

Test Information

Type of Requested Test	Barcode
<input type="radio"/> Next Generation Sequencing of Germline DNA (8 weeks turnaround time) <input type="radio"/> Sanger Sequencing of Germline DNA (4 weeks turnaround time) (Only BRCA1&BRCA2 Genes) <input type="radio"/> Next Generation Sequencing of Tumour DNA (6 weeks turnaround time)	Please stick barcode here

Sample Information

Sample Type	Date of Collection
<input type="radio"/> Blood <input type="radio"/> FFPE Block <input type="radio"/> Extracted DNA from Blood _____ ng/μL <input type="radio"/> Extracted DNA from FFPE Block _____ ng/μL	

Patient Information

First Name	Last Name	Date of Birth
Ancestry		Gender
<input type="checkbox"/> Iranian <input type="checkbox"/> Other (please specify) _____		<input type="radio"/> Male <input type="radio"/> Female
Personal History of Cancer	Type of Cancer(s) and age(s) of onset (if applicable)	Previous genetic testing /results
<input type="radio"/> No <input type="radio"/> Yes		
Bone marrow/Peripheral stem cell recipient	Additional Clinical Information	
<input type="radio"/> No <input type="radio"/> Yes		

Family History Information

Please describe all affected relatives The patient does not have any family history of cancer

Familial Relationship	Cancer Type (Age at Diagnosis)	Genetic Testing (Type & Results)

Ordering Physician Information

First Name	Last Name	Referring laboratory
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Consent Acknowledgement

I have explained and obtained from the patient an informed consent, and that informed consent is consistent with the benefits, risks and limitations and use of patient information set forth in the Sagene Medical Genetics Laboratory informed consent form for this test and local law.

The patient consents to the storage and use of surplus examination material that is not identified by name for purposes of quality assurance, scientific research as well as the development of new diagnostic options.

No Yes

Signature of Clinian/laboratory	Signature of patient	Date
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