

CONTACT FORM MEDICAL GENETICS CONSULTATION



**LABORATOIRE NATIONAL DE SANTE
NATIONAL CENTER OF GENETICS**

1, rue Louis Rech
L-3555 Dudelange
ncg-clingen@lns.etat.lu
Formulaire disponible sous www.lns.lu

Madam, Sir, you are requesting medical genetics consultation. In order to respond to your request, we thank you for answering the questions below and returning to us:

- This completed questionnaire
- a prescription by a specialist doctor
- a detailed medical report
- Results of genetic tests carried out for you/your relative(s) if applicable

Upon receipt of all of these documents, our secretaries will contact you to schedule a genetic consultation. **The absence of the requested documents will cause a delay in the processing of your request.** Please send your documents by email to: ncg-clingen@lns.etat.lu

<p>INSURANCE</p> <p><input type="checkbox"/> CNS</p> <p><input type="checkbox"/> Other:</p>	<p>Last Name</p> <p>First Name</p> <p>Date of Birth (dd/mm/yy)</p>
<p>SPOKEN LANGUAGES:</p> <p><input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> English</p> <p><input type="checkbox"/> Other:</p>	<p>Matricule</p> <p>Address</p> <p>Tel</p> <p>Email</p>

Are you currently pregnant? YES NO if yes, conception date (dd/mm/yy):

In case of an ongoing pregnancy, please return this form to us as soon as possible, even in the absence of additional medical documents concerning you or your relatives. Nevertheless, these documents remain important for your care and have to be provided to us as soon as possible, ideally before your consultation.

Are there affected members in your family? Do they have a diagnosis?
.....

What is your relationship to this relative? (e.g mother, son, etc)
.....

Please provide Name, Surname and Date of birth (dd/mm/yy) of the affected relative
.....

By this document, I clearly consent to the LNS medical genetics service being able to access any information in my medical file (or that of minors or adults placed under guardianship, and for whom I have legal responsibility) held by other health professionals or care structures, in Luxembourg or abroad, as soon as it might be relevant for my Medical Genetics care. I authorize access to this data prior to the genetic consultation if necessary. I also authorize that a report may be requested, prior to the genetic consultation, from the specialist doctor addressing or following me, if I do not have one in my possession at the time of this request.

Place : Date : Signature :

<p>CADRE RESERVE LNS</p> <p>XU – U – ClinG – PN – PC – CG OncoU – OncoInt – Onco WL AS – VC – GJ – RD – AH – BK – DB</p> <p>Glims N°:</p>	<div style="border: 1px dashed black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> ETIQUETTE </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">DATE</th> <th style="padding: 5px;">ACTION</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td style="text-align: center; padding: 5px;">Reception</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </tbody> </table>	DATE	ACTION		Reception				
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