

## REQUEST FORM Congenital Disorders of Glycosylation (CDG)

### Radboudumc

Laboratory for Diagnostics  
Internal Post 815  
PO Box 9101  
6500 HB Nijmegen  
The Netherlands

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www.radboudumc.nl/laboratoriumvoordiagnostiek

### Translational Metabolic Laboratory

### Patient

Family name: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Middle name: \_\_\_\_\_  
 Date of Birth: DD / MM / YYYY Patient deceased:  Yes, date \_\_\_\_\_  
 Gender: M / F  
 Your reference (MRN): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 ZIP code and City: \_\_\_\_\_

### Referring physician

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Hospital: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Specialty: \_\_\_\_\_ Email: \_\_\_\_\_  
 Department: \_\_\_\_\_ CC result to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Billing address: \_\_\_\_\_

### Requested investigations

**Attention! Please provide clinical data below on page 1**

#### CDG screening

- Transferrin mass spectrometry  
 Previous results: Not yet done / Type I / Type II  
 Apo CIII isofocusing  
 Urine oligosaccharides (e.g. MOGS-CDG, NGLY1-CDG)

#### CDG subtype determination

- Enzyme analysis (PMM, PMI, PGM)  
 N-glycan mass spectrometry  
 Exome sequencing – CDG/Metabolic panel  
 Targeted gene sequencing [Gene]: \_\_\_\_\_

- Patient does not give permission for long-term storage for any additional diagnostic or research of this body material at a later date (code 1010)

### Specimen

- |   |                      |                      |
|---|----------------------|----------------------|
| <input type="checkbox"/> Skin / fibroblasts | Date collected _____ |                      |
| <input type="checkbox"/> Heparin plasma     | Date collected _____ | Time collected _____ |
| <input type="checkbox"/> DNA                | Date collected _____ |                      |
| <input type="checkbox"/> Other: _____       | Date collected _____ | Time collected _____ |

### Specification of clinical data

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### To be filled out by lab employee:

Date received: \_\_\_\_\_  
 Reception time: \_\_\_\_\_  
 Signature employee: \_\_\_\_\_

## Instructions for sample shipment

### Shipment of fibroblast cell cultures (see also our [protocol](#)):

When sending a growing fibroblast culture, please completely fill the tube or flask with cell culture medium, and seal the tube/flask by applying Parafilm® around the cap. Please provide us with the passage number, the type of culture medium in which cells were grown, and the antibiotics or fungistats used during cell culture. Cell lines should be free of any infection and should be tested for mycoplasma (e.g. T.R. Chen (1977) in Situ Detection of Mycoplasma Contamination in Cell Cultures by Fluorescent Hoechst 33258 Stain”Exp. Cell Res. 104:255-262).

Please make sure that the sample is protected against damage and against large changes in temperature during transportation. Indicate on the package: **Handle with care; keep at room temperature.**

If a courier shipment is used, please inform us by phone (+31-24-3614410) or mail ([weefselkweek-tml.labgk@radboudumc.nl](mailto:weefselkweek-tml.labgk@radboudumc.nl)), indicating the waybill number and the name of the courier, for tracking the shipment.

Please make sure that custom forms are filled out properly. It should state: The contents are human cell cultures (or biopsy) for diagnosis (or research, or both), they are non-infectious, have NO commercial value, and will not be used in association with animals. The specimens present no biohazards.

### Precautions:

- o Keep at room temperature.
- o Do not expose to X-rays.
- o This parcel may be opened for inspection, but the individual vial should not be opened or the specimen may be disturbed.
- o Courier waybills should state a maximum value for the cells of \$ 10,-- U.S.; also indicate that any customs, duties and taxes will be prepaid with the shipping.

### Plasma:

At room temperature if received within 2-3 days by courier service. Otherwise send frozen.

### Samples should be send to:

Radboudumc  
Laboratory for Diagnostics  
Internal Post 815  
PO Box 9101  
6500 HB Nijmegen  
The Netherlands

### Contact:

E-mail: [Dirk.Lefeber@radboudumc.nl](mailto:Dirk.Lefeber@radboudumc.nl); Fax: +31 24 366 8754; Phone: +31 24 361 4567