

General Information

Fetus of Surname of mother: _____ First name of mother: _____ Birthday of mother: _____ Sex of Fetus: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> unknown Has MCC testing been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Material <input type="checkbox"/> Amniotic fluid <input type="checkbox"/> Chorionic villi <input type="checkbox"/> Starting material has been cultivated <input type="checkbox"/> Abortion material <input type="checkbox"/> Extracted DNA _____ µg (min. 1-2 µg DNA, concentr. ≥ 50 ng/µl) from DNA-Nr.: _____ <input type="checkbox"/> Other specimen _____ External ID: _____ Date of sample collection: _____ Pregnancy week and estimated due date: _____ <small>Samples can be sent by mail in a cardbox or air cushion envelope. Samples should not be exposed to direct sunlight. Dried blood spot cards can be ordered for free (info@cegat.com)</small>

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 email.

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.

Please Note

All genes, including the complete mtDNA are sequenced when exome diagnostics is performed. The diagnostic evaluation is limited to variants in genes relevant to the provided phenotypic information. Correct family relationships are assumed for comparative exome analysis using data from several family members (e.g., trio exome analysis).

This declaration of consent can be completely or partially withdrawn at any time.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.

Sender / Clinic Surname: _____ First name: _____ Institution: _____ Street: _____ Postcode/City: _____ Country: _____ Phone: _____ Email: _____ VAT: _____ <small>If applicable, please include a VAT number or a copy of your business registration certificate.</small>
Invoice <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). 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.

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: _____

_____ Patient / Legal Guardian (Block letters)	_____ Physician (Block letters)
X _____ Patient / Legal Guardian (Date, Signature)	X _____ Physician (Date, Signature)

Physician's stamp / Barcode



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

Indication

Please attach copies of medical reports (including ultrasound or MRI reports, if available). The variant interpretation is based on clinical information available at the time of analysis.

Indication / Suspected diagnosis:

Ultrasound medical report available? Yes (please attach copy) No

Clinical symptoms:

Preliminary genetic diagnostics for fetus or parents?

Chromosome / Karyotype analysis: Yes (please attach copy) No









Array-CGH: Yes (please attach copy) No

Other

Pedigree

Consanguinity: Yes No

Ethnic origin:

-  index patient
- not affected
- affected
- known carrier
- deceased
-  unrelated parents
-  consanguine parents
-  unborn child
-  abortion, stillborn child
-  person of unknown sex
-  identical twins (monozygous)
-  fraternal twins (dizygous)

Family medical history

If the mother of the fetus has been pregnant in the past, were there any anomalies during pregnancy?

Yes No

Are there other family members who currently have or have had a disease or disorder relevant for the clinical indication of the fetus?

Yes No

If yes, please list the affected family members:

Name (not required)	Relationship to the fetus (e.g., mother)	Age of onset	Diagnosis / Symptoms

Inquiry

Inquiry – Exome

- Single Exome:** Exome diagnostics of the fetus including medical report (EXM01)
 - Maternal cell contamination (MCC) testing (please provide material from the mother of the fetus, EDTA blood recommended)**
- Trio Exome:** Comparative exome diagnostics between fetus and parents incl. medical report (EXM02)
 - Genes to be considered in the context of exome diagnostics:**

The analysis of the fetus and both non-affected parents (Trio Exome) allows a more efficient evaluation of the variants identified in the fetus and leads to an increased chance of positive identification of the disease causing variants.

Additional analysis (additional fees may apply)

- Please perform array-CGH diagnostics
 - prior **or**
 - parallel
- to exome diagnostics.

For further information and advice please do not hesitate to contact our Diagnostic Support team.

**www.cegat.com/diagnostic-support
diagnostic-support@cegat.com
Phone +49 7071 56544-55**

Declaration of consent Parent 1

Personal data (Family member)

Surname: _____ First name: _____

Date of birth: _____ Sample ID: _____

Relationship to the patient

Father Mother Other; please state: _____

Does the family member suffer from an illness or disorder with (suspected) genetic cause?

No Yes, symptoms are: _____

ACMG genes diagnostics

I would like to be informed of relevant alterations within the list of recommended genes for secondary analysis, according to the current guidelines of the American College of Medical Genetics and Genomics. The analysis is restricted to the sequence data, re-sequencing of regions with poor sequence coverage will not typically be performed. A negative "ACMG genes" report cannot be used to rule out (genetic) disease risk. Additional fees may apply. According to German legislation, predictive tests for minors may not be performed for diseases which have an onset in adulthood. Therefore, some genes will not be analyzed for minors, unless the phenotypic spectrum is within the scope of the primary medical indication of the patient.

Details on genes and associated diseases can be found at www.cegat.com/acmg-genes.

Pharmacogenetics (PGX)

I would like to receive an additional report analyzing known variants that are involved in the metabolism of pharmaceutical products. Details can be found at www.cegat.com/pgx

Declaration of consent

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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 to NOT be informed

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

Physician's stamp / Barcode



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Patient
(Block letters)

Physician
(Block letters)

X _____
Patient
(Date, Signature)

X _____
Physician
(Date, Signature)

Declaration of consent Parent 2

Personal data (Family member)

Surname: _____ First name: _____

Date of birth: _____ Sample ID: _____

Relationship to the patient

Father Mother Other; please state: _____

Does the family member suffer from an illness or disorder with (suspected) genetic cause?

No Yes, symptoms are:

ACMG genes diagnostics

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Physician
(Block letters)

X _____
Patient
(Date, Signature)

X _____
Physician
(Date, Signature)