



GENDIA
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SAMPLE SUBMISSION FORM

TO BE FILLED OUT BY REQUESTING PHYSICIAN/LAB

PATIENT INFORMATION

*** In order to guarantee maximal patient privacy GENDIA only works with patient codes and not with patient names. Please use a CODE (with at least 6 numbers and/or letters) instead of your NAME and keep this code in a safe place, as GENDIA will only use this code in all documents.**

Patient Code*

Gender:

Male

Female

Date of birth:

Day

Month

Year

Country:

SAMPLE INFORMATION

Type:

DNA

Blood

Saliva

Date of Collection:

Day

Month

Year

Date Sent:

Day

Month

Year

TEST REQUIRED

Test:

If urgent please explain:

REQUESTING PHYSICIAN / LAB

Last Name:

First Name:

Lab/Hospital Name:

Address:

Country:

Phone:

Fax:

E-mail:

RELEVANT CLINICAL INFORMATION