Request for Laboratory Testing – Oncogenetic Panel CZECANCA

Personal Data of the Examined Person (label):	**Indicated by:**
Name and surname:	
Insurance number:	
Date of birth:	
Insurance company: ☐ Self-payer	
Gender: ☐ Male ☐ Female	
Address:	
Diagnosis (ICD):	*(Name, specialty, establishment ID number, workplace, stamp, signature)*

Primary Sample:

☐ Peripheral blood *(5ml non-coagulated blood in K3EDTA - 2 tubes of blood from independent collections required)* ☐ Buccal swab

☐ Peripheral blood - RNA analysis *(5ml non-coagulated blood, 2x Tempus tubes)* ☑ Isolated DNA from:

Date and Time of Collection:	**Date and Time of Indication** (if different from the collection date):

Clinical Data (to be completed by the referring physician): ☐ **STATIM**

The second side of the request form must be filled out or a clinical-genetic report with provided details must be attached!

Requested Examinations:

☐ Predictive testing for known Familial Mutation – gene and mutation specification on page 2

☐ ONCO 1: *BRCA1, BRCA2, CHEK2, TP53, PALB2, ATM, RAD51C, RAD51D, BRIP1, NBN, CDH1, PTEN, STK11, BARD1, RAD50*

☐ ONCO 2: *MLH1, MSH2, MSH6, EPCAM, MUTYH, PMS2* ☐ ONCO 3: *APC, MUTYH, POLE, POLD1*

☐ Self-payers for *BRCA1* and *BRCA2*

☐ Other (specify)* .....

*additional genes available for testing can be found at www.gennet.cz under the section Laboratory Accreditation Documents:
Record of Flexibility - Genetic mutation testing by massively parallel sequencing

Informed Consent* – Examined Person:

AGREES ☐ With examining the sample ☐ With using the sample for research ☐ With storing the sample

DISAGREES ☐ With storing the sample

*) By submitting the request, the referring physician confirms that the patient or legal representative has signed the Informed Consent, which is either stored in the patient's documentation or attached to this request.

Examination conducted by: GENNET, Ltd., GENNET Laboratories, Pekařská 635/6, 158 00 Prague 5 - Jinonice, Tel: 226 231 691

Laboratory records:
Date and time of sample/referral receipt: Sample/referral received by:

Patient's Medical History

Indication for Hereditary Cancer Syndrome:

- ☐ Hereditary Breast/Ovarian Cancer
- ☐ Hereditary Non-Polyposis Colorectal Cancer (Lynch Syndrome)
- ☐ Familial Adenomatous Polyposis
- ☐ Li-Fraumeni syndrome
- ☐ Cowden Syndrome
- ☐ Peutz-Jeghers Syndrome
- ☐ Familial Melanoma
- ☐ Neurofibromatosis
- ☐ Hereditary Diffuse Gastric Cancer
- ☐ Fanconi Anemia
- ☐ Retinoblastoma
- ☐ Other:

PMH: ☐ **Healthy** **Age at Diagnosis:**

FM:

Positive mutation in the family: ☐ Yes - gene: Mutation name ☐ No

Pedigree attached: ☐ Yes ☐ No

Fill out for Hereditary Breast Cancer (C50) and Ovarian Cancer (C56)

Indication by FM:

- ☐ C50 2x (1x before 50 years or both before 60 years)
- ☐ C50 ≥ 3x
- ☐ C56
- ☐ C50 before 50 years + Cancer associated with HBOC (mainly pancreatic, prostate)

Indication without FM:

- ☐ C56
- ☐ C50 in a male
- ☐ C50 diagnosis before 45 years (before 50 years if no family history is known)
- ☐ Two primary C50 (1x before 50 years or both before 60, bilateral or ipsilateral/synchronous or metachronous)
- ☐ Triple negative (or medullary) C50 before 60 years
- ☐ Duplication of C50 and pancreatic cancer at any age

☐ **Different reason for indication:**

Fill out for Breast Cancer

C50 Information: C50._ **cTNM** **pTNM**

Histology (e.g. 8500.3, 8520.3, …) grade:

ER % PR % Ki-67 %

HER2: IHC: 0 ☐ 1+ ☐ 2+ ☐ 3+ ☐

FISH ☐ pos. ☐ neg.

☐ Data not available