eurofins

CENTRE/CLIENT BARCODE LABEL

EUROFINS BARCODE LABEL

Test Request Form
Genetic testing

* *Required fields*

PATIENT INFORMATION	ORDERING PHYSICIAN / CENTER INFORMATION
Full name: *	**Full name:** *
Biological sex: * ☐ Male ☐ Female **ID:**	**Center name:** * **Medical license:** *
Date of birth: * / / **Phone number:** *	**Specialty:** * **Phone number:** *
Address:	**Address:** *
Email:	**Email:** *

SPECIMEN INFORMATION

Sample ID: * **Collection date:** * / / **Submitted volume:** *

Specimen provided: * ☐ whole Blood ☐ Saliva ☐ DNA ☐ Bone marrow ☐ Semen

■ Fresh tissue, origin: *_____ ■ FFPE tissue, origin:*_____ ■ Other: *_____

Prenatal sample: * ■ Chorionic villus ■ Amniotic fluid ■ Product of conception **Gestational age:** *

GENETIC STUDY INFORMATION

Reason for testing: * ■ Diagnostic study ■ Familial study (clinical report required)

Reporting of secondary findings†: * ☐ Yes ☐ No

† *Only applicable for **Whole Exome Sequencing (WES)** and **Whole Genome sequencing (WGS)** studies*

Description of the test(s) required and / or code: *

CLINICAL INFORMATION

Ancestry (tick all that apply):*

☐ Western / Northern European ☐ Central / Eastern European ☐ Southern European ☐ Africa ☐ Asia

☐ Latin American / Caribbean ☐ Near Eastern/Middle Eastern ☐ Other: _____

Clinical details / Referral reason: * (or attach a copy of the clinical letter)

Relevant family history: *

Pedigree: (If more space is needed an additional sheet can be attached)

Note: attachment of the patient's clinical letter is recommended for a correct interpretation of the genetic findings,

PHYSICIAN SIGNATURE

By signing this form, I confirm that I have informed the patient of the risks and implications that performing this test has, that all patient's questions have been resolved and that I have received the patient's explicit written consent to perform the test.

Physician signature: * **Date:** * / /

BILLING DETAILS

Client code: *	**Client name:** *
Country: *	**City:** *

Pursuant to GDPR (UE) 2016/679, the LOPDGDD 3/2018 and Spain's Data Protection Act and the Patient Autonomy (Regulation) Act 41/2002, we notify you that you will have to sign the INFORMED CONSENT OF DATA PROTECTION document as well as the ANNEX TO INFORMED CONSENT, SPECIFIC FOR THE PERFORMANCE OF DIAGNOSTIC GENETIC TESTS that will be provided to you in the draw center, in which the responsible of your data protection is clearly stated, as well as the use of your personal data and your rights.

BARCODE LABEL

ANNEX TO INFORMED CONSENT, SPECIFIC FOR THE PERFORMANCE OF GENETIC DIAGNOSTIC TESTS

As an Annex and Supplement to your Informed Consent in Data Protection, we specifically request your consent to:

1. Perform genetic laboratory tests in biological samples (blood / tissues / other biological fluids), the purpose of which is to diagnose if you are affected or are a carrier of, for example, a hereditary metabolic disease.
2. These tests will be carried out at the Genetics laboratory of **EUROFINS NBLSC CLINICAL TESTING SPAIN S.L.U.**
3. Only the health personnel that are duly authorized by **EUROFINS NBLSC CLINICAL TESTING SPAIN S.L.U (**hereinafter referred to as "EUROFINS")will be able to access the personal data and the results of the genetic tests.
4. The physician that requests these tests acquires the commitment to provide information about the purpose of the analysis that will be performed.
5. When carrying out the requested genetic study, both secondary findings in medically actionable genes and/or incidental findings might be detected. These findings are defined as alterations detected by chance that are unrelated to the original purpose for which the test was conducted but that may nonetheless be of medical value for the patient and his/her relatives. In accordance with our internal policies, secondary findings (alterations detected in actionable genes, recommended by the American College of Medical Genetics and Genomics v3.2) will be reported only upon express request at the end of this document or other equivalent test request form. Incidental findings will not be informed.
6. The information obtained from this study may also be relevant for your family members and, in this case, the physician requesting these tests will explain to you the importance of sharing this information with them. It is your personal decision to inform them – something that we recommend – and, therefore, if they wish, they can obtain genetic counseling to be informed about their personal risk and their health options in the future.
7. Once the testing is complete, the data obtained and the surplus sample (if any) will be kept in the genetics laboratory of SYNLAB GLOBAL DIAGNOSTICS for at least 5 years and 6 months respectively, due to the interest they may have to satisfy your future needs or your family members'.
8. The data obtained will be interpreted according to the criteria and sources of information available at the time of the study. This interpretation may vary in the future, depending on the state of knowledge and the scientific advances that may occur. Likewise, the patient accepts that there is a minimal possibility of failure of the technique and, therefore, the issuance of a non-evaluable report due to the quality or intrinsic problems of the sample. The patient accepts that no refund will be made if the lack of a diagnosis is due to the causes mentioned above.
9. Pursuant to the best practices and quality standards of clinical laboratories, the patient acknowledges that EUROFINS may use the leftover specimen and the patient's medical and genetic information, in an anonymized form (unless forbidden by applicable legislation) for research or quality assurance purposes. Such uses may result in development of commercial products and services. The patient will not receive notice of any specific uses and will not receive any compensation for these uses. In any event, all such uses will be in compliance with applicable legislation. **You may request that your DNA sample or the genetic information derived from this study not be used for these purposes by indicating your preference below**.
10. For most diagnostic genetic tests, access to the results via internet will not be available. Due to the complexity of the genetic tests and their important implications in health, the results will be reported only through a qualified professional or another identified health care provider. The results are confidential to the extent permitted by law.

If you have understood the information provided and have resolved all your doubts and, if you give your consent to perform the genetic tests in the terms explained above, please sign the following informed consent:

I_____(Patient's or legal representative's) [name and surname] confirm that I have been informed that_____(name of the person to whom the sample is taken) could be affected or be a carrier of a genetic alteration.

I give consent to carry out such genetic tests at the Genetics department of EUROFINS and, if necessary, in other laboratories designated by EUROFINS with due guarantees, in order to help the diagnostic process.

In case of detecting secondary findings that are not the subject of this study but that could be of interest for me and / or for any of my relatives in the present or in the future:

☐ I want to be informed about secondary findings. ☐ I refrain from being informed about secondary findings.

Regarding the use of surplus sample and anonymized information derived from the study for research and quality control purposes I declare that:

☐ I allow them to be used. ☐ I do not allow them to be used

Date: In_____ ,at _____20_____

Patient or legal representative: *

ID:_____

Signature:*

Authorized professional requesting consent: *

ID: _____

Signature: *