eurofins | Biomnis

Test request form
BRCA1 and *BRCA2* genes

INTERNATIONAL DIVISION
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Customer No

PATIENT

Surname: .....
First name: .....
Date of birth: |_|_| |_|_| |_|_|_|_|
Gender: ☐ F ☐ M
Country: .....

REFERRING PHYSICIAN

Surname: .....
Address: .....
Postal code: ..... City: .....
Country: .....
Tel.: |_|_| |_|_| |_|_| |_|_| |_|_|

REQUESTED TEST

☐ BRCA1 and BRCA2 - entire gene (exonic and intronic regions) (test code **BRCAN**)
☐ Targeted analysis *(specify the variation)*: ..... (test code **SEPOS**)

Please note: In order to carry out this investigation, the index case (patient) analysis must have been performed by our laboratory. If this is not the case, a DNA sample from a positive case is required for a positive control.
In case of difficulty, please contact us.

FAMILY TREE

Geographical origin*: .....
*(*The frequency and distribution of genetic mutations differs according to the ethnic/ geographical origins of the patient)*
Consanguinity: ☐ YES *(please indicate on the family tree)* ☐ NO

INDICATION

☐ **Patient with cancer** *(for each case, please specify)*
☐ Theranostic *(for i-PARP prescription)*: .....
.....
☐ Family history *(or specify in the family tree)*: .....
☐ Tumour analysis suggesting a constitutional variant *(please attach the report)*:
.....
☐ Cancer(s): .....
☐ Other: .....
.....

☐ **Unaffected patient** *(for each case, please specify)*
☐ Evocative family history *(or specify in the family tree)*:.....
☐ Known predisposition: see Indication **"Family investigation"** below
☐ Other:.....

☐ **Family investigation:** Search for a known variation in the family *(please attach the report of a positive result)*
☐ 1st sample ☐ 2nd sample for confirmation of a positive result

CONSULTATION CERTIFICATE AND PATIENT CONSENT FORM

(Decree n° 2008-321 of 4th April 2008, amended on 27th May 2013)

I, the undersigned, ... Medical Doctor (MD), certify that I have fully informed my patient

Mr/Mrs/Miss ..... of the information defined according to the article R.1131-4 of decree n°2008-321 dated 4 April 2008 of the French public health code and amended on 27th May 2013 and that I have obtained written informed consent from my patient under the conditions specified in article R.1131-5.

Signed in *(city)* .....
on |_|_| |_|_| |_|_|

Physician's signature

I, the undersigned,

Mr/Miss/Mrs ..... declare that I have been informed and fully understand all information relating to this analysis and give my consent to perform this genetic test, in accordance to the articles R.1131-4 and R1131-5 of the public health code and decree of 27th May 2013.

Signed in *(city)* .....
on |_|_| |_|_| |_|_|

Patient signature

B109-INTGB - October 2023