

BRCA1 & BRCA2 before Olaparib therapy

General Information

Patient Surname: _____ First name: _____ Date of birth: _____ Sex: <input type="checkbox"/> male <input type="checkbox"/> female Transplants (bone marrow, tissue, stem cells) <input type="checkbox"/> No <input type="checkbox"/> Yes, (please specify) _____ Material ▶ See following page 2 Invoice <input type="checkbox"/> to patient <input type="checkbox"/> to sender / clinic <input type="checkbox"/> other; please specify: _____	Sender / Clinic Surname: _____ First name: _____ Institution: _____ Street: _____ ZIP/City: _____ Country: _____ Phone: _____ Email: _____ If applicable, please include a VAT number or a copy of your business registration certificate. VAT: _____
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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 anonymised 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 specialised 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".

In addition, I agree that the test material is forwarded to the Institute of Pathology of the University Hospital of Tübingen for the isolation of tumor DNA.

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. On 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 representative (Block letters)

Doctor (Block letters)

X _____
Patient / legal representative (Date, Signature)

X _____
Doctor (Date, Signature)

Doctor's stamp / Barcode

Contact

To discuss the diagnostic strategy
please do not hesitate to contact us.
Phone: +49 7071 565 44 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.

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Indication

For targeted and effective processing, please complete the medical history form with as much detail as possible and include a copy of all existing reports.

Family anamnesis

- The patient has breast cancer additionally.
- Other relatives have/had breast or ovarian cancer. (Please mark in the pedigree chart)
- Other tumor syndromes appeared in the family. (Please mark in the pedigree chart)

Indication / Suspected diagnosis

Pedigree

- 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)

For a better description and illustration of the suspected family history, CeGaT offers a free Pedigree Chart Designer (PCD). You can find the PCD on our website or <http://pedigree.cegat.de>.

Material (tumor tissue)

- FFPE (Formalin-Fixed, Paraffin-Embedded)
Block number (FFPE): _____
- frozen

Material (normal tissue)

- Blood _____ ml (min. 5-10 ml EDTA-blood)
- Dried blood spot cards (10 spots per patient)
- DNA _____ µg (5 µg DNA, concentr. ≥ 50ng/µl) DNA-No: _____

Details of the tumor tissue

Tissue: _____ Course of disease, previous therapy: _____

Tumorstage: _____

Date of tumor resection: _____

The submitted material is:

- a primary tumor
- a metastasis; details of primary tumor: _____

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Inquiry

Inquire

BRCA1/2 analysis in tumor tissue or normal tissue (blood)

Sequencing of tumor and normal tissue as well as deletion analysis of these genes of the germline

BRCA1/2 analysis of tumor tissue and normal tissue (blood)

Additionally we also offer a Somatic Tumor Panel, in which other 647 genes are examined. This may lead to alternative treatment options. Please use our order form "Somatic Tumor Panel".

Somatic Tumor Panel

Results: Somatic mutations and copy number variations in 649 genes (incl. *BRCA1* and *BRCA2*) in the tumor; germline mutations in *BRCA1*, *BRCA2* and optional in additional relevant genes

Additional analyses

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