

### GALLIERA GENETIC BANK – SUBMISSION FORM

**Please, fill in all applicable items, sign the form, then send to:**

Dr Chiara Baldo E.O. Ospedali Galliera, Laboratorio di Genetica Umana, Galliera Genetic Bank			
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<b>APPLICANT</b>	_____		
<b>INSTITUTE</b>	_____		
<b>ADDRESS</b>	_____		
<b>PHONE / FAX</b>	_____	<b>E-MAIL</b>	_____

#### TYPE OF SERVICE

ESTABLISHMENT OF CELL LINES <input type="checkbox"/>	DNA/RNA EXTRACTION <input type="checkbox"/>	PRESERVATION <input type="checkbox"/>
OTHER, PLEASE SPECIFY _____		

#### SAMPLE INFORMATION

TYPE OF SAMPLE SUBMITTED _____	Date _____
TISSUE: Peripheral blood <input type="checkbox"/> Skin biopsy <input type="checkbox"/> Amniotic fluid <input type="checkbox"/> Other _____	
CULTURE: Fibroblast <input type="checkbox"/> Amniocyte <input type="checkbox"/> Chorionic villus <input type="checkbox"/>	
Lymphoblast <input type="checkbox"/> Other _____	
<u>FOR CELL LINES, SPECIFY</u> _____	Date originally established: _____
Passage of submitted culture _____	Medium, serum (type and %) _____
Other useful details for growth and freezing _____	

#### SUBJECT INFORMATION

SURNAME _____	NAME _____	DATE OF BIRTH _____
PLACE OF BIRTH _____		
PHENOTYPIC SEX	Male <input type="checkbox"/>	Female <input type="checkbox"/>
STATUS	AFFECTED <input type="checkbox"/>	NOT AFFECTED <input type="checkbox"/>
DIAGNOSIS	_____ OMIM	
SUSPECTED DIAGNOSIS	_____	
TYPE OF DIAGNOSIS:	clinical <input type="checkbox"/>	cytogenetic <input type="checkbox"/> molecular <input type="checkbox"/> other _____
RESULT OF KARYOTYPE/ MOLECULAR ANALYSIS _____		
CENTRE PERFORMING DIAGNOSIS _____		

#### PARENT INFORMATION - MOTHER

SURNAME _____	NAME _____	DATE OF BIRTH _____
PLACE OF BIRTH _____		
RESULT OF KARYOTYPE/ MOLECULAR ANALYSIS (IF AVAILABLE) _____		

#### PARENT INFORMATION – FATHER

SURNAME _____	NAME _____	DATE OF BIRTH _____
PLACE OF BIRTH _____		
RESULT OF KARYOTYPE/ MOLECULAR ANALYSIS (IF AVAILABLE) _____		

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

- 1 To provide clinical and laboratory documentation (karyotype/FISH, array-CGH, molecular analysis reports)
- 2 To send appropriate written informed consent obtained from the donor subject.  
*If the donor subject is a minor the "Expression of consent form " must be signed by both parents.*

**Place, Date**

**Signature of the Applicant**

