

Sample:	Arrived:	

ORDER FORM v 5.3 (Editable)

SENDING PHYSICIAN / BIOLOGIST / COUNSELOR & BILLING INFORMATION

Title	Name	Surname		
Company / Institution		Department		
Street, Number	Town	St/Pr	Postal Code	Country
Email address	Phone	Email report to		
Quotation number	Invoice	Email invoice to		
Full billing address (street, city, country)				VAT / Tax ID

PATIENT'S DETAILS

Name	Surname	Sex	Date of birth (dd/mm/yyyy)
Your patient's reference code / number (#)		Patient's legal guardian (if any)	
For TRIO/RELATIVE testing			
Kinship:		Index case details:	

Clinical information:

Special requests:

SAMPLE'S DETAILS

Sample type	Sample safety
	<p>By signing, the Sender declares that, based on clinical history and/or sample treatment, the sample is not infectious, not hazardous, not toxic, not for human consumption, and given for free for genetic studies.</p> <p>Full Sender's signature: _____</p>

DNA, dried blood spots and EDTA-blood samples are very stable and can travel at room temperature. For high-throughput sequencing we need: DNA: 1 µg, blood: 200 µl, or 1 filter card. Email us for further info.



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TEST REQUESTED

<input type="checkbox"/> MENDEL FULL (Mendeliome sequencing; 2,800 genes + mtDNA)	<input type="checkbox"/> EXOME 15MB (clinical exome sequencing; 5,200 genes + mtDNA)								
<input type="checkbox"/> EXOME 60MB (whole exome sequencing; 20,000 genes + mtDNA)	<input type="checkbox"/> GENOME FULL (whole genome sequencing + mtDNA)								
<input type="checkbox"/> PANEL ANYCAP (multigene panel testing based on any exome or genome capturing)	Panel details:								
<input type="checkbox"/> SANGER CARRIER (carrier testing for point mutation by Sanger sequencing)	<table border="0"> <tr><td>GENE:</td><td>Mutation:</td></tr> <tr><td>GENE:</td><td>Mutation:</td></tr> <tr><td>GENE:</td><td>Mutation:</td></tr> <tr><td>GENE:</td><td>Mutation:</td></tr> </table>	GENE:	Mutation:	GENE:	Mutation:	GENE:	Mutation:	GENE:	Mutation:
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<input type="checkbox"/> MLPA/qPCR CARRIER (carrier testing for large del/dup)	<table border="0"> <tr><td>GENE:</td><td>Mutation:</td></tr> <tr><td>GENE:</td><td>Mutation:</td></tr> </table>	GENE:	Mutation:	GENE:	Mutation:				
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<input type="checkbox"/> OTHER SPECIAL TEST (e.g. pseudogene testing, array-CGH, SNP array, etc...)	Details:								
Exome-wide CNV testing*: <input type="checkbox"/> YES <input type="checkbox"/> NO	Carrier screening (1° level): <input type="checkbox"/> YES <input type="checkbox"/> NO								
Incidental/secondary findings: <input type="checkbox"/> YES <input type="checkbox"/> NO	Carrier screening (2° level)*: <input type="checkbox"/> YES <input type="checkbox"/> NO								

*Additional charge

INFORMED CONSENT

Genetic testing is performed to identify genetic variants which may cause (or predispose to) certain diseases. Although sensitivity and specificity of genetic testing is high for most techniques, errors may occur which may be impossible to be avoided/recognized, at least in the first round of analysis. As exome and genome analysis consist in the sequencing of all human genes, disease-causing mutations may be also found in genes not associated to the primary phenotype (incidental/secondary findings, 1-3% of patients, <http://bredagenetics.com/incidental-findings/>). Incidental findings include mutations which may cause cancer, certain heart diseases or other severe disorders. By signing this consent, the patient/legal guardian declares to have been thoroughly informed by the Sender about advantages and limitations of the test and accepts them. The patient therefore consents to the giving of their sample to Breda Genetics for test execution. The patient is aware that he/she can revoke or change, partially or completely, any part of this informed consent at any time by sending a written request to Breda Genetics srl and further declares that he/she:

- | | |
|---|---|
| 1. <input type="checkbox"/> <u>does</u> <input type="checkbox"/> <u>does NOT</u> want to be informed of the results | 3. <input type="checkbox"/> <u>does</u> <input type="checkbox"/> <u>does NOT</u> accept anonymized submission of genetic variants to the non-profit database ClinVar (NCBI) |
| 2. <input type="checkbox"/> <u>does</u> <input type="checkbox"/> <u>does NOT</u> want incidental findings to be reported | |

Data treatment protocol (DTP): in compliance with the EU Regulation 2016/679 (GDPR), personal and sensitive data of the patient and sender will be safely stored and treated for the time necessary to the completion of the service and in accordance with principles of confidentiality, accuracy, integrity, minimization, pseudonymization, and lawfulness. For its sequencing and part of Bioinformatics, Breda Genetics relies on a network of global providers, renowned for their technical excellence and most often recognized as Illumina and/or ISO certified providers, all bound to Breda Genetics by service agreements which are in full compliance with the European GDPR UE/2016/679 and include the complete cancellation of data within three months. Patient and sender can request access, modification, correction or cancellation of their data at any time by sending a registered letter to Breda Genetics srl, via Cipro 1, 25124 Brescia, so that actions will be taken to fulfil their request as fast as possible within 30 days. For any possible controversy regarding the service requested or data treatment, patient and sender mutually agree with Breda Genetics to elect the court of Brescia (Italy) as competent. To enable the test, the patient accepts to give their personal and sensitive data to Breda Genetics srl (Data Processor), which will treat them in accordance with the above DTP.

Date (dd/mm/yyyy)	Place	Signature of the Patient/Legal guardian
<input type="text"/>	<input type="text"/>	<input type="text"/>

The sender declares to have thoroughly informed the patient about the advantages and limitations of the test in a way that is understandable to the patient, clearing doubts, questions and possible misconceptions as much as possible. To enable the service, the sender accepts to give their personal data to Breda Genetics srl (Data Holder), which will treat them in accordance with the above DTP.

Date (dd/mm/yyyy)	Place	Signature of the Sender (physician/counselor/biologist)
<input type="text"/>	<input type="text"/>	<input type="text"/>

➔ **SAMPLE SHIPMENT:** Sterile DNA and dried blood spots can travel at room temperature. Please send this form and sample(s) to:

Breda Genetics srl
via Cipro 1 – Brescia (25124) - ITALY
Phone +39 030 22 19 32 89, Fax +39 030 22 19 32 02

Please notify sample shipment in advance to: info@bredagenetics.com. Thank you!

➔ Free shipping included? Write us to request the courier waybill and sample pick-up: info@bredagenetics.com