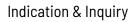
Order Form Molecular Diagnostics





-						
Patient Surname: First name:			Sender / Clinic Surname: First name: Institution:			
Sex:	⊐ male □ fe	male	Street:			
Material			Postcode/City:			
☐ Blood ml (mi	in. 1-2 ml EDTA-blood)		Country:			
☐ Dried blood spot of	cards (at least 5 spots	s)	Phone:			
□ DNA µg (min	. 1-2 µg DNA, concentr	: ≥ 50 ng/µl) DNA-No.:	Email:			
Source material of extracted DNA:		(e.g. EDTA blood, skin biopsy)	VAT: If applicable, please inclu	ude a VAT number or a copy of your busin	ness registration certific	cate.
☐ Other specimen _			Invoice	☐ to sender / clinic		
External ID: _		_		☐ to patient / other (KVA-No).:)
Date of sample colle	ction:		Surname:			
		r air cushion envelope. Samples should not ds can be ordered for free (info@cegat.com).	First name:			
Declaration of conser	•	, , ,	Street:			
Declaration of consent By signing this form, I declare that I have received comprehensive information regarding the genetic background related to the disease in question, as well as the possibilities and limitations of molecular			Postcode/City:			
genetic testing. I understand th	at I have the right to wi	thdraw my consent for genetic analyses.	Country:			
be recorded, evaluated or stor	red in an pseudonymiz ction and medical conf	data and the data obtained in the analysis will ed form in scientific databases, and that further, fidentiality, the request, or parts thereof, may be	Email:			
I consent to the re-evaluation of become apparent, my Physicia	of my test results within	the data storage period. If significant alterations	If you do not check	these boxes, your answer w	ill be recorded a	s "No".
		age, processing, use, and transmission of all data	I consent to the storage of quality control (for max. 10 y	f my genetic material for additional tests years).	s and/or	□ No
For more detailed informat www.cegat.de/en/privacy-policy		as well as your rights please refer to	I consent to the storage of (as required by German law	my test results beyond the timespan of 1 /).	10 years	□ No
that there is the possibility that added or removed) by the time accepts that the list of genes a	t the list of genes on the the sample is analyzed actually analyzed may	entific research. It should therefore be recognized ne order form may have changed slightly (genes in the laboratory. By signing this form, the patient be slightly different from what is currently listed.	and/or test results for scienti	nous storage and use of surplus genetic ific research and in scientific literature. Ondary findings I would	material ☐ Yes ☐ Yes	□ No
This declaration of co any time. I have had s I, the referring physician, confir patient. For predictive testing, I	ensent can be co sufficient time to m that I am authorized to confirm that I am autho	are sequenced for each sample. Impletely or partially withdrawn at consider giving my consent. o request genetic testing for the above-mentioned rized, and that I have fulfilled the requirements, to he consent of all legal guardians.	genetic analysis (so-called salterations (ACMG classes action exists for you or you of Medical Genetics and outpos://www.cegat.com/acme	etimes be identified, which does not fit value secondary findings). The reporting of thes at and 5) within selected genes, for our family (according to the current gui Genomics; details on genes and associng-genes). There is no claim of a comprendings cannot be used to indicate a reduce	se variants is limited to which a treatment or idelines of the Americ ciated diseases can be behensive analysis of thi	pathogenic course of an College e found at
If the patient did not sign this	s order form: I, the refe	erring physician, confirm that the patient received The patient's consent has been obtained in writing.		netic Diagnostic Act (GenDG) we will ease indicate here the contact email of		
			Email:			
			Doctor's stamp /	Barcode		ne tierungsstelle 3206-01-00
Patient / Legal Guar (Block letters)	rdian	Physician (Surname, First name)			ACCREDITED COLLEGE of AMERICAN PATH CLIA CERTIFIED ID: 99D' CeGaT is accredite	2130225
X Patient / Legal Guar	rdian	X Physician			DAkkS according to DIN EN ISO 15189	o 0:2014,
(Date, Signature)	·	(Date, Signature)			the College of Ame Pathologists (CAP)	

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Predictive genetic diagnosis If you require a predictive diagnosis, please fill out and print the additional form "Predictive Genetic Diagnosis".							
According to German Gendiagnostikgesetz (GenDG, §7,1), the "predictive genetic examinations may only be conducted by medical doctors who are certified specialists in human genetics or by other medical doctors who within the framework of their own area of expertise were also able to obtain certification, specialization or additional qualification to conduct genetic examinations."							
By signing the "Predictive Genetic Diagnosis" form, the physician submitting the request confirms that they have this qualification.							
X Doctor (signature)							
Analysis type: Proband is affected Proband is NOT affected (predictive testing) Indication / Suspected Diagnosis							
Further information							
□ autosomal dominant □ sporadic	☐ familial	□ segregation to:					
□ autosomal recessive □ X-chromosomal	□ consanguine	Ethnic origin:					
Transplants (bone marrow, tissue, stem cells) □ No	☐ Yes, (please specify)						
Pedigree							
			not affected				
			affected				
			known carrier				
			deceased				
		ν. Π <i>(</i>	unrelated parents				
		T (
		,	consanguine parents				
			unborn child				
		1	abortion, stillborn child				
		\wedge	person of unknown sex				
		<u></u>	identical twins (monozygous)				
			fraternal twins (dizygous)				
For a better description and illustration of the suspected familiy history, CeGaT offers a free Pedigree Chart Designer (PCD). You can find the PCD on our website or http://pedigree.cegat.de/.							
Additional comments							

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Inquiry

Inquiries A full list of more than 650 genes currently available for testing are listed under www.cegat.co	om. If your gene of interest is not included on the list, please do not hesitate to contact us.
Genes / OMIM No.	
Inquiry for selected hotspot analyses	
☐ Achromatopsia (EYE04): CNGB3, c.1148delC; p.Thr383llefs*13	☐ Pulmonary alveolar proteinosis: ABCA3, c.875A>T; p.Glu292Val
☐ Optic atrophy (EYE17, LHON-Hotspots): MT-ND1, m.3460G>A; MT-ND4, m.11778G>A; MT-ND6, m.14484T>C	☐ Hemochromatosis Type 1: HFE, c.187C>G; p.His63Asp;c.845G>A; p.Cys282Tyr

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