

Information form

Constitutional karyotype

Patient information

First name: Last name:

Date of Birth: / / Sex: M F

Sampling Date

Venous Blood Other

Clinical Information Please note full clinical information is essential

Please specify the condition/syndrome suspected clinically, if known

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In Infants

- Small Birth Weight Sexual Ambiguity Hypotonia
- Dysmorphic Syndrome Malformation Syndrome

In children

- Developmental Delay Psycho-Motor Delay

In adolescents

- Girls: Delayed Puberty Boys: Gynecomastia

In adults

- Several miscarriages: No.: Sterility or hypofecundity Male infertility/ abnormal sperm
- Primary or secondary amenorrhea Pre IVF Pre ICSI

Additional molecular analysis requested

- Fragile X syndrome Y chromosome microdeletions Other

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Medical history

Surgical history

Family history of chromosome abnormalities

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Informed Consent Form Attached YES NO

Please Note That the Sample Cannot Be Processed Without a Fully Completed Informed Consent Form