

Test Information		
Type of Requested Test  <input type="radio"/> APC <input type="radio"/> MUTYH <input type="radio"/> TP53 <input type="radio"/> RET <input type="radio"/> CDH1	Barcode  <div style="background-color: #cccccc; padding: 10px; text-align: center;">Please stick barcode here</div>	
Sample Information		
Sample Type <input type="radio"/> Blood <input type="radio"/> Extracted DNA from Blood _____ ng/μL	Date of Collection	
Patient Information		
First Name	Last Name	Date of Birth
Ancestry <input type="checkbox"/> Iranian <input type="checkbox"/> Other (please specify) _____		Gender <input type="radio"/> Male <input type="radio"/> Female
Personal History of Cancer <input type="radio"/> No <input type="radio"/> Yes	Type of Cancer(s) and age(s) of onset (if applicable)	Previous genetic testing /results
Bone marrow/Peripheral stem cell recipient <input type="radio"/> No <input type="radio"/> Yes	Additional Clinical Information	
Family History Information		
Please describe all affected relatives <input type="checkbox"/> The patient does not have any family history of cancer		
<b>Familial Relationship</b>	<b>Cancer Type (Age at Diagnosis)</b>	<b>Genetic Testing (Type &amp; Results)</b>
Ordering Physician Information		
First Name	Last Name	Referring laboratory
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.  <input type="radio"/> No <input type="radio"/> Yes		
Signature of Clinician/Laboratory	Signature of patient	Date