

SUBJECT INFORMATION

SURNAME _____	NAME _____	DATE OF BIRTH _____
PLACE OF BIRTH _____		
FATHER ORIGIN _____	MOTHER ORIGIN _____	
PHENOTYPIC SEX	Male <input type="checkbox"/>	Female <input type="checkbox"/> Ambiguous <input type="checkbox"/>
FAMILIARITY	NO <input type="checkbox"/> YES <input type="checkbox"/> (please enclose pedigree)	CONSANGUINEITY NO <input type="checkbox"/> YES <input type="checkbox"/>

STATUS	AFFECTED <input type="checkbox"/>	NOT AFFECTED <input type="checkbox"/>
DIAGNOSIS	_____ OMIM _____	
DIAGNOSTIC SUSPECT	_____	
TYPE OF DIAGNOSIS:	clinical <input type="checkbox"/>	cytogenetic <input type="checkbox"/> molecular <input type="checkbox"/> other _____
CENTRE PERFORMING DIAGNOSIS	_____	

Please cite reference(s) if this patient has been reported in literature: _____ _____ _____

By signing this form the Investigator agrees to the following conditions:

- To provide clinical and laboratory documentation of the donor subject
- To send appropriate written informed consent obtained from the donor subject
- Not to use the banked sample for commercial purposes
- To cite the Biobank in the acknowledgements of any scientific production, specifying the origin of the sample (*"We thank the Galliera Genetic Bank – Network of Telethon Genetic Biobank - project GTB07001 for providing us with....."*), and to send a copy of the published work to the Biobank .

Place, Date

Signature of Investigator