



**Instructions**

**Please read carefully**

- Forms must be completed by physicians, not by patients.
- **SAMPLES WILL BE ACCEPTED ONLY AFTER OUR REVIEW OF THIS INFORMATION.**
- **DO NOT SEND SAMPLES WITHOUT OUR WRITTEN REQUEST.**
- All sections must be completed. Otherwise, samples will not be accepted nor requested.
- Forms must be signed by patient/legal guardian and physician and **sent via regular mail or electronically to the address below.**
- Any information or materials submitted is voluntary and will not be returned (do not send originals).

**Referring physician's name:**

Specialty:

Place of active medical licensure:

Address:

E-mail:

Telephone:

**Signature:** \_\_\_\_\_

**Patient name:**

Date of birth:

Current age:

Address:

E-mail (patient, family or guardian):

Telephone (patient, family or guardian):

**Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Current or suspected syndromic diagnosis:**

Age of onset:

How was this diagnosis established or suspected?:

**What additional information is available to referring physician?** (please list and date consultant reports, images, etc.):

**Clinical summary** (maximum 3 lines; do not send reports or images until requested):

**Specific question asked of us:** EVALUATION OF CLINICAL AND ANALYTIC DATA FOR THE DIAGNOSIS OF:

PYRUVATE DEHYDROGENASE DEFICIENCY

PYRUVATE CARBOXYLASE DEFICIENCY

OTHER (Specify):

AND FOLLOWED BY MOLECULAR GENETIC ANALYSIS, IF APPLICABLE.

**Submission represents acceptance of these conditions:**

1. The individuals, sponsoring and funding institutions, and affiliations of the Laboratories are not liable in any way from the use of any information, either requested or provided.
2. No information can be used for patient management, counseling or medical decisions unless reported in writing by us.
3. The staff of the laboratories will not become treating or consulting physicians unless explicitly stated in writing by us and their opinion will never supersede the treating or referring physicians' opinion.
4. All communications will be addressed to the referring physician.