Order Form
Molecular Pathology

General Information

Patient

Surname: _____

First name: _____

Date of birth: _____

Sex: ❑ Male ❑ Female

Transplants (bone marrow, tissue, stem cells)

❑ No ❑ Yes, (please specify) _____

Material ▸ See page 2

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: _____

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

Genetic variation may sometimes be identified which does not fit within the scope of the requested genetic analysis (so-called secondary findings report). The reporting of these variants is limited to pathogenic alterations within selected genes, for which a treatment or course of action exists for you or your family (according to the current guidelines of the American College of Medical Genetics and Genomics; ACMG SF V2.0; Kalia et al., 2017, PMID: 27854360). There is no claim of a comprehensive analysis of the genes included within the secondary findings report. An absence of secondary findings cannot be used to indicate a reduced disease risk.

With regard to secondary findings I would like:

❑ to be informed

❑ to NOT be informed

Please Note

Our panels are regularly updated to reflect current scientific research. It should therefore be recognized that there is the possibility that the list of genes on the order form may have changed slightly (genes added or removed) by the time the sample is analyzed in the laboratory. By signing this form, the patient accepts that the list of genes actually analyzed may be slightly different from what is currently listed. When NGS is utilized more than the requested genes are sequenced for each sample.

It is not necessary to obtain a signature from the patient if the referring clinician has obtained consent from the patient to perform an external examination or diagnostic test.

_____
Patient / Legal Guardian (Block letters)*

_____
Doctor (Surname, First name)

X _____
Patient / Legal Guardian (Date, Signature)*

X _____
Doctor (Date, Signature)

*optional

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

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.

Order Form
Molecular Pathology
Material & Inquiry

Material (tumor tissue, minimal tumor content 20%)

- ❑ FFPE (Formalin-Fixed, Paraffin-Embedded)

  FFPE block number: _____
- ❑ Tissue slides (minimum 10 slides)
- ❑ Tumor sample from: _____

  Request from: _____
  - ❑ Patient consented (separate sheet)
- ❑ DNA ____ µg (> 200 ng DNA)

  In case of MSI ordering, please also provide DNA from normal tissue
- ❑ H&E-stained slides (in case of MSI ordering, please make sure tumor and normal tissue area are distinctly labeled)

Information on tumor material

Details of the tumor tissue:

- ❑ Primary tumor
- ❑ Metastasis; Information regarding the primary tumor:

  _____

Tissue: _____

Tumor stage/Cytogenetics: _____

Date of tumor resection: _____

Tumor content _____ %

Further remarks:

Inquiry

- ❑ **Melanoma (4 genes, PAT01)**
  BRAF exons 11, 15, V600; NRAS exons 2-4; KIT exons 9, 11, 13, 14, 17, 18; TP53
- ❑ **Colorectal carcinoma (5 genes, PAT02)**
  BRAF exons 11, 15, V600; KRAS exons 2-4; NRAS exons 2-4, PIK3CA exons 9, 20; TP53
- ❑ **Lung carcinoma (7 genes, PAT03)**
  BRAF exons 11, 15, V600; EGFR exons 18-21, KRAS exons 2-4; ERBB2 (HER2) exon 20; MET exon 13, PIK3CA exons 9, 20; TP53, ALK-EML4 translocation, ROS1 translocation
- ❑ **Gastrointestinal stromal tumor (4 genes, PAT04)**
  BRAF exons 11, 15, V600; PDGFRA exons 12, 14, 18; KIT exons 9, 11, 13, 14, 17, 18; TP53
- ❑ **Glioblastoma (8 genes, PAT05)**
  BRAF exons 11, 15, V600; IDH1 exon 2; IDH2 exon 4; PIK3CA exons 9, 20; TP53; TERT promoter hotspot variants; H3F3A, HIST1H3B
- ❑ **Breast-, ovarian- and pancreatic carcinoma (10 genes, PAT06)**
  BRCA1, BRCA2, ATM, CDH1, CHEK2, PTEN, PALB2, RAD51C, RAD51D, TP53
- ❑ **Analysis for microsatellite instability (MSI) via PCR**
  (Marker: BAT25, BAT26, NR21, NR22, NR27)

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