

<p><i>To be filled out by the physician!</i></p> <p><i>Please send this document with the sample to the laboratory.</i></p>	
<p>Patient data</p> <p>Surname, first name: _____</p> <p>Date of Birth: _____ Gender: <input type="radio"/> m <input type="radio"/> f</p> <p>Street: _____</p> <p>Postcode, City: _____</p> <p>Country: _____</p> <p>Ethnicity: _____</p> <p>or</p> <p>Patient-ID (anonymised sample): _____</p>	<p>Contracting authorities</p> <p>Laboratory / Physician in charge</p> <p>stamp (mandatory)</p>

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
 FFPE-tissue

Moleculargenetic analysis

GenoChip 5-FU
 GenoChip CYP+
 GenoChip Toxo

GenoChip Artero
 GenoChip Food

GenoChip CYP2D6
 GenoChip Onco

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

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.

Please tick the appropriate boxes:

The patient agrees 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.

The patient wants the destruction of the sample after completion of the analysis.

The patient agrees with the storage of unused sample material:

for the purpose of verifiability of the obtained results.

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.

for the use with prospective, new diagnostic options related to the indication mentioned above.

Date

Signature of the physician in charge