

성명	생년월일	성별	남 / 여	민족 (외국인)	등록번호
채취날짜	월 일	채취시간	시 분	검체명	<input type="checkbox"/> BM <input type="checkbox"/> PB <input type="checkbox"/> 기타( )
의뢰기관				주소	
주치의 성명	진료과(병동)			전화번호	

### 혈액유전

<input type="checkbox"/>	Hemavision, Acute leukemia gene rearrangement profile	<input type="checkbox"/>	BCR/ABL1 정량 (IS)	<input type="checkbox"/>	JAK2 V617F mutation [Real-time PCR]
<input type="checkbox"/>	Major BCR/ABL1 정성	<input type="checkbox"/>	PML/RARA 정량 (WB)	<input type="checkbox"/>	JAK2 gene Exon 12 mutation
<input type="checkbox"/>	Minor BCR/ABL1 정성	<input type="checkbox"/>	PML/RARA 정량 (BM)	<input type="checkbox"/>	CALR gene mutation [Fragment analysis & Sequencing]
<input type="checkbox"/>	PML/RARA 정성 (WB)	<input type="checkbox"/>	CEBPA gene mutation	<input type="checkbox"/>	MPL gene W515 mutation
<input type="checkbox"/>	PML/RARA 정성 (BM)	<input type="checkbox"/>	c-KIT gene mutation (WB)	<input type="checkbox"/>	MPN gene mutation (JAK2 V617F/Exon 12, CALR, MPL W515)
<input type="checkbox"/>	AML1/ETO (RUNX1/RUNX1T1) 정성	<input type="checkbox"/>	c-KIT gene mutation (BM)	<input type="checkbox"/>	Pre-SCT (Stem Cell Transplantation)
<input type="checkbox"/>	TEL/AML1 (ETV6/RUNX1) 정성	<input type="checkbox"/>	FLT3-ITD mutation [Fragment analysis & Sequencing]	<input type="checkbox"/>	Post-SCT (Stem Cell Transplantation) engraftment analysis
<input type="checkbox"/>	CBFB/MYH11 정성	<input type="checkbox"/>	FLT3-TKD mutation	<input type="checkbox"/>	IGH gene rearrangement
<input type="checkbox"/>	E2A/PBX1 (TCF3/PBX1) 정성	<input type="checkbox"/>	NPM1 gene mutation	<input type="checkbox"/>	TCR gamma gene rearrangement
		<input type="checkbox"/>	Imatinib 약제내성 (Major BCR/ABL1)	<b>액체생검</b>	
				<input type="checkbox"/>	EGFR (cell-free DNA) [Real-time PCR] *전용용기

### 유전질환 / 기타

<input type="checkbox"/>	APOE genotype	<input type="checkbox"/>	SCA 1 gene mutation	<input type="checkbox"/>	FGFR3 gene Major mutation (Achondroplasia)
<input type="checkbox"/>	Factor V Leiden R534Q mutation	<input type="checkbox"/>	SCA 2 gene mutation	<input type="checkbox"/>	GLA gene mutation (Fabry disease)
<input type="checkbox"/>	MTHFR A1298C	<input type="checkbox"/>	SCA 3 gene mutation	<input type="checkbox"/>	HBB gene mutation ( $\beta$ -Thalassemia)
<input type="checkbox"/>	MTHFR C677T	<input type="checkbox"/>	SCA 6 gene mutation	<input type="checkbox"/>	NOTCH3 gene mutation (CADASIL)
<input type="checkbox"/>	Prothrombin G20210A mutation	<input type="checkbox"/>	SCA 7 gene mutation	<input type="checkbox"/>	NOTCH3 gene, Familial mutation (CADASIL)
<input type="checkbox"/>	QF 21 (PCR+Ch) 단독 의뢰 불가 *AF 20ml	<input type="checkbox"/>	SCA 1,2,3,6,7	<input type="checkbox"/>	RNF213 gene R4810K mutation (Moyamoya disease)
<input type="checkbox"/>	QF 21,18,13 (PCR+Ch) 단독 의뢰 불가 *AF 20ml	<input type="checkbox"/>	SRY gene (Sex determining Region Y)	<input type="checkbox"/>	TGFBI gene R124H mutation
<input type="checkbox"/>	QF 21,18,13,XY (PCR+Ch) 단독 의뢰 불가 *AF 20ml			<input type="checkbox"/>	TTR gene mutation

### HLA

### 약물유전

<input type="checkbox"/>	Low Resolution	HLA-A	<input type="checkbox"/>	High Resolution	HLA-A	<input type="checkbox"/>	CYP2C9 Major Polymorphism
<input type="checkbox"/>		HLA-B	<input type="checkbox"/>		HLA-B	<input type="checkbox"/>	CYP2C19 Major Polymorphism
<input type="checkbox"/>		HLA-C	<input type="checkbox"/>		HLA-C	<input type="checkbox"/>	NUDT15 gene mutation
<input type="checkbox"/>		HLA-DRB1	<input type="checkbox"/>		HLA-DRB1	<input type="checkbox"/>	TPMT Major Polymorphism
<input type="checkbox"/>		HLA-DQB1	<input type="checkbox"/>		HLA-DQB1	<input type="checkbox"/>	UGT1A1 genotype, Major variants (irinotecan sensitivity)
<input type="checkbox"/>		HLA-ABC	<input type="checkbox"/>		HLA-ABC	<input type="checkbox"/>	UGT1A1 gene mutation (Crigler-Najjar syndrome)
<input type="checkbox"/>		HLA-ABC, DRB1	<input type="checkbox"/>		HLA-ABC, DRB1	<input type="checkbox"/>	
<input type="checkbox"/>	HLA-B27		<input type="checkbox"/>	HLA-B51	<input type="checkbox"/>	VKORC1 genotype	

진단명 및 기타 사항 :

가계도 :

\* 분자유전 검사 의뢰서, 유전자 검사 동의서 모두 반드시 작성하여 보내주시시오.

\*Incidental Findings 통보 유무 예  / 아니오

\*의뢰 시  공란에  표시하여 주시고, 상단에 포함되지 않은 검사는 고객센터로 문의하여 주십시오.

