Order Form
Molecular Diagnostics

General Information

Patient

Surname: _____

First name: _____

Date of birth: _____

Sex: ❑ male ❑ female

Material

❑ Blood ____ ml (min. 1-2 ml EDTA-blood)

❑ Dried blood spot cards (at least 5 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: Fimlab Vaasa

First name:

Institution: Fimlab Vaasa 65130 VAAS

Street: Hietalahdenkatu 2-4

Postcode/City: 65130 VAASA

Country: FINLAND

Phone:

Email:

VAT: FI23925196

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

Invoice ❑ to sender / clinic ❑ to patient / other:

Surname: For electronic billing:

First name: 003723925196 OpenText oy

Street: 16812778 PL 940

Postcode/City: 00019 SSC

Country: FINLAND

Email:

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 genetic testing. I understand that I have the right to withdraw my consent for genetic analyses.

I have been informed, and agree, that my personal data and the data obtained in the analysis will be recorded, evaluated or stored in an pseudonymized form in scientific databases, and that further, in accordance with data protection and medical confidentiality, the request, or parts thereof, may be transmitted to a specialized cooperating laboratory.

I consent to the re-evaluation of my test results within the data storage period. If significant alterations become apparent, my doctor will be informed by e-mail.

I have been informed, and agree to the electronic storage, processing, use, and transmission of all data collected by CeGaT GmbH.

For more detailed information on data privacy as well as your rights please refer to www.cegat.de/en/privacy-policy

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.

This declaration of consent can be completely or partially withdrawn at any time.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

I, the referring physician, confirm that I am authorized to request genetic testing for the above-mentioned patient. For predictive testing, I confirm that I am authorized, and that I have fulfilled the requirements, to request this testing.

If the patient did not sign this order form: I, the referring physician, confirm that the patient received genetic counseling and agrees with the genetic testing. The patient's consent has been obtained in writing.

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 time-span of 10 years (as required by German law). ❑ Yes ❑ No

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

With regard to secondary findings I would like:

❑ to be informed ❑ to NOT be informed

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.

Patient / Legal Guardian
(Block letters)

Doctor
(Surname, First name)

X _____
Patient / Legal Guardian
(Date, Signature)

X _____
Doctor
(Date, Signature)

Doctor's stamp / Barcode

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, the College of American Pathologists (CAP) and CLIA.

Order Form
Molecular Diagnostics
Indication & Inquiry

Predictive genetic diagnosis
If you inquire 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)

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

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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Order Form
Molecular Diagnostics
Inquiry

Inquiries

A full list of more than 650 genes currently available for testing are listed under www.cegat.com. 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.Thr383Ile*fs**13**
- ❑ **Optic atrophy (EYE17, LHON-Hotspots): MT-ND1, m.3460G>A; MT-ND4, m.11778G>A; MT-ND6, m.14484T>C**
- ❑ **Hereditary pancreatitis: PRSS1, c.365G>A; p.Arg122His; c.86A>T; p.Asn29Ile; c.47C>T; p.Ala16Val**
- ❑ **Pulmonary alveolar proteinosis: ABCA3, c.875A>T; p.Glu292Val**
- ❑ **Hemochromatosis Type 1: HFE, c.187C>G; p.His63Asp; c.845G>A; p.Cys282Tyr**

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