



GENDIA

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REQUEST FOR MEMBERSHIP TO GENDIA NETWORK

If your lab wants to become a REFERRAL LAB in the GENDIA network,
please fill out the request below.

REFERRAL LAB

Name Lab		
University / Private		
Address		
	Street / Number	
	City / Code	
	Country	
Contact Person		
	Name	
	Phone	
	Fax	
	E-mail	
Director		
	Name	
	E-mail	
Lab Accreditation		
Bank Account		
Names of Clinical Geneticists		
Amount of DNA Tests Performed per Year		
Amount of Tests per Year you intend to forward to GENDIA		