# HEREDITARY CANCER

BARCODE

## ORDER FORM

### HEALTH CARE PROVIDER INFORMATION

| | |
|---|---|
| INSTITUTION/PRACTICE | ADDRESS (STREET NAME, NO., CITY, POSTCODE, COUNTRY) |
| FIRST NAME | TELEPHONE NUMBER (COUNTRY CODE & NUMBER) |
| LAST NAME | E-MAIL ADDRESS (FOR REPORT ACCESS) |

### PATIENT INFORMATION

| | |
|---|---|
| FIRST NAME | ADDRESS (STREET NAME, NO., CITY, POSTCODE, COUNTRY) |
| LAST NAME | TELEPHONE NUMBER (COUNTRY CODE & NUMBER) |
| DATE OF BIRTH (DD/MM/YYYY) | IDENTIFICATION NO. (IF APPLICABLE) |

GENETIC SEX ☐ FEMALE ☐ MALE
☐ OTHER (SPECIFY KARYOTYPE IF KNOWN):

### DECLARATION OF CONSENT IN ACCORDANCE WITH THE GERMAN GENETIC DIAGNOSTICS ACT (GenDG)

I confirm that I consent to the collection and analysis of the necessary genetic sample, and that I have been fully informed in accordance with Section 9 of the German Genetic Diagnostics Act (GenDG), regarding, but not limited to, the following:

- the purpose, nature, scope, and significance of the genetic test,
- the results that may be obtained,
- the intended use of the genetic sample and the test results,
- my right to withdraw my consent with effect for the future, as well as my right not to know and my right to request destruction of the test result, or parts thereof.

In rare cases, incidental findings may be identified that do not correspond to the test request but are clinically relevant (procedure in accordance with ACMG recommendations).

I would like to be informed about these genetic findings.
☐ Yes ☐ No

After the analysis is completed, I allow the use of the genetic sample and the genetic data generated from it, after removal of any personal data, for:

- quality assurance measures
☐ Yes ☐ No
- publications / conference presentations
☐ Yes ☐ No

**No selection will be regarded as "No."**

If I withdraw my consent before receiving the results, I agree to cover the costs incurred by the laboratory up to that point.

I acknowledge that the sample(s) and results may be stored for an extended period at my request. Should this be relevant now or in the future (e.g., in the case of irreplaceable material), I will enter into a separate agreement with the laboratory.

PLACE, DATE

NAME (BLOCK LETTERS)

X SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE

According to the GenDG, predictive diagnostics may only be ordered by medical specialists in human genetics or, depending on the specific field, by appropriately qualified specialists in that field. I hereby confirm, as the treating physician, that I possess the necessary qualifications. I understand that specialists in human genetics are available to communicate the results of incidental findings that fall outside my area of expertise.

PLACE, DATE

NAME OF RESPONSIBLE MEDICAL PROFESSIONAL (BLOCK LETTERS)

X SIGNATURE OF RESPONSIBLE MEDICAL PROFESSIONAL

**PLEASE NOTE: If the patient did not sign this order form:** I, the responsible medical professional, confirm that the patient received genetic counselling and agrees with the genetic testing. The patient's consent has been obtained in writing.

X SIGNATURE OF RESPONSIBLE MEDICAL PROFESSIONAL



MVZ Martinsried GmbH
Lochhamer Str.29, 82152 Martinsried, Germany
www.medicover-genetics.com

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## CLINICAL INFORMATION

Indication: _____

☐ Diagnostic ☐ Predictive

Is there a pregnancy / partner's pregnancy? ☐ No ☐ Yes Gestational week _____ + _____

**Family history**

Interpretation of the genetic results relies on an accurate and complete clinical picture of the patient, including clinical manifestations, family medical history and previous diagnoses.

**Check all boxes that apply to your patient:**

☐ Patient is or has been diagnosed with cancer in the past. Age at diagnosis _____ Cancer type _____

☐ Patient has symptoms linked to a hereditary cancer, e.g., colon polyps. Symptoms _____

☐ Patient has a first-degree relative (mother, father, siblings, children) with cancer. Cancer type(s) _____

☐ Patient has several relatives in one family lineage (grandparents, aunts, uncles, cousins) with the same cancer type. Cancer type _____

☐ Patient has one or more family members diagnosed with cancer at a young age. Age at diagnosis _____ Cancer type _____

☐ Patient has a family member with a rare cancer, e.g., male breast cancer or retinoblastoma. Cancer syndrome/type _____

☐ Patient has family members who have done genetic testing and identified a specific variant. Gene _____ Variant _____

Testing the index patient will improve data interpretation. If this is not the index patient, is he/she available for genetic testing? ☐ Yes ☐ No ☐ N/A

*Additional clinical information: (e.g., histopathology results, MSI (colon or endometrial cancer), type of colon polyps (adenomatous, serrated, juvenile), TNBC (breast cancer), diffuse type of gastric cancer or lobular breast cancer (CDH1), etc. Please provide all relevant medical reports.*

## SAMPLE MATERIAL

Collection date: _____

Time: _____

☐ EDTA blood (2-5 mL)

☐ DNA from _____
(≥ 250 ng; ≥ 100 ng/µL)

☐ Other (specify): _____
*(Prior approval is required, please contact us in advance for more information)*



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## TEST REQUEST

☐ **Targeted testing for a known familial variant**

Please include a copy of the findings or specify the exact gene, variant, and transcript:

Gene: _____ Variant: _____ Transcript: _____

☐ **00904 Hereditary cancer comprehensive panel**

## BREAST AND OVARIAN CANCER

☐ **00374 Hereditary breast and ovarian cancer (HBOC)**
☐ 00373 BRCA1/2 – therapy guidance (PARP inhibitor response)

## COLORECTAL CANCER

☐ **00369 Hereditary colorectal cancer**
☐ 00368 Familial adenomatous polyposis (FAP) / MUTYH-associated polyposis (MAP)
☐ 00363 Juvenile polyposis syndrome
☐ 00364 Lynch syndrome / hereditary non-polyposis colorectal cancer (HNPCC)
☐ 00365 Peutz-Jeghers syndrome
☐ 00367 PTEN hamartoma tumour syndrome (PHTS)

## ENDOCRINE TUMOURS

☐ **00335 Hereditary endocrine tumour syndromes**
☐ 00344 CDC73-related disorders / Hyperparathyroidism-jaw tumour syndrome (HPT-JT)
☐ 00651 Multiple endocrine neoplasia (MEN) syndromes
☐ 00339 Multiple endocrine neoplasia type 1 (MEN1)
☐ 00340 Multiple endocrine neoplasia type 2 (MEN2)
☐ 00341 Multiple endocrine neoplasia type 4 (MEN4)
☐ 00425 Pheochromocytoma paraganglioma syndrome
☐ 00343 von Hippel-Lindau syndrome

## GASTROINTESTINAL TUMOURS

☐ **00346 Hereditary gastrointestinal cancer syndromes**
☐ 00347 Hereditary diffuse gastric cancer
☐ 00378 Hereditary pancreatic cancer syndromes

## UROLOGICAL TUMOURS

☐ **00361 Hereditary renal cell carcinoma**
☐ 00359 Birt-Hogg-Dubé syndrome
☐ 00360 FH tumour predisposition syndrome / hereditary leiomyomatosis and renal cell cancer (HLRCC)
☐ 00379 Hereditary prostate cancer

## NERVOUS SYSTEM / BRAIN TUMOURS

☐ **00386 Hereditary central nervous system (CNS) tumour syndromes**
☐ 00070 BAP1 tumour predisposition syndrome
☐ 00072 Basal cell naevus syndrome / Gorlin syndrome
☐ 00383 DICER1 tumour predisposition syndrome
☐ 00368 Familial adenomatous polyposis (FAP) / MUTYH-associated polyposis (MAP)
☐ 00345 Fanconi anaemia
☐ 00384 Li-Fraumeni syndrome
☐ 00178 Neurofibromatosis type 1 (NF1)
☐ 00367 PTEN hamartoma tumour syndrome (PHTS)
☐ 00385 Retinoblastoma
☐ 00181 Schwannomatosis
☐ 00184 Tuberous sclerosis complex (TSC)

## SKIN TUMOURS

☐ **00348 Hereditary skin tumour syndromes**
☐ 00349 Familial atypical multiple mole melanoma syndrome (FAMMM)
☐ 00070 BAP1 tumour predisposition syndrome

## UNSPECIFIC TUMOUR SYNDROMES

☐ 00072 Basal cell nevus syndrome / Gorlin syndrome
☐ 00383 DICER1 tumour predisposition syndrome
☐ 00345 Fanconi anaemia
☐ 00384 Li-Fraumeni syndrome
☐ 00178 Neurofibromatosis type 1 (NF1)
☐ 00385 Retinoblastoma
☐ 00181 Schwannomatosis
☐ 00184 Tuberous sclerosis complex (TSC)

For further information on specific tests and/or gene content, please visit our website: www.medicover-genetics.com.
If you have additional questions or concerns, please contact us at info.genetics@medicover.com

MEDICOVER GENETICS



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## INFORMATION FOR PATIENTS

A genetic test has been recommended for you, or for a person under your care, to help investigate specific health concerns. In accordance with the **German Genetic Diagnostics Act (GenDG)**, you must be informed about the test before it is performed and must provide **written consent**. The physician ordering the test is responsible for this process.

### PROCEDURE OF GENETIC TESTING

**Purpose of the test:** The genetic analysis aims to identify alterations in your genetic material that may be responsible for your symptoms or conditions, or for diseases that are already known in your family. The results may support medical care, disease management, and family planning decisions.

**Methods of testing:** Various methods can be used for genetic testing, such as chromosome analysis (cytogenetic analysis) or DNA analysis (molecular genetic analysis). The best-suited method will be chosen by the laboratory based on the specific question to be answered. In some cases, a combination of methods may be used to increase the likelihood of detecting a genetic alteration.

**Conducting the test:** The test is typically carried out using a blood sample. The venipuncture generally poses no health risks.

The sample and results will be used only for the purpose of the requested test.

### POSSIBLE RESULTS OF THE GENETIC TEST

Genetic test results are interpreted together with your clinical information, symptoms, medical and family history, and previous diagnoses. Results are confidential and are usually explained by your ordering physician, including any limitations, next steps, and possible unexpected findings. The following are possible results of the test:

**1. Identification of a disease-related genetic alteration:**
- If a (likely) pathogenic genetic alteration is identified that is linked to your condition, this indicates that the alteration is most likely the cause of your symptoms or condition.
- You will be provided with detailed information about the condition, including its progression and treatment options, if available.

**2. No identification of a disease-related genetic alteration:**
- Even if no disease-related genetic alteration is found, a genetic cause for your condition cannot be ruled out.
- This is due to the fact that not all clinical abnormalities can be genetically explained, as environmental factors may also play a role. Additionally, it is possible that the genetic cause could not be detected by the methods currently used.
- For this reason, a follow-up consultation and possibly a re-evaluation in 2-4 years is recommended if the results are unremarkable.

**3. Identification of genetic alterations with unclear clinical significance:**
- Sometimes, genetic alterations are identified whose clinical significance is not yet clear. These so-called variants of uncertain signifcance (VUS) may be either harmless or disease-related, but their effect is not yet fully understood at the time of testing.
- For this reason, a follow-up consultation and re-evaluation of the genetic analysis in 2-4 years is recommended for any identified VUS.
- You will be informed of such genetic alterations, and discussions will be held with you regarding their potential implications for your health and the health of your family.

**4. Incidental and secondary findings:**
- In comprehensive genetic analyses, such as exome or genome sequencing, clinically relevant genetic alterations may be identified that are unrelated to the original reason for testing. These findings are classified as incidental findings when they are discovered unintentionally while investigating the primary clinical question, or as secondary findings when they are deliberately and systematically searched for despite being unrelated to the original indication for testing.
- Example: In a test for a developmental disorder, a genetic predisposition to a heart arrhythmia may also be discovered.
- Your decision: You may specify in the consent form whether you wish to be informed of such findings. Typically, only those incidental or secondary findings are reported that are related to conditions for which medical treatment options are available, or preventive measures can be taken.

### CONFIDENTIALITY AND DATA PROTECTION

Your genetic test results will be stored exclusively in a secure laboratory information system and are only accessible to authorised personnel. All data protection regulations will be adhered to according to the applicable legal requirements. The results must be stored for 10 years, after which the data will be destroyed unless you have made other arrangements. Please refer to our full Privacy Policy available on our website.

### REVOCATION OF CONSENT

You can **revoke** your consent for the genetic test at any time, either fully or partially, without providing any reasons. You can also stop the test and request the destruction of the tested material before the results are communicated. However, any costs incurred prior to your objection may be charged.

### FURTHER QUESTIONS?

If you have any questions about the methods, results, or any other aspects of the genetic test, please contact your responsible physician.

For additional information, please visit our website at www.medicover-genetics.com.



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