

# Order Form Disease Prevention Panel



## General Information

<b>Patient</b>	
Surname:	_____
First name:	_____
Date of birth:	_____
Sex:	<input type="checkbox"/> male <input type="checkbox"/> female
<b>Material</b>	
<input type="checkbox"/> Blood ____ ml (min. 1-2 ml EDTA-blood)	
<input type="checkbox"/> Dried blood spot cards (at least 5 spots)	
<input type="checkbox"/> DNA ____ µg (min. 1-2 µg DNA, concentr. ≥ 50 ng/µl) DNA-No.: _____	
Source material of extracted DNA: _____ (e.g. EDTA blood, skin biopsy)	
<input type="checkbox"/> 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).	

### 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 Physician will be informed by e-mail.

I consent that in addition to the full genetic test as requested, the analysis can be expanded to all pathogenic and likely pathogenic variants (ACMG class 4 and 5) in genes which are related to the indication described for the proband (if applicable, screen for differential diagnosis).

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.com/privacy-policy/](http://www.cegat.com/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. For minors, I declare that I have the consent of all legal guardians.

**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.

<b>Sender / Clinic</b>	
Surname:	_____
First name:	_____
Institution:	_____
Street:	_____
Postcode/City:	_____
Country:	_____
Phone:	_____
Email:	_____
VAT:	_____
If applicable, please include a VAT number or a copy of your business registration certificate.	
<b>Invoice</b>	<input type="checkbox"/> to sender / clinic <input type="checkbox"/> to patient / other (KVA-No.: _____)
Surname:	_____
First name:	_____
Street:	_____
Postcode/City:	_____
Country:	_____
Email:	_____

**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 pseudonymous storage and use of surplus genetic material and/or test results for scientific research and in scientific literature.

☐ Yes ☐ No

**With regard to secondary findings I would like to be informed:**

☐ Yes ☐ No

Genetic variation may sometimes be identified, which does not fit within the scope of the requested genetic analysis (so-called secondary findings). The reporting of these variants is limited to pathogenic alterations (ACMG classes 4 and 5) 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; details on genes and associated diseases can be found at [www.cegat.com/acmg-genes/](http://www.cegat.com/acmg-genes/)). There is no claim of a comprehensive analysis of this gene set. An absence of secondary findings cannot be used to indicate a reduced disease risk.

**Targeted analysis of the ACMG genes according to current recommendations can be requested as "additional analyses".**

**According to German Genetic Diagnostic Act (GenDG) we will issue the medical report to the counselling physician. Please indicate here the contact email of the counselling physician:**

Email: \_\_\_\_\_

**Physician's stamp / Barcode**



CLIA CERTIFIED ID: 9902130225

CeGaT is accredited by DAkKS according to DIN EN ISO 15189:2014, the College of American Pathologists (CAP) and CLIA.

**Patient / Legal Guardian**  
(Block letters)

**Physician**  
(Surname, First name)

X

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

X

**Physician**  
(Date, Signature)

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 begin- ning disease	Relationship to the patient (e.g., mother)
Tumor diseases	<input type="checkbox"/>	<input type="checkbox"/>			
Cardiac diseases and angiopathies	<input type="checkbox"/>	<input type="checkbox"/>			
Thrombosis and disor- ders of coagulation	<input type="checkbox"/>	<input type="checkbox"/>			
Iron and copper stor- age disorders	<input type="checkbox"/>	<input type="checkbox"/>			
Increased cholesterol	<input type="checkbox"/>	<input type="checkbox"/>			
Increased eye- pressure (green star, glaucoma)	<input type="checkbox"/>	<input type="checkbox"/>			
Anesthesia- intolerance	<input type="checkbox"/>	<input type="checkbox"/>			
Medication intolerance or unwanted side effects	<input type="checkbox"/>	<input type="checkbox"/>			
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>			

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 (51 Genes)  
APC, ATM, AXIN2, BAP1, BARD1, BMPR1A, BRCA1, BRCA2, BRIP1, CDC73, CDH1, CDKN2A, CHEK2, DICER1, EPCAM, FH, FLCN, KIT, MEN1, MET, MLH1, MSH2, MSH6, NF1, NF2, PALB2, PDGFRA, PMS2, POLD1, POLE, PTCH1, PTEN, RAD51C, RAD51D, RB1, RET, SDHA, SDHAF2, SDHB, SDHC, SDHD, SMAD4, SMARCA4, SMARCB1, STK11, TMEM127, TP53, TSC1, TSC2, VHL, WT1
- ☐ Module 02: Cardiovascular diseases (55 Genes)  
ACTA2, ACTC1, ACVRL1, ALPK3, BAG3, BMPR2, CALM1, CALM2, CALM3, CASQ2, COL3A1, DES, DSC2, DSG2, DSP, EMD, ENG, FBN1, FHL1, FLNC, GDF2, JUP, KCNH2, KCNK3, KCNQ1, LAMP2, LMNA, LOX, MYBPC3, MYH11, MYH7, MYL2, MYL3, MYLK, PKP2, PLN, PRKAG2, PRKG1, RBM20, RYR2, SCN5A, SMAD3, SMAD9, TBX4, TECRL, TGFB2, TGFBF1, TGFBF2, TMEM43, TNNC1, TNNI3, TNNT2, TPM1, TTN, TTR
- ☐ Module 03: Thrombosis and coagulation disorders (28 Genes)  
ADAMTS13, F10, F11, F12, F13A1, F13B, F2, F5, F7, F8 (intronic inversions not covered), F9, GFI1B, GP1BA, GP1BB, GP6, GP9, HRG, ITGA2B, ITGB3, LMAN1, MCFD2, NBEAL2, PROC, PROS1, SERPINC1, SERPIND1, SERPINF2, VWF
- ☐ Module 04: Iron and copper storage disorders (8 Genes)  
ATP7B, CP, GLRX5, HAMP, HFE, HJV, SLC40A1, TFR2
- ☐ Module 05: Hypercholesterolaemia (4 Genes)  
APOB, LDLR, LDLRAP1, PCSK9
- ☐ Module 06: Glaucoma (2 Genes)  
CYP11B1, MYOC
- ☐ Module 07: Malignant hyperthermia (2 Genes)  
CACNA1S, RYR1
- ☐ Module 08: Pharmacogenetics\* (22 Genes)  
ABCG2, CACNA1S, CYP2B6, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, DPYD, G6PD, HLA-A, HLA-B, IFNL3, MT-RNR1, NUDT15, POR, RYR1, SLC01B1, TPMT, UGT1A1, VKORC1
- ☐ Module 09: Familial diabetes (5 Genes)  
GCK, HNF1A, HNF1B, HNF4A, PDX1
- \* Relevant variants according to CPIC and DPWG