GERMANO DE SOUSA
CENTRO DE MEDICINA LABORATORIAL

Please paste here the patient identification or provide the following data:

NAME

DATE OF BIRTH / /

Also paste the identification tag, or write the name on the tube(s)

REQUISITION OF GENETIC AND GENOMICS STUDIES OF SOLID TUMORS

I. REQUESTING ENTITY

REQUESTING PHYSICIAN

TELEPHONE E-MAIL

II. SAMPLE SENT

1. SENT PRODUCT COLLECTION DATE / /

◯ SOLID TUMOR/METASTASIS IN PARAFFIN ◯ LYMPH NODE BIOPSY ◯ PERIPHERAL BLOOD

III. CLINICAL INFORMATION

1. DIAGNOSIS (DISCRIMINATE AS MUCH AS POSSIBLE)

2. THERAPY (CURRENT AND PRECEDING)

IV. INTENDED ANALYSIS

GENETIC RISK ASSESSMENT OR DIAGNOSIS OF FAMILIAL CANCER

*(PANELS **NGS** + **SANGER** + **MLPA**, and evaluation of the **Alu** insert in **BRCA2**. The genes included in each panel are those recommended by the colleges of international specialties)*

◯	4001	Hereditary Breast and Ovary Cancer - **BRCA1** and **BRCA2** genes
◯	4000	Hereditary Breast and Ovary Cancer -12 gene panel (**BRCA1, BRCA2, PTEN, TP53, STK11, CDH1, ATM, PALB2, CHEK2, RAD51C, RAD51D, BRIP1**)
◯	4002	Hereditary Colon cancer - 13 gene panel (**EPCAM, ENG, BRAF, PTEN, BMPR14, SMAD4, STK11, PM52, MSH6, MSH2, MLH2, MLH1, APC,** and **MUTYH**)
◯	4003	Lynch Syndrome- 5 gene panel (**MLH1, MSH2, MSH6, PM52** and **EPCAM**
◯	4004	Familial Adenomatous Polyposis - 2 gene panel **APC** and **MUTYH** genes
◯	4005	Hereditary Gastric Cancer - gene **CDH1**
◯	4006	Hereditary Melanoma - 5 gene panel (**CDKN2A, CDK4, BAP1, MITF, MC1R**)
◯	4007	Hereditary Pancreatic Cancer - 5 gene panel (**BRCA1, BRCA2, CDKN2A, PALB2, ATM**)
◯	4008	Hereditary Prostate Cancer - 3 gene panel **BRCA1, BRCA2, HOXB13** genes
◯	4009	Li Fraumeni Syndrome - gene **TP53**
◯	4010	Peutz Jeghers Syndrome - gene **STK11**
		other gene (s), which

FAMILY HISTORY

(Family tree with family history of cancer is indispensable for analysis)

TISSUE AND FLUID BIOPSY

*The **tissue biopsy (point out** ◯**)** is usually used in the diagnosis, the **liquid biopsy (indicate** ◎**)** is typically used in patients in progression and / or treatment, or when it is not possible to access Tissue Biopsy*

◯ ◎	**BT 4410** **BL 4413**	**NGS** Mutational panorama- 50 genes (extended pharmacogenomics test to identify therapeutic alternatives - multiple classes of drugs	◯ ◎	**BT 4458** **BL 4459**	**qPCR BRAF** V600E (response to vemurafenib and dabrafenib)
◯ ◎	**BT 4415** **BL 4416**	panorama of mergers- 4 genes (**ALK, RET, ROS1, NTRK**) predicting susceptibility tyrosine kinase inhibitors	◯ ◎	**BT 4450** **BL 4451**	**qPCR EGFR** 29 mutations (response to EGFR inhibitors)
◯ ◎	**BT 4424** **BL 4425**	**NGS** Panel **BRCA**ness - 4 genes (**BRCA1, BRCA2, PALB2** and **ATM**) susceptibility to platinum-based drugs and **PARP** inhibitors	◯ ◎	**BT 4452** **BL 4453**	**qPCR EGFR** T790M (resistance to Erlotinib and other inhibitors of crosstalk tyrosine of the 1st and 2nd generation EGFR)
◯ ◎	**BT 4422** **BL 4423**	**NGS TP53** (identification of pathogenic mutations for susceptibility to **TP53** activators)	◯ ◎	**BT 4454** **BL 4455**	**qPCR KRAS** 19 mutations (resistance to EGFR inhibitors)
◯ ◎	**BT 4420** **BL 4421**	**NGS NGS Her2** (identifies activating mutations for susceptibility to **Her2** receptor inhibitors)	◯ ◎	**BT 4456** **BL 4457**	**qPCR NRAS** 16 mutations (resistance to EGFR inhibitors)
◯ ◎	**BT 4418** **BL 4419**	**NGS ESR1** (early identification of resistance mutations to hormone therapy)	◯ ◎	**BT 4460** **BL 4461**	**qPCR PIK3CA** 5 mutations (response to mTOR inhibitors, resistance to EGFR inhibitors)
◯		**NGS** Other(S) which	◯		**qPCR** Other(s), which

INFORMED CONSENT

I **CONSENT** to having the above genetic testing performed on which I have previously been clearly and objectively informed about the application and limitations thereof. I **AUTHORIZE** the collection of biological samples necessary for the performance of the genetic test (s) indicated by the Germano de Sousa Laboratory Medicine Center or, if necessary, by other laboratories designated by it. I **AUTHORIZE** that the data contained in this form be registered and treated only by duly authorized professionals, guaranteeing the protection and confidentiality according to the law in force. I **GIVE MY CONSENT** for the result (s) to be sent to the medical assistant. I **WAS INFORMED** about my right to revoke consent at any time without justification by sending an email.

SIGNATURE OF THE PATIENT OR THE LEGAL RESPONSIBLE (MINOR OR MAJOR INCAPABLE) **OBLIGATORY** DATE

SIGNATURE OF THE DOCTOR **OBLIGATORY** CONTACT FOR SUBMISSION OF RESULTS **OBLIGATORY**

IMPORTANT: Send the sample on the collection day. Do not send on Friday, not on the eve of holiday (consult central laboratory).

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CENTRO DE MEDICINA LABORATORIAL GERMANO DE SOUSA, SA · DIRECTOR: GERMANO DE SOUSA · Médico Patologista Clínico · LICENÇA DE FUNCIONAMENTO Nº 0117L/2009 · ENTIDADE REGULADORA DA SAÚDE Nº E117709