

### General Information

<b>Patient</b> Surname: _____ First name: _____ Date of birth: _____ Sex: <input type="checkbox"/> male <input type="checkbox"/> female <b>Material</b> <input type="checkbox"/> Blood ____ ml (min. 3 ml EDTA-blood) <input type="checkbox"/> Dried blood spot cards (at least 10 spots) <input type="checkbox"/> DNA ____ µg (min. 5 µg DNA, concentr. ≥ 50 ng/µl) DNA-No.: _____ <input type="checkbox"/> Other specimen _____ External ID: _____ Date of sample collection: _____ <small>Samples can be sent by mail in a cardboard box or air cushion envelope. Samples should not be exposed to direct sunlight. Dried blood spot cards can be ordered for free (info@cegat.com).</small>	<b>Sender / Clinic</b> Surname: _____ First name: _____ Institution: _____ Street: _____ Postcode/City: _____ Country: _____ Phone: _____ Email: _____ <small>If applicable, please include a VAT number or a copy of your business registration certificate.</small> VAT: _____ <b>Invoice</b> <input type="checkbox"/> to patient <input type="checkbox"/> to sender / clinic
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### Declaration of consent

By signing this form, I declare that I have received comprehensive information about the genetic background related to the disease in question as well as the possibilities and limitations of molecular genetic testing. I understand that I have the right to withdraw my consent to genetic analyses.

I have been informed, and agree, that the data obtained in the analysis will be recorded, evaluated, or stored in an anonymized form in scientific databases, and further, in accordance with data protection and medical confidentiality, that the request, or parts thereof, may be transmitted to a specialized cooperating laboratory. I have been informed, and agree, that all data collected by CeGaT GmbH is electronically stored, processed, and used. I also consent to the data being transmitted electronically (e.g. by e-mail or fax).

If you do not check these boxes, your answer will be recorded as "No".

I consent to the storage of my genetic material for additional tests and/or quality control (for max. 10 years).  Yes  No

I consent to the storage of my test results beyond the timespan of 10 years (as required by German law).  Yes  No

I consent to the anonymous storage and use of surplus genetic material and/or test results for scientific research.  Yes  No

In certain cases, medical findings occur that are not connected to the inquiry. About these findings,

I do not want to be informed  I definitely want to be informed

I only want to be informed when opportunities for treatment could be developed for me or my relatives

This declaration of consent can be completely or partially withdrawn at any time. I have had sufficient time to consider giving my consent.

\_\_\_\_\_  
Patient / Legal Guardian (Block letters)

\_\_\_\_\_  
Doctor (Surname, First name)

**X** \_\_\_\_\_  
Patient / Legal Guardian (Date, Signature)

**X** \_\_\_\_\_  
Doctor (Date, Signature)

### Contact

To discuss the diagnostic strategy please do not hesitate to contact us.  
Phone: +49 7071 56544-55  
Email: diagnostic-support@cegat.de



CeGaT is accredited by DAkks according to DIN EN ISO 15189:2014, by the College of American Pathologists (CAP) and CLIA.



Doctor's stamp / Barcode

Indication

Indication / Suspected Diagnosis:

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Clinical Major Symptoms:

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Preliminary genetic diagnostics:

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Transplants (bone marrow, tissue, stem cells)  No  Yes, (please specify) \_\_\_\_\_

Please include a copy of all existing reports of your patient.

**Pedigree**

Consanguinity:  Yes  No Ethnic origin: \_\_\_\_\_

- index patient
- not affected
- affected
- known carrier
- deceased
- unrelated parents
- consanguine parents
- unborn child
- abortion, stillborn child
- person of unknown sex
- identical twins (monozygous)
- fraternal twins (dizygous)

**Additional comments**

**For further information and advice please do not hesitate to contact our Diagnostic Support team.**

**www.cegat.de/en/diagnostic-support · diagnostic-support@cegat.de · Phone +49 7071 565 44-55**