Order Form
Disease Prevention Panel

General Information

Patient

Surname: _____

First name: _____

Date of birth: _____

Sex: ❑ male ❑ female

Ethnic background: _____

Transplants (bone marrow, tissue, stem cells)

❑ No ❑ Yes, (please specify) _____

Material

❑ Blood ____ ml (min. 3 ml EDTA-blood)

❑ Dried blood spot cards (at least 10 spots)

❑ DNA ____ µg (min. 5 µg DNA, concentr. ≥ 50 ng/µl) DNA-No.: _____

❑ Other specimen _____

External ID: _____

Date of sample collection: _____

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).

Sender / Clinic

Surname:

First name:

Institution:

Street:

Postcode/City:

Country:

Phone:

Email:

If applicable, please include a VAT number or a copy of your business registration certificate.

VAT:

Invoice

❑ to patient ❑ to sender / clinic

Declaration of consent

By signing this form, I declare that I have received comprehensive information for *predictive diagnostics* and give my consent for the genetic analyses ordered here. 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".

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

I acknowledge that this is a *predictive test* which may result in information about previously unknown disease risks. I have been informed about the type and scope of the test as well as about the limitations and implications of the results.

Please Note
We reserve the right to decide individually about the sequencing technology used. We would like to point out that, for technical reasons, more than the requested genes are sequenced if NGS panel diagnostics are required.

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)

Doctor's stamp / Barcode

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 565 44 55
Email: diagnostic-support@cegat.de

DAkkS Deutsche Akkreditierungsstelle D-ML-13206-01-00

CAP ACCREDITED COLLEGE of AMERICAN PATHOLOGISTS CLIA CERTIFIED ID: 99D2130225

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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Disease Prevention Panel
Anamnesis

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 history | Known (familial) pre-existing conditions

Do any of the diseases listed below occur in your family? Are there family members who have been ill or have died very early?

	No	Yes	What disease? Diagnosis / symptoms	age of beginning disease	Relationship to the patient (e.g., mother)
Tumor diseases	❑	❑			
Cardiac diseases and angiopathies	❑	❑			
Thrombosis and disorders of coagulation	❑	❑			
Iron and copper storage disorders	❑	❑			
Increased cholesterol	❑	❑			
Increased eye-pressure (green star, glaucoma)	❑	❑			
Anesthesia-intolerance	❑	❑			
Medication intolerance or unwanted side effects	❑	❑			

Predictive diagnostics

Predictive diagnostics underly strict regulations in different jurisdictions/countries. German law stipulates that predictive genetic examinations may only be conducted and results communicated by medical doctors who are certified specialists in human genetics or by other medical doctors who have obtained additional qualification to conduct genetic examinations. Equivalent regulations may apply depending on the jurisdiction covering the patient and/or submitting physician.

By signing this form, the submitting physician confirms to fulfil the necessary requirements for predictive genetic testing and communication of the test results in the relevant jurisdiction:

X _____
Doctor (Signature)

Inquiry

❑ **All modules of the Disease Prevention Panel**

❑ **Module 01: Tumor diseases (35 Genes)**
APC, ATM, BAP1, BMPR1A, BRCA1, BRCA2, CDH1, CDKN2A, CHEK2, EPCAM, MEN1, MLH1, MSH2, MSH6, MUTYH, NBN, NF2, PALB2, PMS2, POLD1, POLE, PTEN, RAD51C, RAD51D, RET, SDHAF2, SDHB, SDHC, SDHD, SMAD4, STK11, TP53, TSC1, TSC2, VHL

❑ **Module 02: Cardio-vascular diseases (69 Genes)**
ABCC9, ACTA2, ACTC1, ACTN2, ACVRL1, AKAP9, ANK2, BAG3, CACNA1C, CALM1, CALM2, CASQ2, COL3A1, CSRP3, DES, DMD, DSC2, DSG2, DSP, ENG, FBN1, FHL1, FLNC, GJA5, GLA, HCN4, JUP, KCNA5, KCND3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, LAMP2, LDB3, LMNA, MYBPC3, MYH11, MYH6, MYH7, MYL2, MYL3, MYPN, NKX2-5, PKP2, PLN, PRKAG2, RBM20, RYR2, SCN10A, SCN1B, SCN5A, SLC2A10, SMAD3, SMAD4, TAZ, TGFB2, TGFB3, TGFBR1, TGFBR2, TMEM43, TNNC1, TNNI3, TNNT2, TPM1, TTN, TTR, VCL

❑ **Module 03: Thrombosis and coagulation disorders (15 Genes)**
F11, F2, F5, F7, F8, F9, HRG, PROC, PROS1, SERPINC1, SERPIND1, SERPINE1, SERPINF2, THBD, VWF

❑ **Module 04: Iron and copper storage disorders (6 Genes)**
ATP7B, HAMP, HFE, HFE2, SLC40A1, TFR2

❑ **Module 05: Hypercholesterolaemia (5 Genes)**
APOA2, APOB, LDLR, LDLRAP1, PCSK9

❑ **Module 06: Glaucoma (2 Genes)**
MYOC, OPTN

❑ **Module 07: Malignant hyperthermia (2 Genes)**
CACNA1S, RYR1

❑ **Module 08: Pharmacogenetics – relevant SNPs according to CPIC (17 Genes)**
BCHE, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, DPYD, HLA-A, HLA-B, HLA-C, MTRNR1, SLCO1B1, TPMT, UGT1A1, VKORC1

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