Medical Diagnostic Laboratories INVICTA

Referral note for **molecular genetic testing**

Patient's full name

.....

Place of residence / hospital ward

.....

Contact details (ie. tel., e-mail)

.....

PESEL (Personal ID no.) (or identity card name and number)

date of birth

D D / M M / Y Y Y Y

Clinical diagnosis / Indication for testing / Concomitant medications

.....

.....

.....

.....

.....

.....

Sex
☐ Male
☐ Female

Transfusion ☐ YES ☐ NO

dp wp

ORDER CODE

Stamp, name of the ordering party, National Business Registry Number (REGON), telephone

.....

.....

Place to send the examination report to or a person authorized to collect results

.....

date of issuing the referral note

D D / M M / Y Y Y Y

PAYER

☐ INVICTA contracting party ☐ NHF ☐ Patient ☐ INVICTA

D D / M M / Y Y Y Y H H : M M

Date and time of material collection

.....

Signature of the person collecting material

D D / M M / Y Y Y Y H H : M M

Date and time of receipt by INVICTA Laboratory

.....

Signature of the person accepting material

MATERIAL TYPE

BLOOD:
- ☐ **BLOOD (EDTA)**
- ☐ **BLOOD (EDTA-GEL)**

SMEAR:
- ☐ **CERVICAL CANAL**
- ☐ **PENIS**

OTHER:
- ☐ **AMNIOTIC FLUID**
- ☐ **SALIVA**
- ☐ **SPERM**
- ☐ .....

ORDERED TESTS

DNA SEQUENCING

- ☐ 4491 SALIVA, 4782 BLOOD (EDTA) Sanger method sequencing - 1 mutation/fragment
- ☐ 4783 SALIVA, 4784 BLOOD (EDTA) Sanger method sequencing - 2 or 3 mutations/fragments
- ☐ 4785 SALIVA, 4786 BLOOD (EDTA) Sanger method sequencing - 4 or 5 mutations/fragments
- ☐ 4780 SALIVA, 4781 BLOOD (EDTA) Sanger method sequencing - 1 gene
- ☐ 4776 SALIVA, 4777 BLOOD (EDTA) Next Generation Sequencing (NGS) - 1 gene
- ☐ 4778 SALIVA, 4779 BLOOD (EDTA) Next Generation Sequencing (NGS) - 2-5 genes
- ☐ 4630 SALIVA, 4629 BLOOD (EDTA) Sequencing of BRCA1 gene (NGS)
- ☐ 4632 SALIVA, 4631 BLOOD (EDTA) Sequencing of BRCA2 gene (NGS)
- ☐ 4634 SALIVA, 4633 BLOOD (EDTA) Sequencing of BRCA1 i BRCA2 genes (NGS)
- ☐ 4628 SALIVA, 4627 BLOOD (EDTA) Sequencing of CFTR gene (NGS)
- ☐ Others .....

MUTATION DETECTION

- ☐ 4191 SALIVA, 4177 BLOOD (EDTA) Detection of G20210A mutation in prothrombin gene – factor II
- ☐ 4190 SALIVA, 4176 BLOOD (EDTA) Detection of Leiden mutation in proaccelerin gene – factor V
- ☐ 4194 SALIVA, 4180 BLOOD (EDTA) Detection of polymorphism in ACE gene
- ☐ 4192 SALIVA, 4178 BLOOD (EDTA) Detection of polymorphism in MTHFR gene
- ☐ 4187 SALIVA, 4173 BLOOD (EDTA) Detection of 2 mutations in CFTR gene
- ☐ 4188 SALIVA, 4174 BLOOD (EDTA) Detection of 33 mutations in CFTR gene
- ☐ 4628 SALIVA, 4627 BLOOD (EDTA) Sequencing of CFTR gene (NGS)
- ☐ 4193 SALIVA, 4179 BLOOD (EDTA) Detection of 3 mutations in BRCA1 gene
- ☐ 4630 SALIVA, 4629 BLOOD (EDTA) Sequencing of BRCA1 gene (NGS)
- ☐ 4632 SALIVA, 4631 BLOOD (EDTA) Sequencing of BRCA2 gene (NGS)
- ☐ 4634 SALIVA, 4633 BLOOD (EDTA) Sequencing of BRCA1 i BRCA2 genes (NGS)
- ☐ 4196 SALIVA, 4182 BLOOD (EDTA) Detection of mutation in NOD2 gene
- ☐ 4195 SALIVA, 4181 BLOOD (EDTA) Detection of mutation in CHEK2 gene
- ☐ 4493 SALIVA, 4492 BLOOD (EDTA) Detection of deletion in AZF region
- ☐ Other: .....

DETECTION OF MUTATIONS – TEST PANELS

PANEL HEART.
Predisposition for thromboembolic diseases.
☐ 4201 SALIVA ☐ 4212 BLOOD (EDTA)
» Detection of G20210A mutation in prothrombin gene – factor II
» Detection of Leiden mutation in proaccelerin gene – factor V
» Detection of polymorphism in MTHFR gene

PANEL HEART AND HYPERTENSION.
Predisposition for thromboembolic diseases and hypertension.
☐ 4202 SALIVA ☐ 4213 BLOOD (EDTA)
» Detection of G20210A mutation in prothrombin gene – factor II
» Detection of Leiden mutation in proaccelerin gene – factor V
» Detection of polymorphism in MTHFR gene
» Detection of polymorphism in ACE gene

PANEL CANCER.
Predisposition for cancer.
☐ 4204 SALIVA ☐ 4215 BLOOD (EDTA)
» Detection of 3 mutations in BRCA1 gene
» Detection of mutation in NOD2 gene
» Detection of mutation in CHEK2 gene

PANEL BREAST CANCER.
Predisposition for breast cancer.
☐ 4203 SALIVA ☐ 4214 BLOOD (EDTA)
» Detection of 3 mutations in BRCA1 gene
» Detection of mutation in NOD2 gene
» Detection of mutation in CHEK2 gene

PANEL BREAST CANCER +.
Predisposition for breast cancer.
☐ 4634 SALIVA ☐ 4633 BLOOD (EDTA)
» Sequencing of BRCA1 i BRCA2 genes (NGS)

PANEL PROSTATE.
Predisposition for prostate cancer.
☐ 4205 SALIVA ☐ 4216 BLOOD (EDTA)
» Detection of 3 mutations in BRCA1 gene
» Detection of mutation in CHEK2 gene

PANEL MALE INFERTILITY.
Background for male infertility.
☐ 4206 SALIVA ☐ 4217 BLOOD (EDTA)
» Detection of deletion in AZF region
» Detection of 2 mutations in CFTR gene

PANEL FEMALE INFERTILITY.
Background for female infertility.
☐ 4207 SALIVA ☐ 4218 BLOOD (EDTA)
» Detection of G20210A mutation in prothrombin gene – factor II
» Detection of Leiden mutation in proaccelerin gene – factor V
» Detection of 2 mutations in CFTR gene
» Detection of polymorphism in MTHFR gene

PANEL SPONTANEOUS MISCARRIAGE.
Predisposition for spontaneous miscarriage.
☐ 4208 SALIVA ☐ 4219 BLOOD (EDTA)
» Detection of G20210A mutation in prothrombin gene – factor II
» Detection of Leiden mutation in proaccelerin gene – factor V
» Detection of polymorphism in MTHFR gene

GENETIC PANEL.
Predisposition for diseases and cancer.
☐ 4209 SALIVA ☐ 4220 BLOOD (EDTA)
» Detection of deletion in AZF region
» Detection of G20210A mutation in prothrombin gene – factor II
» Detection of Leiden mutation in proaccelerin gene – factor V
» Detection of 2 mutations in CFTR gene
» Detection of 3 mutations in BRCA1 gene
» Detection of polymorphism in MTHFR gene
» Detection of polymorphism in ACE gene
» Detection of mutation in NOD2 gene
» Detection of mutation in CHEK2 gene

PANEL CONTRACEPTION.
Predisposition for thromboembolic diseases.
☐ 4210 SALIVA ☐ 4221 BLOOD (EDTA)
» Detection of G20210A mutation in prothrombin gene – factor II
» Detection of Leiden mutation in proaccelerin gene – factor V
» Detection of polymorphism in MTHFR gene »
» Detection of 3 mutations in BRCA1 gene

PANEL HORMONES (HRT).
Predisposition for thromboembolic diseases.
☐ 4211 SALIVA ☐ 4222 BLOOD (EDTA)
» Detection of G20210A mutation in prothrombin gene – factor II
» Detection of Leiden mutation in proaccelerin gene – factor V
» Detection of polymorphism in MTHFR gene
» Detection of 3 mutations in BRCA1 gene

Informed consent form located on the other side has to be signed by a patient prior to genetic testing.

VERTE

INVICTA Medical Diagnostic Laboratories, ul. Trzy Lipy 3, 80-172 Gdańsk , T: 58 58 58 804, www.invicta.pl, www.medipoint.pl

INVICTA

INFORMED CONSENT FOR GENETIC TESTING

Filled in by a patient

1. Informed Consent Form for DNA/RNA isolation and molecular/cytogenetic diagnostic testing in order to identify DNA changes associated with the following suspected/confirmed clinical diagnosis:.....

I state that:

1. I have been informed about the nature of a suspected disease, and an aim and significance of genetic testing performed.
2. I give my consent / do not give my consent* for my isolated DNA to be stored after the end of testing and used anonymously for genetic research in order to expand knowledge on molecular background of genetic diseases.

   I agree / do not agree* to be informed in the future about results of research studies when such results would form a base for a diagnosis of a genetic disease or its higher risk.
3. In case of genetic testing performed on miscarried fetal tissues I agree for genetic testing performed on material from a miscarried fetus in order to determine whether a chromosomal defect of an embryo or fetus was a cause of miscarriage.
4. I am aware that material collected will be stored under appropriate conditions until all tests have been performed and there is a risk that samples/specimens will degrade naturally and as a result, it will be necessary to perform another collection.
5. I am aware that in some cases test results may not be unambiguous, and therefore supplementary tests may be necessary.
6. I have been informed that test results may be interpreted incorrectly if a relationship between family members is different that the one stated.
7. I have been informed that test results obtained may indicate that it is necessary to collect biological material from other family members.
8. If a minor patient reaches the age of 18 years in the period between sample collection and issuing the results they will have to sign the Informed Consent Form before results can be issued.
9. I have been informed of consequences of inappropriate collection, storage and transport of material and I have understood this information.
10. I understand that testing will be performed on material that has been delivered by me or on my behalf, and a person receiving material cannot check its quality at receipt or determine whether testing can be performed or not.
11. The material will be received and transferred to a laboratory, as per description on a referral note. Invicta is not responsible for the content of a referral note/order that has been issued by a physician.
12. I am aware that despite lack of results the Invicta Medical Laboratory has had expenses, therefore a fee for testing cannot be returned.
13. I give my consent for my telephone number and e-mail address to be processed, to receive medical information via mobile phone and electronic mail and for my data to be stored and processed by Invicta sp. z o.o. for the purposes of promotion of Invicta services and to be informed of new services and promotions. I agree for the tests to be performed at another laboratory if it is necessary to complete testing.
14. I have been informed of a possibility to destroy biological samples when testing I had agreed on have been performed
15. I give my consent, if the need arises, for the transportation and test performance outside the territory of the Republic of Poland: ☐ yes ☐ no
16. Genetic testing is performed for the first time: ☐ yes ☐ no
    (if yes):

    Previously performed genetic testing: .....
    (TEST TYPE)

    This test was performed at: .....
    (CITY AND CENTER NAME)
17. I confirm that PATIENT'S DETAILS presented are true, and I give my consent for collection.

.....
date

.....
full name of a patient/legal guardian

.....
date

.....
Doctor's signature

*Delete as appropriate