



Centre for DNA Fingerprinting and Diagnostics
(An autonomous center of the Department of Biotechnology, Ministry of Science and
Technology, Govt. of India)
Hyderabad

DIAGNOSTICS DIVISION

REQUEST FORM FOR GENETIC STUDIES

1. Name of Patient:2. Age:
3. Sex Male Female 4. Hospital/Ref No.:
5. Test Requested:
.....
6. Sample being sent: Blood/Chorionic villi/Amniotic fluid/Urine
7. Clinical Indication:
8. Brief Clinical details:
.....
.....
9. Family history: Consanguineous: Yes No (If yes, Specify)

PEDIGREE

10. Payment details:

11. Signature with Name/ Address/ Fax/ Email/ cell phone of referring authority