



**Genetic Centre**

iVF Riga Holding



# REFERRAL FOR AMBULATORY LABORATORY INVESTIGATIONS

<b>Date</b>		<b>Number of analysis</b>	
<b>Referral valid until</b>		<b>6 months</b>	
CITO:			

<b>PATIENT</b>	Gender: Woman <input type="checkbox"/> Man <input type="checkbox"/>	Date of birth (dd.mm.yyyy.):
	Name, Surname	Identification Number: _____ - _____
	Address:	Phone:
	E-mail: _____	
	Signature: _____	
	* with my signature, I confirm acceptance to genetic testing * with my signature, I confirm acceptance that encrypted results of the testing will be sent to my e-mail	
	Basic Dg code _____	Near Dg code _____
Pregnancy _____ week		
Material:		
blood _____, _____	tissue _____, _____	
DNA _____, _____	other _____, _____	
<b>SENDER</b>	Doctor:	Specialty code or the title:
	ID:	
	Authority:	Phone, e-mail, where to report:

## MATERIAL

A - blood B - buccal epithelium C - FFPE or fresh tissue D - missed abortion material and mother blood

No.	Genetic Testing	Material	Price, €
1.	Karyotyping	A	200
2.	Molecular Diagnosis of Trombophilia	A/B	100
3.	Non-invasive determination of fetal Rhesus factor	A	168
4.	Molecular Testing of the AZF region of the Y chromosome	A/B	200
5.	PAI determination	A/B	80
6.	Determination of the RHD gene zygosity status	A/B	110
7.	Testing for the Fragile X chromosome syndrome	A/B	285
8.	Determination of the most common two CFTR gene mutations that causes cystic fibrosis	A/B	85
9.	CFTR mutation panel (determination of 68 mutations)	A/B	260
10.	FSH/LHC GR	A/B	90
11.	HLA typing	A	250

Notes:

No.	Genetic Testing	Material	Price, €	No.	Genetic Testing	Material	Price, €
12.	DNA contamination test	A	110	24.	Exome – Reanalysis – Hereditary recessive disease panel	-	160
13.	KIR typing	A	280	25.	Exome – Reanalysis – Most common hereditary cancer gene panel: 33 genes	-	160
14.	Sequencing (1 reaction)	A/B	200	26.	Exome – Reanalysis – Genetic predisposition of embryonic development abnormalities	-	160
15.	Sequencing (1 reaction for 2 samples)	A/B	221	27.	Exome – Reanalysis – The Early Menopause Panel	-	160
16.	Non-invasive prenatal testing (NIPT)	A	315	28.	Exome – Reanalysis – Disorders of Spermatogenesis Panel	-	160
17.	Non-invasive prenatal testing (NIPT+)	A	400	29.	Skin Diagnostic DNA Test	A/B	160
18.	Molecular testing of the CYP21A2 gene (congenital adrenal hyperplasia)	A	495	30.	Metabolism DNA Test	A/B	160
19.	Exome – Hereditary recessive disease panel	A	650	31.	Vitamins metabolism DNA Test	A/B	160
20.	Exome – Most common hereditary cancer gene panel: 33 genes	A	650	32.	Sports achievements DNA test	A/B	160
21.	Exome – Genetic predisposition of embryonic development abnormalities	A	650	33.	Mentality (way of thinking) DNA test	A/B	160
22.	Exome –The Early Menopause Panel	A	650	34.	Determination of BRCA1 and BRCA2 hereditary mutations	A/B	200
23.	Exome –Disorders of Spermatogenesis Panel	A	650				

**Notes:**

No.	Performed after prior agreement	Material	Price, €	No.	Performed after prior agreement	Material	Price, €
35.	Determination of the 3 most common mutations that cause hereditary hemochromatosis	A/B	200	40.	Genetic testing for celiac disease	A/B	126
36.	Determination of Alpha 1-antitrypsine mutations (Z and S)	A/B	200	41.	Lactose intolerance test	A/B	200
37.	Determination of resistance against HIV-1 infection	A/B	95	42.	Determination of large BRCA1/BRCA2 deletions/ insertions with MLPA	A/B	420
38.	Spinal muscular atrophy (SMA) carrier testing with MLPA (1 patient)	A	285	43.	Hereditary cancer NGS panel (111 genes)	A/B	1310
39.	SMA carrier testing with MLPA (pair)	A	325	44.	Superior Onko	C	905

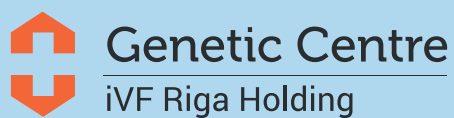
No.	Missed abortion	Material	Price, €
45.	Genetic testing of missed abortion material	D	330
46.	Genetic testing of missed abortion material from paraffin blocks	C	370

Spontaneously terminated pregnancy date and place:

Pregnancy week:	How pregnancy was terminated: Medication <input type="checkbox"/> Instrumental <input type="checkbox"/>
Number of missed abortion (including current):	Number of pregnancies:      Number of births:
Infection investigations    Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of sample:    Chorion <input type="checkbox"/> Paraffin block <input type="checkbox"/>

Completed by the laboratory	
Sample identification number	Date and time of sample registration in the laboratory
The sample meets the criteria    Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Notes:**



## GENETIC CENTER iVF RIGA

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