



GENDIA
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REQUEST FOR MEMBERSHIP TO GENDIA NETWORK

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

CONSORTIUM 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	
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Amount of DNA Tests Performed per Year	
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Amount of Tests per Year you intend to forward to GENDIA	
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PROPOSAL FOR NEW TESTS IN TEST LAB

	GENE	DISEASE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

PROPOSAL FOR NEW TESTS IN GENDIA NETWORK

	GENE	DISEASE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		