
Online : www.gc-genome.com| **Contact** : +82) 31-280-9910

CAP ACCREDITED COLLEGE of AMERICAN PATHOLOGISTS