

*To be filled out by the **physician!**  
Please send this document with the sample to the laboratory.*

### Patient data

Surname, first name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  m  w  x

Street: \_\_\_\_\_

Postcode, City: \_\_\_\_\_

Country: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

**or**

Patient-ID (anonymised sample): \_\_\_\_\_

### Contracting authorities

Laboratory / Physician in charge

stamp (mandatory)

### Order / Indication

The following order/s is / are placed with reference to the current (date of order) service specifications of PharmGenomics GmbH:

*Please tick the appropriate boxes*

**Extraction of genomic DNA**  not applicable

EDTA-blood

Saliva

Buccal swab

### Moleculargenetic analysis

GenoChip Artero

GenoChip CYP+

GenoChip CYP2D6

GenoChip Food

GenoChip Toxo

LCT (lactose intolerance)

HLA (celiac disease)

ALDB (fructose intolerance)

Other analysis named in the service specifications (please state the number):

**Express-analysis:** Results within 2 working days after sample receipt  
(additionally 28 € excl. VAT)

*Please note reverse side!*

**Declaration of the physician**

The patient was sufficiently and entirely informed according to the Genetic Diagnostics Law (GenDG). PharmGenomics GmbH deletes the personal data and medical results / findings after 10 years. If you wish a longer storage period, this must be agreed in written form before the end of the 10 years.

I have received the signed and completely filled informed consent of the patient or his legal representative.

We confirm that the local law was observed when taking the sample and placing the order.

Date

Signature of the physician in charge

*To be filled out by the patient!*

**Declaration of the patient** (not applicable for anonymous sample)

Please tick the appropriate boxes:

I agree that the collected data / results of the indication mentioned above could be used in an encrypted (pseudonymised) form for scientific purposes and published anonymously in journals.

I want the destruction of the sample after completion of the analysis.

I agree with storage and usage of the sample material:

for the purpose of quality assurance, student teaching, for investigation of the indication mentioned above and for improving diagnosis and treatment of genetic disorders in encrypted (pseudonymised) form.

Date

Signature of the patient