



DIAGNOSTIQUE / Service de Pathologie Clinique
Centre d'accueil des prélèvements (CAP)
Bâtiment des Laboratoires (BATLab), local 8D-0-850.1
4 rue Gabrielle-Perret-Gentil, 1211 Genève 14

Laboratoire d'oncologie moléculaire et pharmacogénomique

ONCOMOL

http://www.hug-ge.ch/feuilles-de-demande

Médecin Chef : Prof. Laura Rubbia-Brandt
Responsable du laboratoire : Dre A.-L. Rougemont (022 37) 28 568
Responsable technique FAMH : Mme I. Gauchat-Bouchardy (022 37) 21 827
Labo direct ou résultats : Tél./Fax : (022 37) 21 830 / 21 843
Centre d'accueil des prélèvements (CAP) : Tél (022 37) 21 800

Mr. Ms. (please print clearly)

Name: Maiden name: First name: Date of birth: Legal representative for minor patient: Name/first name: Street/N: City, Zip code: Hospital Unit: Doctor: N° EdS: Address for facturation: Nature of the case: N° AVS (AI mandatory): Insurance:

Requester (Name / First name - Street/N°, City, Zip code - Phone/Fax):

Laboratory identification:

Copy to (Name / First name - Street/N°, City, Zip code - Phone/Fax): The applicant laboratory / prescriber has obtained the agreement of the prescriber / patient to forward copies to other doctors that the prescribing physician

PATIENT information:

Ethnic origin: Ashkenazi Jewish Other:

Familial cancer history (or join a pedigree):

SAMPLE

Date of sample:

- Joined sample: EDTA blood sample, Purified DNA from external source, Other (to specify for example bioinformatic data)

REPORT LANGAGE:

- French, English

INFORMED CONSENT

I certify that the concerned person (patient, legal representative) has received genetic counseling according to the law on human genetic analysis (LAGH) on the various aspects of the described genetic analysis in the form "patient information". This person has given its consent and had enough time to ask questions and make its decision.

Prescripitor's mandatory date and signature*:

Patient decision on storage and use of the remaining biological material and analytical data for further analyses * = mandatory

- The patient agrees that his remaining biological material and analytical data will be stored for possible further analyses with his consent. Check "NO" means that the samples will be destroyed after analysis: YES NO
The patient agrees with the storage and anonymous use of his samples and analytical data for improvement of the quality of genetic analysis: YES NO

Use of patient sample and his analytical data for research purposes

- In principle, the patient agrees that his biological sample and analytical data could be kept and used for research purposes: YES NO
At this point, his response does not imply any consent on his part.

NOM Prénom
(en majuscule)

Réservé au laboratoire

ANALYSIS - Breast and ovarian cancer predisposition:

- DNA banking
- Three *BRCA1/2* Ashkenazi Jewish founder mutations
- Specific mutation (please specify which gene and mutation):

Family carrier already tested in our laboratory: Yes No NAME, Firstname, N°DNA :

Gene:

Mutation:

Next Generation Sequencing followed by bioinformatic analysis:

- BRCA1* and *BRCA2* only complete screening

Gene panel for Breast Cancer (for selected genes)

- All genes for breast cancer
- BRCA1*
- BRCA2*
- ATM*^{na}
- CDH*^{na}
- CHEK2*^{na}
- NBN*^{na}
- PALB2*^{na}
- PTEN*^{na}
- STK11*^{na}
- TP53*^{na}

Gene panel for Ovarian Cancer (for selected genes)

- All genes for ovarian cancer
- BRCA1*
- BRCA2*
- BRIP1*^{na}
- PALB2*^{na}
- RAD51C*^{na}
- RAD51D*^{na}
- MLH1*^{na}
- MSH2*^{na}
- MSH6*^{na}
- PMS2*^{na}

Additional bioinformatic analysis:

Gene panel for Breast Cancer (for selected genes)

- All genes for breast cancer
- BRCA1*
- BRCA2*
- ATM*^{na}
- CDH1*^{na}
- CHEK2*^{na}
- NBN*^{na}
- PALB2*^{na}
- PTEN*^{na}
- STK11*^{na}
- TP53*^{na}

Gene panel for Ovarian Cancer (for selected genes)

- All genes for ovarian cancer
- BRCA1*
- BRCA2*
- BRIP1*^{na}
- PALB2*^{na}
- RAD51C*^{na}
- RAD51D*^{na}
- MLH1*^{na}
- MSH2*^{na}
- MSH6*^{na}
- PMS2*^{na}

Please indicate here any additional helpful information :

^{na} = not accredited