CENTOGENE
THE RARE DISEASE COMPANY

Promo Code ›
(if applicable) _____

Biochemical and Biomarker Testing

› Patient information

Surname .....

First Name .....

Date of Birth MM DD YYYY

Sex ☐ Male ☐ Female

Street .....

Zip Code / Town .....

Country .....

Your Reference Number .....

Sample Collection Date MM DD YYYY

› Biomarker Testing only

☐ Gaucher disease ☐ Fabry disease

☐ Faber disease ☐ Niemann-Pick disease

For patients under enzyme replacement therapy (ERT) please specify the ERT:

Name of enzyme replacements:

.....

.....

Start of ERT: MM DD YYYY

Dosage: .....

› Physician or laboratory (Reporting Address)

Name of Physician .....

Clinic .....

Department .....

Street .....

Zip Code / Town .....

Country .....

Telephone ..... Fax .....

E-Mail .....

› Additional report recipient

Name of Physician .....

Clinic .....

Department .....

Street .....

Zip Code / Town .....

Country .....

Telephone ..... Fax .....

E-Mail .....

› Billing

CENTOGENE Quotation No. .....

Invoice to ☐ Patient ☐ Clinic/Insurance

Please attach Authorization/Referral

Name .....

Department .....

Street .....

ZIP Code/Town .....

Country .....

Phone ..... Fax .....

E-Mail .....

› In Case of Direct Billing to the Patient

I authorize the physician to request this analysis/these analyses and I am informed about the resulting costs (and possibly applicable German 19% VAT). I herewith undertake to be liable for the payment of any invoice related to this diagnostics and I declare that the address given above is the correct billing address.

Place, Date _____

Signature of Patient/Guardian ✗ _____

Minimum Sample Requirements

Purified **DNA** (2 µg with min. 50ng/µl)
EDTA Blood (1 ml)
CentoCard® (1pc, 10 fully saturated dried blood spots)

I confirm that I have the patient`s signature on file for all of the issues mentioned above and that I am aware that the patient can request us to have his/her results eliminated at any time and that I shall convey this request to CENTOGENE.

Place, Date .....

Signature of Physician ✗ .....

CENTOGENE AG
Am Strande 7
18055 Rostock, Germany

Contact Details
Phone: +49 (0) 381 80 113 - 416
Fax: +49 (0) 381 80 113 - 401
customer.support@centogene.com
www.centogene.com

› The Terms & Conditions of CENTOGENE AG, which are available on www.centogene.com, apply to your order. Your specific order will be invoiced at the specific prices as listed on www.centogene.com at the time of receipt of your order.

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› Biochemical genetics panel

Please select panel to test

Enzyme Panel = analysis of all enzyme activities within the panel
Enzyme Panel X-TRA = analysis of all enzyme activities within the panel
+ sequencing/CNVs of implicated gene(s) in event of pathological findings in any enzyme activity

✓	PANEL	12 ENZYMES	
☐	**CentoSphingo Enzyme Panel**	Acidic sphingomyelinase Beta-glucocerebrosidase Chitotriosidase Alpha-galactosidase Acidic alpha-glucosidase Beta-hexosaminidase	Hexosaminidase AB Alpha-N-acetylgalactosaminidase Acid lipase Alpha-mannosidase Beta-mannosidase Alpha-fucosidase
☐	**CentoSphingo Enzyme Panel X-TRA**		

✓	PANEL	2 ENZYMES
☐	**CentoNCL Enzyme Panel**	Palmitoyl-protein thioesterase Tripeptidyl peptidase
☐	**CentoNCL Enzyme Panel X-TRA**	

✓	PANEL	8 ENZYMES	
☐	**CentoMPS Enzyme Panel**	Alpha-L-iduronidase Iduronate-2-sulfatase N-acetyl-alpha-glucosaminidase N-acetylgalatosamine-6-sulfate-sulfatase	Beta-galactosidase Arylsulfatase B Beta-glucuronidase Alpha-mannosidase
☐	**CentoMPS Enzyme Panel X-TRA**		

✓	PANEL	21 ENZYMES	
☐	**CentoLSD Enzyme Panel**	Acidic sphingomyelinase Beta-glucocerebrosidase Chitotriosidase Alpha-galactosidase Acidic alpha-glucosidase Beta-hexosaminidase Hexosaminidase AB Alpha-N-acetylgalactosaminidase Acid lipase Alpha-mannosidase Beta-mannosidase	Alpha-fucosidase Alpha-L-iduronidase Iduronate-2-sulfatase N-acetyl-alpha-glucosaminidase N-acetylgalatosamine-6-sulfate-sulfatase Beta-galactosidase Arylsulfatase B Beta-glucuronidase Palmitoyl-protein thioesterase Tripeptidyl peptidase
☐	**CentoLSD Enzyme Panel X-TRA**		

› Biomarker Testing

Please select biomarker to test

✓	BIOMARKER	DISEASE
☐	C26 Ceramide (cis-C26 Cer)	Farber disease
☐	Glucosylsphingosine (lyso-Gb1)	Gaucher disease
☐	Lyso-Ceramide trihexoside (lyso-Gb3)	Fabry disease
☐	Lyso-SM509	Niemann-Pick disease type A/B/C

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› Biochemical Testing

Please select the enzymatic activity(ies) to test according to left column

✓	ENZYME	DISEASE	GENE
☐	Acid lipase	Wolman disease, Cholesteryl ester storage diseas	LIPA
☐	Acidic alpha-glucosidase	Pompe disease	GAA
☐	Acidic sphingomyelinase	Niemann-Pick Type A/B disease	SMPD1
☐	Alpha-fucosidase	Alpha-fucosidase deficiency	FUCA1
☐	Alpha-galactosidase	Fabry disease	GLA
☐	Alpha-L-iduronidase	Hurler disease, MPS I	IDUA
☐	Alpha-mannosidase	Alpha-mannosidase deficiency	MAN2B1
☐	Alpha-N-acetylgalactosaminidase	Schindler/Kanzaki disease	NAGA
☐	Arylsulfatase A	Metachromatic leukodystrophy (MLD)	ARSA
☐	Arylsulfatase B	Maroteaux-Lamy syndrome, MPS VI	ARSB
☐	Beta-galactosidase	Morquio disease, MPS IVB	GLB1
☐	Beta-glucocerebrosidase	Gaucher disease	GBA
☐	Beta-glucuronidase	Sly syndrome, MPS VII	GUSB
☐	Beta-hexosaminidase	Tay-Sachs disease	HEXA
☐	Beta-mannosidase	Beta-mannosidase deficiency	MANBA
☐	Chitotriosidase	Gaucher disease (unspecific)	-
☐	Galactocerebrosidase	Krabbe disease	GALC
☐	Hexosaminidase AB	Sandhoff disease	HEXB
☐	Iduronate-2-sulfatase	Hunter disease, MPS II	IDS
☐	N-acetylgalatosamine-6-sulfate-sulfatase	Morquio disease, MPS IVA	GALNS
☐	N-acetyl-alpha-glucosaminidase	Sanfilippo syndrome, MPS IIIB	NAGLU
☐	Palmitoyl-protein thioesterase	Batten disease type 1, Neuronal ceroid lipofuscinosis type1, NCL1, Infantile NCL, Santavuori-Haltia disease	PPT1
☐	Tripeptidyl peptidase	Batten disease type 2, Neuronal ceroid lipofuscinosis type2, NCL2, Late infantile NCL, Jansky-Bielschowsky disease	TPP1
☐	Combined N-acetylgalatosamine-6-sulfate-sulfatase and beta-galactosidase	Morquio disease IVA, MPS IVA and Morquio disease IVB, MPS IVB	GALNS, GLB1

› Patient Clinical Information/Familial Mutations Information (Pedigree)

Please use a separate sheet of paper if necessary

Minimum sample requirements: General: ≥ 2 ml EDTA blood or ≥ 1 Filtercard (CentoCard®)
For arylsulfatase A and beta-glucosidase from leucocytes:
≥ 5ml ETDA blood

CLIA #99D2049715
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