

General Information

Patient

CeGaT ID: _____

Surname: _____

First name: _____

Date of birth: _____

Sex: male female

If the patient did not sign this order form: I, the referring physician, confirm that the patient's consent has been obtained in writing.

| | |
|--|--|
| _____ | _____ |
| Patient / Legal Guardian (Block letters) | Doctor (Surname, First name) |
| X _____ | X _____ |
| Patient / Legal Guardian (Date, Signature) | Doctor (Date, Signature) |

Doctor's stamp / Barcode

Sender / Clinic

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.

Invoice to sender / clinic
 to patient / other

Surname: _____

First name: _____

Street: _____

Postcode/City: _____

Country: _____

Email: _____

Inquiry

| | |
|--|---|
| <input type="checkbox"/> CancerAdvice (Tumor Therapy Recommendation) <ul style="list-style-type: none">• Summary of all relevant tumor profiling findings• Evaluation of tumor therapy options based on the results of CeGaT's somatic tumor diagnostic, immunohistochemistry results, and the provided therapeutic history of the patient• Recommendation of a treatment strategy for the patient's cancer• Statement on scientific findings supporting the treatment recommendation as the basis for applying coverage by insurance of the patient | For CancerAdvice, detailed information on the disease and therapeutic history is mandatory. Please complete the following page with as much detail as possible and include a copy of all existing reports. |
|--|---|

Remarks:

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 565 44-55

Indication

Diagnosis: _____

Date of Diagnosis: _____

Metastatic Sites: _____

Planned Interventions
e.g., radiotherapy, organ-specific therapy (e.g. HIPEC), surgery, planned standard therapy

Current clinical status/ECOG
e.g., clinical suspected progress, imaging progress, increase in tumor markers

Therapeutic history (Please use the next page in case of insufficient space.)

| Date MM/DD/YYYY | Type Therapy / Surgery / Staging | Details Drug information / Staging results / Side effects |
|---------------------------|--|---|
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- The patient is in principle eligible for clinical trials
- The patient agrees to the possibility of off-label therapy options

Listing of clinical trials for up to five countries:
(Countries, where the patient is willing to travel to in order to start his oder her therapy there if necessary) _____

