



CYTOGENETIC/MOLECULAR CYTOGENETIC TESTS	SAMPLE TYPE	MOLECULAR MICROBIOLOGY TESTS	SAMPLE TYPE
<input type="checkbox"/> Chromosome Analysis	Blood <sup>Heparin</sup>	<input type="checkbox"/> Ureaplasma Parvum DNA PCR	Swap, Urogenital Discharge, Biopsy
<input type="checkbox"/> Chromosome Analysis	Cord Blood <sup>Heparin</sup>	<input type="checkbox"/> Ureaplasma Urealyticum DNA PCR	Swap, Urogenital Discharge, Biopsy
<input type="checkbox"/> Chromosome Analysis	Abort Material	<input type="checkbox"/> Varicella Zoster Virus (VZV) DNA PCR	A.F., BOS, Serum, Blood <sup>EDTA</sup>
<input type="checkbox"/> Chromosome Analysis	Amniotic Fluid	STD PANEL (There must be at least 2 dry swap samples upon request.)	SAMPLE TYPE
<input type="checkbox"/> Chromosome Analysis	CVS	<input type="checkbox"/> Chlamydia Trachomatis DNA PCR	Swap, Urogenital Discharge, Biopsy
<input type="checkbox"/> Rapid Aneuploidy FISH (Chromosomes 13, 18, 21, X and Y)	A.F., CVS, Abort, Blood <sup>HEP</sup>	<input type="checkbox"/> Gardnerella Vaginalis DNA PCR	Swap, Urogenital Discharge, Biopsy
<input type="checkbox"/> Array CGH	A.F., CVS, Abort, Blood <sup>EDTA</sup>	<input type="checkbox"/> HSV Type 1, 2 DNA PCR	Swap, Urogenital Discharge, Biopsy
<input type="checkbox"/> Maternal Contamination	Blood <sup>EDTA</sup>	<input type="checkbox"/> Mycoplasma Genitalium DNA PCR	Swap, Urogenital Discharge, Biopsy
» In order to exclude maternal contamination, maternal blood should be sent along with the prenatal sample.		<input type="checkbox"/> Mycoplasma Hominis DNA PCR	Swap, Urogenital Discharge, Biopsy
<b>PRENATAL MOLECULAR DIAGNOSTIC TESTS</b>		<input type="checkbox"/> Neisseria Gonorrhoeae DNA PCR	Swap, Urogenital Discharge, Biopsy
<input type="checkbox"/> Achondroplasia - FGFR3 (G1138A/C) Mutation Analysis	A.F., CVS, Cord Blood <sup>EDTA</sup>	<input type="checkbox"/> Ureaplasma Parvum DNA PCR	Swap, Urogenital Discharge, Biopsy
<input type="checkbox"/> Beta Thalassemia (Known Mutation)	A.F., CVS, Cord Blood <sup>EDTA</sup>	<input type="checkbox"/> Ureaplasma Urealyticum DNA PCR	Swap, Urogenital Discharge, Biopsy
<input type="checkbox"/> DMD/BMD Deletion /Duplication Analysis	A.F., CVS, Cord Blood <sup>EDTA</sup>	<input type="checkbox"/> Trichomonas Vaginalis DNA PCR	Swap, Urogenital Discharge, Biopsy
<input type="checkbox"/> Phenylketonuria Genetic Analysis (Known Mutation)	A.F., CVS, Cord Blood <sup>EDTA</sup>	<b>INFERTILITY PANEL</b>	SAMPLE TYPE
<input type="checkbox"/> Cystic Fibrosis Full Gene Sequence Analysis	A.F., CVS, Cord Blood <sup>EDTA</sup>	<input type="checkbox"/> Chromosome Analysis (Male & Female)	Blood <sup>Heparin</sup>
<input type="checkbox"/> SMA Deletion Analysis (Known Mutation)	A.F., CVS, Cord Blood <sup>EDTA</sup>	<input type="checkbox"/> Y Chromosome Microdeletion Analysis (Male)	Blood <sup>EDTA</sup>
<input type="checkbox"/> Array CGH	A.F., CVS, Cord Blood <sup>EDTA</sup>	<input type="checkbox"/> Cystic Fibrosis Gene Analysis (Including 5T Variant)	Blood <sup>EDTA</sup>
<input type="checkbox"/> Maternal Contamination	Blood <sup>EDTA</sup>	<b>CARDIOVASCULAR RISK TESTS</b>	SAMPLE TYPE
<input type="checkbox"/> _____ (Known Mutation Analysis)	A.F., CVS, Cord Blood <sup>EDTA</sup>	<input type="checkbox"/> Factor V Leiden G1691A Mutation Analysis	Blood <sup>EDTA</sup>
» In cases where there is no index in molecular tests for prenatal diagnosis or there is no index case, carrier tests of parents must be completed.		<input type="checkbox"/> Prothrombin G20210A Mutation Analysis	Blood <sup>EDTA</sup>
<b>HABITUAL ABORTION PANEL</b>		<input type="checkbox"/> MTHFR C677T Mutation Analysis	Blood <sup>EDTA</sup>
<input type="checkbox"/> Chromosome Analysis	Abort Material	<input type="checkbox"/> MTHFR A1298C Mutation Analysis	Blood <sup>EDTA</sup>
<input type="checkbox"/> Chromosome Analysis (Spouses)	Blood <sup>Heparin</sup>	<input type="checkbox"/> PAI 4G/5G Mutation Analysis	Blood <sup>EDTA</sup>
<b>THROMBOPHIA PANEL (FEMALE)</b>		<input type="checkbox"/> Factor XIII V34L Mutation Analysis	Blood <sup>EDTA</sup>
<input type="checkbox"/> Factor V Leiden G1691A Mutation Analysis	Blood <sup>EDTA</sup>	<input type="checkbox"/> Beta Fibrinogen-455 G>A Mutation Analysis	Blood <sup>EDTA</sup>
<input type="checkbox"/> Prothrombin G20210A Mutation Analysis	Blood <sup>EDTA</sup>	<input type="checkbox"/> APO B R3500Q Mutation Analysis	Blood <sup>EDTA</sup>
<input type="checkbox"/> MTHFR C677T Mutation Analysis	Blood <sup>EDTA</sup>	<input type="checkbox"/> Factor V H1299R Mutation Analysis	Blood <sup>EDTA</sup>
<input type="checkbox"/> MTHFR A1298C Mutation Analysis	Blood <sup>EDTA</sup>	<input type="checkbox"/> APO-E Genotyping (E2, E3, E4)	Blood <sup>EDTA</sup>
<input type="checkbox"/> PAI 4G/5G Mutation Analysis	Blood <sup>EDTA</sup>	<input type="checkbox"/> ACE I/D Genotyping	Blood <sup>EDTA</sup>
<input type="checkbox"/> Factor V H1299R Mutation Analysis	Blood <sup>EDTA</sup>	<input type="checkbox"/> HPA-1 a/b Genotyping	Blood <sup>EDTA</sup>
<b>SUBCLINIC INFECTIONS (FEMALE)</b>		<b>MOLECULAR GENETIC TESTS</b>	SAMPLE TYPE
<input type="checkbox"/> Chlamydia Trachomatis DNA PCR	Urine, Swap, Thin Prep	<input type="checkbox"/> Androgen Receptor-AR Whole Gene Sequence Analysis	Blood <sup>EDTA</sup>
<input type="checkbox"/> CMV DNA PCR Quantitative	A.F., CSF, Urine, Kan <sup>EDTA</sup>	<input type="checkbox"/> Fragile X Syndrome-FMRI CGG Repeat Genetic Analysis	Blood <sup>EDTA</sup>
<input type="checkbox"/> Mycoplasma Genitalium DNA PCR	Urine, Swap, Thin Prep	<input type="checkbox"/> Spinal Muscular Atrophy Carrier Test (SMNI Deletion/Duplication Analysis)	Blood <sup>EDTA</sup>
<input type="checkbox"/> Ureaplasma Urealyticum DNA PCR	Urine, Swap, Thin Prep	<input type="checkbox"/> Male Infertility Panel - 63 Genes (NGS)	Blood <sup>EDTA</sup>
<b>URETHRITE PANEL (MALE)</b>		<input type="checkbox"/> Female Infertility Panel - 44 Genes (NGS)	Blood <sup>EDTA</sup>
<input type="checkbox"/> Chlamydia Trachomatis DNA PCR	Urine, Swap, Thin Prep	<input type="checkbox"/> Cystic Fibrosis 5T Variant Analysis - CFTR [IVS8 (5T)]	Blood <sup>EDTA</sup>
<input type="checkbox"/> Mycoplasma Genitalium DNA PCR	Urine, Swap, Thin Prep	<input type="checkbox"/> Cystic Fibrosis Full Gene Sequence Analysis	Blood <sup>EDTA</sup>
<input type="checkbox"/> Neisseria Gonorrhoeae DNA PCR	Urine, Swap, Thin Prep	<input type="checkbox"/> IVF DNA Profile Analysis (ID Required)	Blood <sup>EDTA</sup>
<input type="checkbox"/> Ureaplasma Urealyticum DNA PCR	Urine, Swap, Thin Prep	<input type="checkbox"/> Thyroid Hormone Resistance-THRB Full Gene Sequence Analysis	Blood <sup>EDTA</sup>
<b>ARRAY CGH PANEL</b>		<input type="checkbox"/> Y Chromosome Microdeletion Analysis (25 Sub-Loci)	Blood <sup>EDTA</sup>
<input type="checkbox"/> Chromosome Analysis	Abort Material	<input type="checkbox"/> BRCA1, BRCA2 Full Gene Sequence Analysis	Blood <sup>EDTA</sup>
<input type="checkbox"/> Array CGH	Abort Material	<input type="checkbox"/> DMD/BMD Deletion/Duplication Analysis	Blood <sup>EDTA</sup>
<input type="checkbox"/> Maternal Contamination	Blood <sup>EDTA</sup>	<input type="checkbox"/> Genetic Carrier Test	Blood <sup>EDTA</sup>
<b>MOLECULAR MICROBIOLOGY TESTS</b>		<input type="checkbox"/> Cancer Genetics Panel - 94 Genes (NGS)	Blood <sup>EDTA</sup>
<input type="checkbox"/> Chlamydia Trachomatis DNA PCR	Urine, Swap, Thin Prep	<input type="checkbox"/> Breast-Ovarian Cancer Comprehensive Panel - 23 Genes (NGS)	Blood <sup>EDTA</sup>
<input type="checkbox"/> CMV DNA PCR Quantitative	A.F., CSF, Urine, Blood <sup>EDTA</sup>	<input type="checkbox"/> Non Invasive Prenatal Test ( <input type="checkbox"/> Basic Panel / <input type="checkbox"/> Comprehensive Panel)	Special Tube
<input type="checkbox"/> HBV DNA PCR Quantitative	Serum	<input type="checkbox"/> Sequencing Panel for Premature Ovarian Failure-12 Gene (NGS)	Blood <sup>EDTA</sup>
<input type="checkbox"/> HCV RNA PCR KQuantitative	Serum	<input type="checkbox"/> Clinical Exome Sequence Analysis	Blood <sup>EDTA</sup>
<input type="checkbox"/> HHV-6 DNA PCR	Serum, CSF, Blood <sup>EDTA</sup>	<input type="checkbox"/> Whole Exome Sequence Analysis (WES) (Please request a detailed consent form)	Blood <sup>EDTA</sup>
<input type="checkbox"/> HIV 1 RNA PCR Quantitative	Serum, Blood <sup>EDTA</sup>	<input type="checkbox"/> Trio Exome Sequence Analysis (TRIO WES) (Please request a detailed consent form)	Blood <sup>EDTA</sup>
<input type="checkbox"/> HPV DNA PCR	Swap, Thin Prep, Biopsy	» In cytogenetic studies, due to the nature of the test, living cells must be obtained, and the samples must be delivered to our laboratory maximum within 48 hours under appropriate storage and transport conditions.	
<input type="checkbox"/> HPV DNA Genotyping (>100 Genotypes)	Swap, Thin Prep, Biopsy	» The rate of non-growth in tissue cultures prepared from discharge material is between 10-60%. Changeable. (Ref: European Journal of Human Genetics (2001) 9, 539-547)	
<input type="checkbox"/> HSV Type 1 DNA PCR	CSF, Serum, Swap, Blood <sup>EDTA</sup>	» For abortion samples, sending the entire sample increases the risk of possible contamination of the sample with the infectious factor, so it is more appropriate to send a piece of 1 cm3 depth.	
<input type="checkbox"/> HSV Type 2 DNA PCR	CSF, Serum, Swap, Blood <sup>EDTA</sup>	» The abortion sample taken should be placed in transport medium or sterile container-saline, it should never be treated with formol/alcohol.	
<input type="checkbox"/> Mycoplasma Genitalium DNA PCR	Urine, Swap, Thin Prep	The tests performed in our laboratory are controlled by external quality control programs [QCMD, MOTAKK, CEQAS, EMQN] in the fields of molecular microbiology, molecular cytogenetics and molecular genetics.	
<input type="checkbox"/> Mycoplasma Hominis DNA PCR	Urine, Swap, Thin Prep		
<input type="checkbox"/> Neisseria Gonorrhoeae DNA PCR	Urine, Swap, Thin Prep		
<input type="checkbox"/> Rubella RNA PCR	Amniotic Fluid, Blood <sup>EDTA</sup>		
<input type="checkbox"/> TBC DNA PCR	Urine, BAL, Sputum, CSF		
<input type="checkbox"/> Toxoplasma Gondii DNA PCR	A.F., CSF, Blood <sup>EDTA</sup>		
<input type="checkbox"/> Trichomonas Vaginalis DNA PCR	Swap, Thin Prep		
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