

## Mismatch Repair Genes Sequencing (8 weeks turnaround time)

### Test Information

Sample Type

Blood  Extracted DNA \_\_\_\_\_ ng/ $\mu$ L  
from Blood

Date of Collection

Barcode

Please stick barcode here

### Patient Information

First Name

Last Name

Date of Birth

Ancestry

Iranian  Other (please specify) \_\_\_\_\_

Gender

Male  Female

Personal History of Cancer

No  Yes

Type of Cancer(s) and age(s) of onset (if applicable)

Previous genetic testing / results

Bone marrow/Peripheral stem cell recipient

No  Yes

Additional Clinical Information

### Family History Information

Please describe all affected relatives  The patient does not have any family history of cancer

Familial Relationship

Cancer Type (Age at Diagnosis)

Genetic Testing (Type & Results)

### Ordering Physician Information

First Name

Last Name

Referring laboratory

### Consent Acknowledgement

I have explained and obtained from the patient an informed consent, and that informed consent is consistent with the benefits, risks and limitations and use of patient information set forth in the Sagene Medical Genetics Laboratory informed consent form for this test and local law.

The patient consents to the storage and use of surplus examination material that is not identified by name for purposes of quality assurance, scientific research as well as the development of new diagnostic options.

No  Yes

Signature of Clinician/laboratory

Signature of patient

Date