Wieslab Request Form - Autoimmunity & Genetics

SEND TO:

Wieslab AB
P.O. Box 50117, SE-202 11 Malmö, Sweden

CONTACT
diagnostic.services@svarlifescience.com
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F +46 (0)40 - 43 28 90

REQUESTING DOCTOR/CLINIC
Postal address for test result report

BILL TO / INVOICE ADDRESS
Only doctors, laboratories and hospital administration can be invoiced

PATIENT DATA
Full name:
Birth date, Identity number: (DD-MM-YYYY)

GENDER AT BIRTH ◯ Man ◯ Woman

SAMPLING DATE

INDICATION / SUSPECTED DIAGNOSIS:

SAMPLING MATERIAL ◯ Serum ◯ EDTA-Blood ◯ CSF

SPECIMEN COLLECTION INFORMATION

Serum: Blood should be collected in plain tubes (serum tubes) without anticoagulant or other supplements. Centrifuge at ambient temperature and separate serum into plain tubes. 3 mL serum (7 mL blood) will be enough for approximately 15 tests. Samples should be kept cold until transport.

CSF: Always use polypropylene tubes for collecting, centrifuging and transportation. Samples should be centrifuged before transportation. Aliquot as instructed under the test panels.

Blood (Genetic tests): Use an EDTA sample tube and send the sample uncentrifuged

Transport samples as instructed under each panel.

MAJOR CLINICAL SYMPTOMS:

DECLARATION OF CONSENT

By signing this form, the patient declares that he/she has received comprehensive information about the genetic background related to the disease in question. He/She understands that he/she has the right to withdraw the consent to genetic analyses.

The patient has been informed and agrees that the personal data and the data obtained in the analysis will be recorded, evaluated and stored in an anonymized form in a scientific database, and further, in accordance with data protection and medical confidentiality and that the request, or parts thereof, may be transmitted to a specialized cooperating laboratory. The genetic report generated by CeGaT will be sent to Wieslab AB in Sweden and thereafter forwarded to me.

The patient has been informed and agrees that all data collected by CeGaT GmbH and Wieslab AB is electronically stored, processed, used and transmitted.

I, the referring physician, confirm that the patient received genetic counseling and agrees with the genetic testing and that the patient's consent was obtained in writing in local language. *A form for "Declaration of consent for human genetic analyses" needs to be signed and enclosed.*

TRANSPLANTS (BONE MARROW, TISSUE, STEM CELLS)

◯ No ◯ Yes

If yes, please specify:

Doctor (Surname, First name)

√ _____
Doctor (Date, Signature)

The healthcare provider submitting the sample(s) with this request form hereby confirms that the patient (or the patient's guardian or trustee, if applicable) has been informed that the samples may be retained by Wieslab AB for a period of up to 5 years for the purpose of conducting further analyses in order to make a diagnosis, and that Wieslab AB intends to retain samples for a period of up to 5 years for the purpose of the Svar Life Science AB/ Wieslab AB's future development of analysis methods and its business activities.

◯ No, the patient does not give her/his consent to save the sample. The patient is currently unable to give his or her consent in relation to retention of the sample(s)

◯ The patient is currently unable to give his or her consent in relation to retention of the sample(s)

FAMILY MEDICAL HISTORY

Are there other family members who currently have or have had the same or a similar disease as the patient?

◯ Yes ◯ No

If yes, please list the affected family members:

NAME (not required)	**RELATIONSHIP TO THE PATIENT** (e.g. mother)	**AGE OF ONSET**	**DIAGNOSIS/SYMPTOMS**

Test panels on the reverse side →

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Cooperation between CeGaT GmbH and Wieslab AB

The combination of CeGaT's genetic testing and Wieslab's biomarker analysis brings a new level of clinical diagnostics in various medical areas.
This innovative approach helps physicians to make a more precise diagnosis and to select a targeted therapy based on the genetic background of a patient.

Just select the required tests, fill out the form and send us sample(s) as indicated. You will receive the test results as a Laboratory test report as well as a Genetic report.

For further information and advice regarding the genetic testing - do not hesitate to contact our Diagnostic Support team.
www.cegat.de or sales@cegat.de. Phone +49 707 156 544 55

For further information and advice regarding the autoimmunity/neuroinflammatory testing - do not hesitate to contact our Diagnostic Support team.
www.svarlifescience.com or diagnostic.services@svarlifescience.com Phone +46 40 53 76 60

Select test panel, on suspicion of:

ALZHEIMER'S DISEASE/DEMENTIA	
○ **567**	**Biomarkers:** Tau, Phospho-Tau, Beta-Amyloid 42 & Ratio Beta-Amyloid 42/40 and Neurofilament light (NfL) *CSF – aliquot samples divided into one polypropylene tube/biomarker with a minimum of 0,5 mL in for each marker – to be sent frozen (on dry ice)* Neurofilament light protein (NfL) - *Please choose sample material* ○ Serum ○ CSF
○ **407/NDD16***	**Genetic testing of (Alzheimer's):** APOE, APP, PSEN1 and PSEN2 (EDTA-blood) *EDTA-blood – to be sent at room temperature.*
○ **408/NDD17***	**Genetic testing of (Dementia):** C9ORF72 (repeat analysis) APOE, APP, CHCHD10, CHMP2B, CSF1R, FUS, GRN, ITM2B, MAPT, NOTCH3, PRNP, PSEN1, PSEN2, QSTM1, TARDBP, TBK1, TREM2, UBQLN2, VCP *EDTA-blood – to be sent at room temperature.*
AMYOTROPHIC LATERAL SCLEROSIS (ALS)	
○ **580**	**Biomarkers:** Neurofilament light protein (NfL) and Neurofilament heavy protein (p-NfL) *CSF – aliquot samples divided into one polypropylene tube/biomarker with a minimum of 0,5 mL in for each marker – to be sent frozen (on dry ice)* Neurofilament light protein (NfL) - *Please choose sample material* ○ Serum ○ CSF
○ **409/NDD18***	**Genetic testing of (ALS):** C9ORF72 (repeat analysis). ALS2, ANG, CHCHD10, CHMP2B, DCTN1, FIG4, FUS, HNRNPA1, KIF5A, MATR3, OPTN, PFN1, SETX, SIGMAR1, SOD1, SPG11, SQSTM1, TARDBP, TBK1, TUBA4A, UBQLN2, VAPB, VCP *EDTA-blood – to be sent at room temperature.*
INFLAMMATORY BOWEL DISEASE (IBD)	
○ **513**	**Autoantibodies against ASCA IgA + IgG and IIF ANCA** *Serum– sent at room temperature in a plain tube.*
○ **040**	**ANCA -panel (BPI, Azurozidine, Cathepsin G, Elastase, Lactoferrin and Lysozyme) -** is recommended as follow-up if IIF ANCA is positive. *Serum– sent at room temperature in a plain tube.*
○ **410/PID03***	**Genetic testing of Autoinflammatory Diseases (incl. Periodic fever syndromes, Autoinflammatory syndromes without fever, Early-onset chronic inflammatory bowel diseases):** ADA, ADAM17, BACH2, CARD14, CECR1, COPA, ELANE, FOXP3, HSPA1L, IL10, IL10RA, IL10RB, IL1RN, IL21, IL21R, IL36RN, LPIN2, LRBA, MEFV, MVK, NFAT5, NLRC4, NLRP1, NLRP12, NLRP3, NOD2, OTULIN, PLCG2, PSTPIP1, SLC29A3, TMEM173, TNFAIP3, TNFRSF1A, TTC7A, WDR1, XIAP, ZBTB24 *EDTA-blood – to be sent at room temperature.*
AUTOIMMUNE PANCREATITIS TYPE 2 (AIP2)	
○ **575**	**Autoantibodies against Carboanhydras and Lactoferrin** *Serum– sent at room temperature in a plain tube.*
○ **411/SPINK1***	**Genetic testing of SPINK1** *EDTA-blood – to be sent at room temperature.*

(*) Our panels are regularly updated to reflect current scientific research. It should therefore be recognized that there is the possibility that the list of genes on the order form may have changed slightly (genes added or removed) by the time the sample is analyzed in the laboratory. By signing this form, the patient accepts that the list of genes analyzed may be slightly different from what is currently listed. When NGS is utilized more than the requested genes are sequenced for each sample.

Ackred. nr 1502
Provning
ISO 15189

Information about tests, sampling instructions as well as Terms and Conditions are available on www.svarlifescience.com/services/wieslab-diagnostic-services

The latest version of the request forms are always available for download on our website.

CLIA CERTIFIED ID: 99D2130225

Orders/Requests

○ **Send us request forms:** Autoimmune Diagnostics | Neuroimmunology | Therapeutic Drug Monitoring | Autoimmunity & Genetics