

Order Form

CeGaT GmbH
Paul-Ehrlich Str. 17
72076 Tübingen
Germany



Center for Genomics
and Transcriptomics

www.cegat.de

Patient / Person

Name:

Date of birth:

Address:

Phone number:

Sent by

Name:

Mailing address:

Phone number:

Date & Signature:

Indication / Diagnosis

Pedigree information

- sporadic
 familial

Material

2 x 5-10 ml EDTA blood, or contact +49 172-3765180

Invoice

- to patient
 to sender

OMIM

Gene

Declaration of consent

Patient/ Person

Medical Doctor

Anonymization for scientific purposes

I agree that left over material might be anonymously used for research purposes

yes / no

Patient/ Person