Prueba genética: GXV2
Referencia de la muestra: 7210

GeneXvitae

Pronacera Therapeutics
Showing R&D results

Request Form

PATIENT INFORMATION

Name_______________

Surnames_______________

Gender: Male ■ Female ■

Date of birth_______________

Ethnicity_______________

Email_______________

PHYSICIAN INFORMATION

Name_______________

Surnames_______________

Institution_______________

Address_______________Postal code_______________

Telephone_______________Email_______________

Nº of process/consultation_______________

STUDY INFORMTATION

Type of sample: ■ Saliva ■ Whole blood ■ DNA

Study details:

1) Genetic profile relevant for:

- Predisposition to weight gain
- Cardiovascular risk
- Predisposition to Metabolic Syndrome and Diabetes
- Predisposition to arterial hypertension
- Deficiencies, nutritional sensitivities and intolerances

2) Study of food intolerances mediated by igG

INTERNAL CODE

ADDITIONAL INFORMATION

Weight (kg)_______________Body Mass Index_______________

Waist-hip ratio (cm) _______________

Have you been on a diet supervised by a nutritionist? ■ Yes ■ No

If yes, have you recovered the weight lost? ■ Yes ■ No

How many hours of exercise per week? ■ 0 ■ 1-3 ■ 4-6 ■ +7

Are you prone to snacking? ■ Y e s ■ No

If yes, before or after dinner? Before ■ after ■

How many coffees do you drink per day? ■ 0-1 ■ 2-3 ■ +4

AUTHORIZATION AND INFORMED CONSENT OF THE PATIENT

I declare that I voluntarily authorise the collection of my biological material/my son's/ daughter's biological material to perform the genetic test described above. I declare that all the necessary information has been made available to me about the performance of the test and that I understand the applications and limitations of the genetic test that was prescribed for me. I am aware and understand that measures will be implemented to protect the confidentiality of my data, for an indeterminate time. I have the right to access, update and/or erase my personal data at any time by sending an email to pedidos@pronacera.com .

I expressly agree and give permission for my personal data and other relevant information to be sent and transmitted to PRONACERA THERAPEUTICS for the realization of the genetic test.

I authorise the biological material and the additional data to be used anonymously for research purposes Yes ■ No ■

Signature and consent of the patient: Signature and clarification of the doctor:

Date:

SAMPLE REQUIREMENTS

- **Whole blood :** 2 or 3 mL in K_2 EDTA or K_3 EDTA tube
- **ADN :** minimum 300ng with a [35] ng/µl
- **Saliva:** Collect the sample according to the kit specifications