

**CONSTITUTIONAL ONCOGENETICS
HEREDITARY PREDISPOSITION TO CANCER**

SAMPLING	
Sampling date: <input type="text"/>	Customer: <input type="text"/>
<input type="checkbox"/> Whole blood EDTA (from 0.5 ml to 5 ml)	
<input type="checkbox"/> Buccal cells (Nature code: CBUC) Please contact us for the shipment of the collection device.	

PATIENT	PRESCRIBER
SURNAME FIRST NAME Maiden name Address ZIP code City Date of birth: <input type="text"/> N°SS: <input type="text"/>	<div style="border: 1px dashed gray; border-radius: 15px; padding: 20px; width: 80%; margin: 0 auto;"> Mandatory Stamp </div> Email Address : Signature :

CLINICAL INFORMATIONS												
<p>INDICATION</p> <input type="checkbox"/> Hereditary cancer predisposition <input type="checkbox"/> Theranostic analysis <input type="checkbox"/> Mixed indication: hereditary predisposition AND theranostic purpose												
<p>CONTEXT</p> <input type="checkbox"/> Symptomatic Index Case – 1st Sample (Attach a mandatory copy of the tumor test results) Primary tumor: <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Breast</td> <td><input type="checkbox"/> Ovary</td> <td><input type="checkbox"/> Endometrium</td> <td><input type="checkbox"/> Prostate</td> </tr> <tr> <td><input type="checkbox"/> Digestive system excluding pancreas</td> <td><input type="checkbox"/> Pancreas</td> <td><input type="checkbox"/> Kidney</td> <td><input type="checkbox"/> Urinary tract</td> </tr> <tr> <td><input type="checkbox"/> Melanoma</td> <td><input type="checkbox"/> Central nervous system</td> <td><input type="checkbox"/> Pleuropulmonary</td> <td><input type="checkbox"/> Others:</td> </tr> </table> <input type="checkbox"/> Asymptomatic patient with family history – 1st Sample - No genetic test performed in the index case or result not available <input type="checkbox"/> Asymptomatique patient WITH NO family history – 1st Sample	<input type="checkbox"/> Breast	<input type="checkbox"/> Ovary	<input type="checkbox"/> Endometrium	<input type="checkbox"/> Prostate	<input type="checkbox"/> Digestive system excluding pancreas	<input type="checkbox"/> Pancreas	<input type="checkbox"/> Kidney	<input type="checkbox"/> Urinary tract	<input type="checkbox"/> Melanoma	<input type="checkbox"/> Central nervous system	<input type="checkbox"/> Pleuropulmonary	<input type="checkbox"/> Others:
<input type="checkbox"/> Breast	<input type="checkbox"/> Ovary	<input type="checkbox"/> Endometrium	<input type="checkbox"/> Prostate									
<input type="checkbox"/> Digestive system excluding pancreas	<input type="checkbox"/> Pancreas	<input type="checkbox"/> Kidney	<input type="checkbox"/> Urinary tract									
<input type="checkbox"/> Melanoma	<input type="checkbox"/> Central nervous system	<input type="checkbox"/> Pleuropulmonary	<input type="checkbox"/> Others:									

GENE PANEL ANALYSIS (GENE LIST AVAILABLE UPON RESUEST AT: POLEGENETMOL@LAB-CERBA.COM)	
<p>REQUESTED TEST *GGC: Recommended by the Genetic and Cancer Group - France **ASCO: Recommended by the American Society of Clinical Oncology</p>	
<input type="checkbox"/> Breast/Ovary Panel (HBOC) GGC* (13 genes) (code OS005) <input type="checkbox"/> Breast/Ovary/Endometrium/Prostate ASCO** (20 genes) (code OS002) <input type="checkbox"/> Panel sein/ovaire/endomètre/prostate complet (23 genes) (code OS019)	<input type="checkbox"/> Kidney Panel GGC* (12 genes) (code OS018) <input type="checkbox"/> Kidney/Urinary Tract Panel (18 genes) (code OS015)
<input type="checkbox"/> Digestive Panel GGC* (14 genes) (code OS007) <input type="checkbox"/> Digestive Panel ASCO** (31 genes) (code OS006) <input type="checkbox"/> GIST Panel ASCO** (8 genes) (code OS009)	<input type="checkbox"/> Lung Panel ASCO** (3 genes) (code OS014) <input type="checkbox"/> Skin Panel ASCO** (8 genes) (code OS013)
<input type="checkbox"/> Pancreatic Panel (14 genes) (code OS010) <input type="checkbox"/> Paraganglioma-Pheochromocytoma Panel (16 genes) (code OS012)	<input type="checkbox"/> Thyroid and Parathyroid Panel (9 genes) (code OS016) <input type="checkbox"/> Gene RB1 (code OS017) <input type="checkbox"/> Gene DICER1 (code OS021)
<input type="checkbox"/> Panel for Predisposition to Hemopathies (398 genes) (code IS056) <i>If the patient has circulating tumor cells, then collect buccal cells</i> <input type="checkbox"/> Duo analysis with blood sample	<input type="checkbox"/> Gène PTEN (code OS022) <input type="checkbox"/> Neuroendocrine Panel (28 genes) (code OS011)
<input type="checkbox"/> PAN-CANCER Panel excluding hematopathy (97 genes) (code OS023) <input type="checkbox"/> Custom Panel (<15 genes) (code PHC0) <input type="checkbox"/> Custom Panel (15 - 75 genes) (code PHC1) <input type="checkbox"/> Custom Panel (>75 genes) (code PHC2)	<input type="checkbox"/> Complete EXOME (code EXOME) Please specify your request:

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LONG-TERM DNA STORAGE >1 YEAR

(OPL code: ADNLD) **(storage for 5 years)**

TARGET TEST: KNOW VARIANT
 (OPL code: OMUT)

Please be sure to attach the report of the Index Case or Related Individual mentioning the variant to be searched (HGVS nomenclature) or provide the Cerba file number if performed by our laboratory.

Gene(s) to explore:

Reference sequence:

Genetic variants to explore:

CERBA file number / index case or relative:

CONTEXT

- Index Case – 2nd Sample (performed if the 1st is positive)
- Index Case – Investigation of variant(s) identified by tumor study (somatic) (suspected constitutional variant)
 - 1st Sample
 - 2nd Sample (confirmatory test)
- Family study – **Symptomatic relative**
 - 1st Sample
 - 2nd Sample (confirmatory test)
- Family study – **Asymptomatic relative** (please include a family tree)

FAMILY INFORMATION

Consanguinity Yes No

FAMILY TREE

- Male
- Female
- Individual of unknown sex
- Affected subject
- Healthy subject