

Erasme Hospital

Laboratory of Molecular Genetics
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Request form for screening of MEFV in familial mediterranean fever OR TNFRSF1A in familial hibernian fever

This completed request form has to be joined with the blood (or DNA) sample for screening of MEFV or TNFRSF1A or to be sent to the secretary office of the Molecular Genetics department (FAX : 02/555.42.12).

Email address : crydlews@ulb.ac.be

Patient Information

Name :

Firstname :

Date of Birth (dd/mm/yyyy):.....

Our Laboratory reference :

Patient's ethnic origin :

Referring doctor :

Suspected fever : **Familial mediterranean fever (FMF)**

Familial hibernian fever (TRAPS)

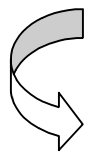
Reason of the request : **Diagnosis confirmation**

Carrier testing

Clinical Data**Diagnosis confirmation :**

Are others family members affected ? Are the parents consanguineous ?

Fever



Numbers of febrile attacks (/per year) : ?

Duration of febrile attacks : ?

Body temperature (°C) : ?

Abdominal pain chest pain vomiting serositis arthralgia myalgia amyloidosis

Rash urticarial conjunctivitis diarrhea peritonitis others :

Is the patient treated with colchicine? If yes, which is her(his) response to this treatment ?

Carrier testing :

Identification of the proband (affected patient) :

MEFV mutation identified for the proband (affected patient) :

Family link with the proband (affected patient) :