

<b>Case Number</b>	
<b>Reception Date</b>	
<b>Order Number</b>	

(To fill-in by LabGenetics)

**NEOPLASTIC DISORDERS GENETIC TESTING REQUEST**
**PATIENT OR DONOR OF THE SAMPLE**

Name:	Surname:	
ID:	Age:	Clinic History Nº.:
Antecedents:		

**MEDICAL CENTER OR LABORATORY**

Name/Lab-Hospital name:		ID/VAT:
Address:		City:
State:	Post/Zip code:	Phone:
Fax:	E-mail:	

**SAMPLE SENT**

Reference	Sample Type (Brief description)	LabGenetics Code

**TEST REQUIRED**

<input type="checkbox"/> <b>BREAST/OVARIAN CANCER</b>	<input type="checkbox"/> <b>BRAF ONCOGENE</b>
<input type="checkbox"/> BRCA1 gene Exons 2, 3, 5, 8, 11, 18, 20 & 23 Mutation Screening	<input type="checkbox"/> <b>AUTOIMMUNE LYMPHOPROLIFERATIVE SYNDROME</b>
<input type="checkbox"/> BRCA1 gene Mutation Screening	<input type="checkbox"/> <b>NEUROFIBROMATOSIS TYPE 1</b>
<input type="checkbox"/> BRCA2 gene Exons 2,10,11& 23 Mutation Screening	<input type="checkbox"/> <b>NEUROFIBROMATOSIS TYPE 2</b>
<input type="checkbox"/> BRCA2 gene Mutation Screening	<input type="checkbox"/> <b>K-RAS ONCOGENE</b>
<input type="checkbox"/> <b>HEREDITARY NONPOLYPOSIS COLON CANCER TYPE 1 (HNPCC1) – LYNCH SYNDROME 1</b>	<input type="checkbox"/> <b>HEREDITARY NONPOLYPOSIS COLON CANCER TYPE 2 (HNPCC2) – LYNCH SYNDROME 2</b>
<input type="checkbox"/> Microsatellite instability analysis	<input type="checkbox"/> Microsatellite instability analysis
<input type="checkbox"/> MSH2 gene Mutation Screening	<input type="checkbox"/> MLH1 gene Mutation Screening
<input type="checkbox"/> <b>MEDULLARY THYROID CARCINOMA</b>	<input type="checkbox"/> <b>FAMILIAL PARAGANGLIOMA TYPE 1</b>
<input type="checkbox"/> RET gene Exons 10,11,13,14&16 Mutation Screening	<input type="checkbox"/> <b>MALIGNANT PARAGANGLIOMA</b>
<input type="checkbox"/> RET gene Mutation Screening	<input type="checkbox"/> <b>FAMILIAL ADENOMATOUS POLYPOSIS (FAP)</b>
<input type="checkbox"/> <b>COWDEN'S DISEASE</b>	<input type="checkbox"/> <b>COLORECTAL POLYPOSIS</b>
<input type="checkbox"/> <b>DIGEORGE'S SYNDROME</b>	<input type="checkbox"/> <b>RETINOBLASTOMA</b>
<input type="checkbox"/> <b>GENETIC INSTABILITY</b>	<input type="checkbox"/> <b>TUBEROUS SCLEROSIS (TSC1 E TSC2)</b>
<input type="checkbox"/> <b>CUTANEOUS MALIGNANT MELANOMA 2 (CMM2)</b>	<input type="checkbox"/> <b>LI-FRAUMENI'S SYNDROME</b>
<input type="checkbox"/> <b>MULTIPLE ENDOCRINE NEOPLASIA TYPE 1 (MEN1)</b>	<input type="checkbox"/> <b>VON HIPPEL-LINDAU'S SYNDROME</b>
<input type="checkbox"/> <b>MULTIPLE ENDOCRINE NEOPLASIA TYPE 2 (MEN2)</b>	<input type="checkbox"/> <b>WILMS' TUMOUR</b>
<input type="checkbox"/> <b>DIAGNOSTIC A LA CARTE:</b> _____	

In \_\_\_\_\_, at \_\_\_\_\_ de 200\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

All confidential information data that appears in this formulary, as well as the analysis results, will be added to a file under the responsibility of LabGenetics. According with the current legislation, all people that figure in this document will be able to make use of their rights and oppose, access, rectify and cancel this data, sending an email, properly identified, to info@labgenetics.com.es

<b>Results communication</b>	<input type="checkbox"/> Ordinary mail	<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail
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