cbdna.pl	DNA Research Center LTD Mickiewicza 31 st., 60-835 Poznań phone: 61 646 85 85, fax 61 623 25 26 e-mail: bok@cbdna.pl	**Order no:**	*fills CBDNA*
		Date and hour of specimen receving:	

Annex no 6 / P.1 version 2

ORDER FORM

Genetic diseases and predispositions diagnostic

PATIENT DATA:	**PRINCIPAL (does not apply to private orders):**
Name:	Contractor no:
Surname:	Full name of ordering person:
Home adresss: Country:.....	Company stamp:
Street:..... No.....	
City:..... ZIP code:.....	
Date of birth: female ☐ male ☐	..... date ..... signature of the person authorized
Contact phone:	
e-mail::	contact phone:

Data marked in red is necessary for order acceptance

SPECIMEN

Specimen:	Date of specimen collection:	Sample collected by (full name):

SINGLE TESTS:

☐	901	Cystic fibrosis - analysis of 9 mutations of CFTR gene, PCR/sequencing
☐	902	Hereditary breast and ovarian cancer - analysis of 5 mutations of BRCA1 gene, PCR/sequencing
☐	915	Hereditary breast and ovarian cancer - analysis of BRCA2 gene, PCR/sequencing
☐	916	Hereditary breast and prostate cancer - analysis of NBS1 gene, PCR/sequencing
☐	917	Hereditary breast, ovarian colorectal, lungs cancer - analysis of NOD2 gene, PCR/sequencing
☐	918	Hereditary breast, prostate, colorectal, thyroid, reins cancer - analysis of CHEK2 gene, PCR/sequencing
☐	919	Hereditary skin cancer (melanoma), pancreas, breast, colorectal and lungs cancer CDKN2A (p16) gene, PCR/sequencing
☐	920	Hereditary breast, colorectal, urinary bladder, lungs, larynx cancer - analysis of CYP1B1 gene
☐	923	Lactase Persistence Adult-Type - 13910 polymorphism analysis of LCT gene (lactase), PCR/sequencing
☐	924	IL28B genotyping - prognosis of response to treatment in HCV infection (polymorphisms rs 12979860 and rs 8099917), PCR/sequencing
☐	925	IL28B genotyping - prognosis of response to treatment in HCV infection (polymorphism rs12979860), PCR/sequencing
☐	926	IL28B genotyping - prognosis of response to treatment in HCV infection (polymorphism rs8099917), PCR/sequencing
☐	903	Alzheimer and atherosclerosis genetic predisposition testing – ApoE genotyping, PCR
☐	905	Neonatal diabetes – KCNJ11 gene mutation analysis, PCR/sequencing
☐	908	Hereditary hypercoagulability disorder - Factor V Leiden mutation analysis, PCR/sequencing
☐	909	Medullary thyroid cancer genetic predisposition – 16 RET gene mutations analysis, PCR/sequencing
☐	911	Hereditary hypercoagulability disorder - prothrombin Pt (G20210A) gene mutation analysis, PCR/sequencing
☐	912	Nervous system defects and hypercoagulability disorder - MTHFR gene (C677T and A1289C) polymorphism analysis, PCR/sequencing
☐	928	Celiac Disease - identyfication of haplotypes HLA-DQ2 and HLA-DQ8, PCR/sequencing
☐	913	Diagnostics of polycythemia, thrombocythemia and myelofibrosis - JAK2 gene mutation analysis p.V617F (G1849T), PCR/sequencing
☐	910	KRAS gene mutation analysis (codons 12 and 13 of gene sequence), PCR/sequencing

PANELS:

☐	981	Hereditary hypercoagulability disorder panel - Factor V Leiden F5, prothrombin Pt F2 (G20210A), MTHFR gene (C677T and A1289C), PCR/sequencing
☐	914	Genetic predisposition to breast cancer - analysis of 15 mutations in 7 genes (BRCA1, BRCA2, NBS1, NOD2, CHEK2, P16, CYP1B1), PCR/sequencing
☐	921	Colorectal cancer (HNPCC Lynch syndrom) - analysis of 169 mutations in 5 genes (MLH1, MSH2, MSH6, NOD2, CHEK2), microarray DNA /sequencing
☐	922	Prostate cancer - analysis of 17 mutations in 6 genes (RNASEL, ELAC2, MSR1, NBS1, BRCA1, CHEK2), microarray DNA

RESULT SENDING ADDRESS OR DATA OF PERSON AUTHORISED TO RECEIVE IT PERSONALLY:
Name and Surname:..... Contact phone.....
Address:.....
DECLARED WAY OF RECEIVING RESULTS:
☐ Letter (free of charge) ☐ Receipt of the Personal
COMMENTS:

Laboratory reserves the right to ask for a new sample in situations when it is not possible to issue a reliable result (in case of faults not made in the laboratory)

The laboratory reserves the right to anonymous use of the material for research, affecting the expansion of knowledge of microbiological infections (if you do not agree, please mark box): ☐

I agree to use data contained in the survey for the purpose of medical research in accordance with the Polish regulation for the protection of persona data passed on the 29th of August 1997 (Dz. U. z 2002 r. NR 101, poz. 926, ze zm.)

1) I agree to use the data contained in the questionnaire for promotional purposes (if you do not agree, please mark box): ☐

2) I agree to use the data contained in the questionnaire for research purposes (if you do not agree, please mark box): ☐

.....

DATE AND SIGNATURE OF PATIENT