University of Eastern Finland



Request form

Genetic analysis of 21-hydroxylase deficiency

Valid until 30.4.2023

T321 (EN ISO 15189)

Gene Diagnostics Laboratory
Patient Name

Patient information	Name	Identification code	Blood sample date
Available tests		nent are included in the prices. invoicing costs 5 €.	Cost of urgent analysis 100€
	(Can be applied only to analyses which do		5)
	 □ Screening of the coding region of the CYP21A2 gene and deletion analysis (890€) □ Screening of the coding region of the CYP21A2 gene and deletion analysis including parents (1300€) 		
	□ A previously identified gene variant (220€/each)		
		cation code and previously identified gene an	d mutation:
	, , , , , , , , , , , , , , , , , , , ,	,	
	□ A previously identified deletion or insertion (400€)		
	- family relationship, name, idenfici	cation code and previously identified gene an	d mutation:
Delivery of the results and	Physician		
Invoicing	Address		
	Invoice address and VAT number		
Sample requirements	 Two EDTA blood tubes (2x3-7ml, infants 1x0.5-3 ml) or extracted DNA (e.g. tissue samples) Write a patient name, identification code, blood sample date on the tube After taking a blood sample store it in a refrigerator Mail the blood samples by express mail at ambient temperature as soon as possible Mail the blood samples on Monday, if possible 		
Shipping address	University of Eastern Finland Institute of Clinical Medicine / Labora PL 1627 (Yliopistonranta 1 C) 70211 Kuopio Finland	tory of Internal Medicine	
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