



## LETTER OF ACCEPTANCE

2 weeks/60 hrs of medical genetics practice

Name of the student:.....

Period of practice:.....

Number of weeks: .....

Name of the hospital/clinic:.....

Address of the hospital/clinic: .....

Medical school/university the hospital is affiliated with: .....

.....

Contact person : .....

Phone number: .....

E-mail address: .....

The above-named 6th year student is accepted to perform his/her compulsory practice at our institution for the period mentioned above. He/She is entitled to complete the tasks listed on page 2 of this form.

Date:.....

Signature:.....

Stamp



## MEDICAL GENETICS PRACTICE

### **TASKS:**

Genetics in medicine. Laboratory testing methods in the clinical practice. Genetic counselling.

Chromosome anomalies in clinical practice

Prenatal genetic screening and diagnostics

Genetherapy

Multifactorial inheritance. Genetic background of complex diseases

Cytogenetic methods

Teratogenesis

Dysmorphology

Dominant and recessive pattern of inheritance in clinical praxis

Cancer genetics and genomics

Pharmacogenetics, pharmacogenomics