

Case Number	
Reception Date	
Order Number	

(To fill-in by LabGenetics)

PHARMACOGENETICS 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:	

SAMPLES SENT

Reference	Sample Type (Brief description)	LabGenetics Code

TEST REQUIRED

<input type="checkbox"/> 5-FLUOROURACIL TOXICITY	<input type="checkbox"/> CYP2C19
<input type="checkbox"/> <u>DPD</u> gene Allele 2A (IVS14+1G-A) Detection	<input type="checkbox"/> CYP2D6
<input type="checkbox"/> <u>DPD</u> gene Alleles 3, 7, 8, 9 & 10 Detection	<input type="checkbox"/> GASTROINTESTINAL STROMAL TUMOR (GIST)
<input type="checkbox"/> ABACAVIR HYPERSENSIBILITY	<input type="checkbox"/> <u>KIT</u> (CD117) gene Exons 9, 11, 13 & 17 Mutation Screening
<input type="checkbox"/> ACUTE MYELOIDE LEUKEMIA	<input type="checkbox"/> <u>PDGFRA</u> gen Exons 12 and 18 Mutation Screening
<input type="checkbox"/> <u>KIT</u> (CD117) gene Exons 8, 11 & 17 Mutation Screening	<input type="checkbox"/> IRINOTECAN TOXICITY (UGT1A1)
<input type="checkbox"/> <u>FLT3</u> gene Exons 14 & 20 Mutation Screening	<input type="checkbox"/> MASTOCYTOSIS
<input type="checkbox"/> BREAST CANCER (HER2/NEU)	<input type="checkbox"/> NON-SMALL CELL LUNG CANCER (NSCLC) - EGF
<input type="checkbox"/> CHRONIC MYELOIDE LEUKEMIA	<input type="checkbox"/> TPMT (THIOPURINES TOXICITY)
<input type="checkbox"/> CYP2C9	
<input type="checkbox"/> PHARMACOGENETICS Á LA CARTE: _____	

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

Results Communication	<input type="checkbox"/> Ordinary mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email
------------------------------	--	------------------------------	--------------------------------