ONCOLOGY TEST REQUEST

GENERATIONS

Patient: Last name, first name, birth date	Health Care Professional Information

CLIENT INFORMATION

Name of doctor | Phone | email

PATIENT INFORMATION

☐ male ☐ female

Clinical Diagnosis: _____

Known mutations in the tumor: _____

REASON FOR REFERRAL

- ☐ Examination at initial diagnosis (before the start of therapy or surgery)
- ☐ Follow-up examination / therapy monitoring
- ☐ Follow-up examination / monitoring „Minimal Residual Disease“ (MRD)
- ☐ Relapse / metastasis

CELL-FREE DNA (CFDNA) TESTING (2 Streck tubes (fully filled)

☐ **PAN tumor 79 genes:**

AKT1, ALK, APC, AR, ARID1A, ATM, BAP1, BRAF, BRCA1, BRCA2, CD274, CDH1, CDK4, CDK6, CDKN2A, CDKN2B, CHEK1, CHEK2, CTNNB1, CYSLTR2, DDR2, EGFR, EPCAM, ERBB2, ERBB3, ESR1, FBXW7, FGFR1, FGFR2, FGFR3, FGFR4, FOXL2, GNA11, GNAQ, GNAS, H3F3A, H3F3B, HIST1H3B, HIST1H3C, HRAS, IDH1, IDH2, KEAP1, KIT, KRAS, MAP2K1, MET, MLH1, MSH2, MSH6, MYC, MYCN, NF1, NF2, NRAS, NRG1, NTRK1, NTRK2, NTRK3, PALB2, PDGFRA, PDGFRB, PIK3CA, PMS2, POLE, POLD1, PPP2R1A, PTEN, RB1, RET, RNF43, ROS1, SF3B1, SMAD4, STK11, TERT, TP53, TSC1, VHL

☐ **Breast Cancer/Prostate Cancer (12 genes):**

AR, ATM, BRCA1, BRCA2, CDH1, CHEK1, CHEK2, ESR1, FGFR1, PALB2, PIK3CA, PTEN

☐ **Lung Cancer, NSCLC (17 genes):**

DDR2, BRAF, EGFR, ERBB3, KRAS, MAP2K1, MET, NRAS, NTRK1, NTRK2, NTRK3, PDGFRB, PIK3CA, PTEN, RET, ROS1, STK11

☐ **Colorectal Cancer (17 genes):**

APC, BRAF, CTNNB1, EGFR, EPCAM, FBXW7, KRAS, NRAS, MLH1, MSH2, MSH6, PIK3CA, PMS2, PTEN, RNF43, SMAD4, TP53

ONCOLOGY TEST REQUEST

GENERATIONS

HEREDITARY CANCER TESTING: (EDTA blood (5ml))

- ☐ Hereditary Breast and Ovarian Cancer
- ☐ Multiple Endocrine Neoplasia (MEN)
- ☐ HNPCC/Lynch-Syndrome
- ☐ Polyposis-Syndrome
- ☐ Hereditary Colorectal Cancer
- ☐ Hereditary Pancreatic Cancer
- ☐ Gastrointestinal Cancer Syndrome
- ☐ Hereditary Prostate Cancer
- ☐ Tuberous Sclerosis Complex (TSC)
- ☐ Hippel-Lindau Syndrome
- ☐ Other Tumor Predisposition Syndrome: _____
- ☐ Tumor prevention (>50 tumor genes)
- ☐ Additional findings according to ACMG gene list actionable genes

PHARMACOGENOMIC TESTING: (EDTA blood (5ml))

- ☐ Fluorouracil, 5-FU: DPYD
- ☐ Irinotecan: UGT1A1
- ☐ Tamoxifen: CYP2D6
- ☐ Other: _____

SAMPLE SHIPMENT

Collection date: _____

Ship specimen by courier service to: **Generations Life/Dungl GmbH, Mölkerbastei 5/1, 1010 Vienna**
Pick-up should be organized - contact: **+43-1-535 48 99** or **office@generations.at**

INFORMED CONSENT

I have been informed and agree that the data collected in the analysis will be stored and evaluated in compliance with data protection and medical confidentiality.

Surplus examination material may be used in anonymized form (without personal data) for quality control purposes and method development

I am aware that I can withdraw my consent for any aspect at any stage

Liquid biopsy: I have been informed that the examination can provide information not only about my tumor disease and treatment options, but also about a hereditary cancer disposition. If a questionable hereditary change is detected, the significance of the finding is discussed during genetic counseling.

Tumor disposition syndromes: I have been informed by a specialist about the nature, scope and significance and consequences of the genetic analysis and, if necessary, about possible risks of sample collection and agree to the analysis with my free consent. I can discontinue the examination without giving reasons until I have become aware of the findings, or I can refrain from communicating the results. I can also change or revoke the other decisions made here at any time by written notification, provided that the analysis has not yet been completed.

I agree with the genetic analysis.

Place _____ Date _____ Signature Patient _____

I confirm the accuracy of the information.

Place _____ Date _____ Signature Doctor _____