

General Information

Patient

CeGaT ID (if already existing): _____

Surname: _____

First name: _____

Date of birth: _____

Sex (assigned at birth): female male

Gender (if differs from sex assigned at birth):
 man non-binary woman self-described: _____

External ID: _____

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 (KVA-No.: _____)

Surname: _____

First name: _____

Street: _____

Postcode/City: _____

Country: _____

Email: _____

Declaration of consent

By signing this form, I declare that I have received comprehensive information about 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 to 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 pseudonymised form in scientific databases, and further, in accordance with data protection and medical confidentiality, that the request, or parts thereof, may be transmitted to a specialized cooperating laboratory.

I have been informed, and agree, that all data collected by CeGaT GmbH is electronically stored, processed, used and transmitted.

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

This consent includes the permission to request tumor sample materials and reports from external sources.

This declaration of consent can be completely or partially withdrawn at any time.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 qualified to request genetic testing for the above-mentioned patient. 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.

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

Please indicate here the contact email of the counselling physician:

Email: _____

<p>_____ Patient / Legal Guardian (Block letters)</p>	<p>_____ Doctor (Surname, First name)</p>
<p>X _____ Patient / Legal Guardian (Date, Signature)</p>	<p>X _____ Doctor (Date, Signature)</p>

Doctor's stamp / Barcode

Indication / Suspected diagnosis: _____

Clinical report(s) added

Laboratory report(s) of Pathology / Cytology / Cytogenetics / Flow Cytometry added

Transplants (bone marrow, tissue, stem cells) No Yes, (please specify) _____

CancerMRD Fingerprint

In order to perform MRD testing, we create a genomic fingerprint of the tumor. This fingerprint is obtained by WGS tumor-normal comparison.

Material (tumor tissue) – minimum 20% tumor content needed!

FFPE (Formalin-Fixed, Paraffin-Embedded)

Block number (FFPE): _____

Tissue slides (minimum 10 slides)

Tumor DNA (> 200 ng DNA)

Frozen tissue

Tumor sample in RNAlater

Tumor sample from _____

Request from _____

Details of the tumor tissue

Primary tumor

Metastasis; Information on the primary tumor:

Tissue: _____

Tumorstage/Cytogenetics: _____

Date of tumor resection: _____

Tumor content _____ %

Details of the normal tissue:

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

DNA ____ µg (> 2 µg DNA): _____

Others: _____

CancerMRD Monitoring

Our MRD analysis uses one or more existing fingerprints to detect minimal amounts of tumor DNA in a blood derived Liquid Biopsy sample.

MRD analysis using Fingerprint(s)

Sample material: Liquid biopsy (cfDNA)

Liquid Biopsy samples are specimens that can only be withdrawn using special collection tubes that stabilize the cell-free DNA. If you are planning a diagnostic examination based on cfDNA, please use such collection tubes. We gladly provide such special collection tubes. Please contact us in time at tumor@cegat.de to order the tubes.

3 x 10ml cfDNA tubes

Type of primary sample for cfDNA isolation:

Blood

Date of sample collection: _____ (required field - please complete)

Remarks / Additional analyses:

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