eurofins | Biomnis

Test request form
Prosigna® genetic signature test for breast cancer prognosis

INTERNATIONAL DIVISION
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E-mail: **international@biomnis.com**

Reserved for Biomnis Laboratory Barcode sticker

CLINICIAN

First name(s): ..... Surname: .....
Address : .....
.....
Post code: |_|_|_|_|_| City: .....
Country: .....
Tel.: |_|_|_|_|_|_|_|_|_|_| Fax: |_|_|_|_|_|_|_|_|_|_|
Email: .....

Physician's stamp

SAMPLING LABORATORY OR PATHOLOGY PRACTICE

First name(s): ..... Surname: .....
Address: .....
.....
Post code: |_|_|_|_|_| City: .....
Country: .....
Tel.: |_|_|_|_|_|_|_|_|_|_| Fax: |_|_|_|_|_|_|_|_|_|_|
Email: .....

Physician's stamp

PATIENT DETAILS

First name(s): .....
Name of birth: .....
Surname: .....
Date of birth: |_|_|_|_|_|_|_|_|

Address: .....
Post code: |_|_|_|_|_| City: .....
Country: .....
Email: .....

SAMPLE

HISTOLOGY REPORT MUST BE SENT

Type of sample: Tumour block included in paraffin

Reference: .....

OBLIGATORY INFORMATION

Lymph node involvement: ☐ No ☐ 1-3 lymph nodes affected

Tumour size: ☐ ≤ 2 cm ☐ > 2 cm

B25-INTGB - Juillet 2016