Request for DNA analysis

TYKS Laboratory

SEND SAMPLES TO:
Tyks laboratoriot Genetiikka
Tunnus 5022566
Info T4951
21006 VASTAUSLÄHETYS
puh. (02) 313 7475 fax (02) 313 9909
DNAlabra@tyks.fi

Sender reference _____

Laboratory reference _____

Sample collected _____

Sample received _____

Tyks Laboratories Guidebook:: ***https://webohjekirja.mylabservices.fi/TYKS/***
NGS analyses: ***https://www.tyks.fi/ammattilaiselle/ngs-tutkimukset***

Referring unit	**Reporting and invoicing address**

Patient name _____ **Personal identification number** _____

Requested analysis, analysis code and name (See Tyks Laboratories Quidebook)

_____

Sample ☐ EDTA blood ☐ DNA, conc. _____ ☐ Tissue, specify: _____

Type of analysis ☐ Diagnostic ☐ Carrier ☐ Predictive ☐ Prenatal

☐ **Requested as urgent** (additional cost). Fetal analyses and carrier analyses during the pregnancy are always considered urgent **(contact laboratory before sending the sample)**

Clinical information

Family history, familial variant if known

Referring clinician _____

Date _____ **Tel.** _____ **email** _____

TYKS Laboratory Division
Genomics
Medical Genetics
PL52, 20521 Turku
Fax (02) 313 9909

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FINAS
Finnish Accreditation Service
T324 (EN ISO 15189)

An up-to-date accredited genetic test portfolio is available on Finas' website