



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

<https://www.hug.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
Labo-PATOMPG@hcuge.ch
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 : father mother
Name/first name :
Street/N°:
City, Zip code :
Hospital Unit : Doctor :
N° EdS :
Address for facturation: Patient Requester Insurance
Nature of the case : Disease AI Accident Maternity
N° AVS (AI mandatory) :
Insurance : Insurance N° :

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:

EDTA blood sampleml, at room temperature (recommended volume: 5 ml)

Purified DNA ng / µl (recommended quantity: 10µg)

External Reference: Internal Reference (DNA banking):

Other (to specify for example bioinformatic data)
(some techniques may be in the process of being submitted for accreditation)

REPORT LANGUAGE (by default in french):

- 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.**

NAME Firstname

Reserved for the laboratory

ANALYSIS - Breast and ovarian cancer predisposition:

DNA banking

Screening of the three *BRCA1/2* Ashkenazi Jewish founder mutations

Specific mutation for breast and ovarian cancer (please specify which gene and mutation):

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

Gene:

Mutation:

NGS Panels:

BRCA1 and *BRCA2* only (complete analysis)

Breast Cancer gene panel (*BRCA1, BRCA2, ATM, BARD1, CHEK2, PALB2, PTEN, STK11, TP53*)

Ovarian Cancer gene panel (*BRCA1, BRCA2, BRIP1, MLH1, MSH2, MSH6, PALB2, PMS2, RAD51C, RAD51D*)

Complete HBOC gene panel (*BRCA1, BRCA2, ATM, BARD1, BRIP1, CHEK2, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, TP53*)

Additional/other genes:

CDH1

SMARCA4

NBN

Sanger:

HOXB13^{na} ✖

Other analysis (please specify below)^{na} ✖

Complementary bioinformatics analysis for Complete HBOC gene panel from NGS data:

ATM

PALB2

BARD1

PMS2

BRIP1

PTEN

CDH1

RAD51C

CHEK2

RAD51D

MLH1

SMARCA4

MSH2

STK11

MSH6

TP53

NBN

Please indicate here any additional helpful information :

✖ = the patient has been informed that the tests identified by the character ✖ do not appear on the OFAS list in force and that they will therefore not necessarily be covered by the health insurance funds.

na = not accredited