

! Save first,
! then close !

Research enquiry to the MHB Institut für Klinische Genetik

Welcome! We are pleased about your interest in collaborating with us. To provide you with a prompt and informative response, we kindly ask you to fill out this questionnaire carefully.

Requester	Name:	Institution:
	Phone:	E-Mail:

Project Title

Research Question

Request	☐ Creation of the sequencing library (library prep) for ☐ Whole-Exome Sequencing (WES) with a focus on ☐ Single Cell RNA-Seq (possibly CITE-Seq)
Analysis Scope	NGS

Sample Type and Quantity	DNA from	EDTA blood (min. 1 ml)
	Tissue (min. 2 mm biopsy)	Oral mucosa swabs (3x)
	Hair roots (min. 5x)	Nails (quantity to be discussed)
Regarding Tissue:	normal	pathological (e.g., tumor)
Condition:	nativ fixed	FFPE (paraffin-embedded) normal tissue

Timeframe	When will we receive the samples?
	By when do you need the results?

Clinical Information	if Possible Pedigree as PDF attachment:	yes	no
Index Patient:	internal ID:	age:	gender:
	Leading Symptoms (HPO term):		
	Additional Findings:		
Relative 1:	degree:	age:	gender:
	Leading Symptoms (HPO term):		
	Additional Findings:		
Relative 2:	degree:	age:	gender:
	Leading Symptoms (HPO term):		
	Additional Findings:		
Relative 3:	degree:	age:	gender:
	Leading Symptoms (HPO term):		
	Additional Findings:		

Consent (GenDG or Study)	Consent according to GenDG is available (copy attached)
	Consent for study

Type of Collaboration/Remuneration/Cost Sharing

Research cooperation, publication, third-party funded project:
On an invoice basis (terms to be agreed)
Provision of materials (reagents, other considerations to be agreed)

Need for Consultation	yes	no
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Remarks