LifeLabs Genetics

1-844-363-4357 · Ask.Genetics@LifeLabs.com

GENETIC TESTING REQUISITION

CENTOGENE THE RARE DISEASE COMPANY

Schillingallee 68 · 18057 Rostock Germany

Attention Patient: Please visit your nearest LifeLabs or CML Healthcare Patient Service Centre for sample collection

CONTRACT #	**LL: K012-01/ CML: CEN**	**LifeLabs Demographic Label**
Report to Physician Billing #		
Ordering Physician Name		
Physician Signature:		
Ordering Physician Address & Contact Info:	Address: Tel: Fax:	
Copy to (name & contact info):	Name: Contact:	
Bill to	**Contract # K012-01** (patient does not pay at time of collection)	**Patient Gender:** (M/F)
Patient Name (Last, First):		**Patient DOB:** (YYYY/MM/DD)
Patient Address:	**Patient Health Card:**	**Patient Telephone:**

Please ship all NON-PRENATAL samples to:
LifeLabs · Attn CDS Department • 100 International Boulevard• Toronto ON• M9W6J6

TEST REQUESTED

☐ **Genetic Test - Blood Sample** 2 x 4mL EDTA	**LL TR # / CML TC#**
☐ **Genetic Test (Pediatric) - Blood Sample** 1 x 2mL EDTA	**4005**
☐ **Genetic Test - Other Sample Type**	**4008**
PRENATAL SAMPLES: Please ship directly to CENTOGENE.	**4014**

Date Blood Collected (YYYY/MM/DD): _____ **Time Blood Collected** (HH:MM)) :_____ **Collector Name:** _____

GENETIC TESTING CONSENT

I understand that a DNA specimen will be sent to LifeLabs for genetic testing. My physician has told me about the condition(s) being tested and its genetic basis. I am aware that correct information about the relationships between my family members is important. I agree that my specimen and personal health information may be sent to Centogene AG at their lab in Germany (address below). To ensure accurate testing, I agree that the results of any genetic testing that I have had previously completed by Centogene AG may be shared with LifeLabs. I understand that LifeLabs will contact me for a new specimen if a test result cannot be provided from the original specimen. I agree that a copy of my results will be sent to my ordering physician. I further agree that for any test(s) performed by Centogene AG, a copy of my results will also be sent to LifeLabs. I understand that once the requested test(s) has/have been completed, any remaining sample will be stored at the testing laboratory.

OPTIONAL CONSENT : Please Initial where appropriate

_____ I agree that my de-identified sample may be used for product development or research purposes. I understand that I will not receive any royalties, resultant payments, benefits or rights to products or discoveries.

_____ I do not want my remaining sample to be stored. Please destroy any remaining sample once the final report has been issued.

_____ I have had genetic testing completed in the past by the following laboratories: _____

I agree that Centogene AG and LifeLabs may obtain a copy of these genetic test results from the testing laboratory.

Patient/Substitute Decision Maker: Signature: _____**; Date:** _____

Printed name: _____**; Relationship to person being tested:** _____

OR: I certify that verbal consent was obtained from the patient /substitute decision maker for the requested genetic testing

Signature: _____**; Date:** _____

**** LIFELABS/CML STAFF: PHOTOCOPY REQUISITION AND INCLUDE 1 COPY WITH SAMPLES****

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GENETIC TESTING REQUISITION
TUMORAL & HEMATOLOGICAL DISORDERS

CENTOGENE
THE RARE DISEASE COMPANY
Schillingallee 68 · 18057 Rostock Germany

Patient Name:	**Patient DOB** *(YYYY/MM/DD):*

Sample Type:

☐ ***Blood** (EDTA: 5mL for single gene, 10mL for panel)
☐ **DNA** (single gene:1-10ug, panel 10-100ug)
☐ ***Filter card** (1 card/30 exons: Available by request)
☐ **Saliva** (Oragene OG-510: Available by request)
☐ **Fibroblast/Skin Biopsy** (0.5cm²)
☐ **Cultured cells** (1 flask, min 25cm², 80-90% confluent)
☐ ****Amniotic fluid** (10mL)
☐ ****Chorionic Villus** (10 villi, cleaned)
☐ **Other:** _____

LifeLabs Demographic Label

* Exact amount depends on size of panel, see www.centogene.com
** Please contact us prior to sending cells

Billing Status:

☐ **Ministry of Health Approved** *(Approval letter attached)* ☐ **Ministry of Health Approval Pending**
☐ **Institution** *(Complete information below)* ☐ **Private Pay** *(Complete information below)*

Institution Billing ONLY:

Institution Name: _____ **Contact Name:** _____
Address:

Phone: (____) ____ - _____ **Fax:** (____) ____ - _____ **Email:** _____

Private Pay ONLY:

Credit Card Type: ☐ **MasterCard** ☐ **Visa**

Card Number_____ **Exp Date(MM/YY)**_____

Name (as it appears on credit card)_____

I understand that my credit card will be charged for the full amount of testing not paid for by my provincial health plan

Cardholder Signature: _____ **Date (DD/MM/YYYY)**_____

Patient Information:

Gender: ☐M ☐ F Ethnicity: _____

Additional patient medical information:

Relevant Family history:

Have other family members submitted samples to Centogene for analysis? ☐Y ☐ N

If yes, Name:_____ Relationship to patient _____

DOB *(YYYY/MM/DD)*:_____

Familial Mutation Testing

Gene:_____ **Mutation (HGVS):**_____ ☐*Familial Report attached*

Testing Instructions:
(ex: Reflex order)

**** PLEASE INCLUDE A COPY OF REQUISITION WITH SAMPLES ****

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GENETIC TESTING REQUISITION
TUMORAL & HEMATOLOGICAL DISORDERS

CENTOGENE
THE RARE DISEASE COMPANY
Schillingallee 68 · 18057 Rostock Germany

Patient Name: | **Patient DOB** *(YYYY/MM/DD):*

Please indicate requests for Hot Spot (H), Exon (E), Repeat (R), Sequencing (S), and/or Deletion/Duplication (D) analysis

Tumors & Solid Malignancies

NGS Panels:

H	D	S	**BRCA panel**	(BRCA1, BRCA2)
	D	S	**Breast ovarian cancer panel**	(ATM, BARD1, BRIP1, CDH1, CHEK2, MRE11A, MSH6, NBN, PALB2, PTEN, RAD51, RAD51C, STK11, TP53)
	D	S	**Colon cancer and polyposis syndrome panel**	(APC, BMPR1A, ENG, EPCAM, FLCN, MLH1, MSH2, MSH3, MSH6, MUTYH, PMS1, PMS2, PTEN, SMAD4, STK11)
	D	S	**Neurofibromatosis panel**	(NF1, NF2, SPRED1)
	D	S	**Pheochromocytoma panel**	(MAX, PRKAR1A, SDHA, SDHAF2, SDHB, SDHC, SDHD, TMEM127, VHL)
	D	S	**Tuberous sclerosis panel**	(TSC1, TSC2)

Single genes:

	D	S	**Accelerated tumor formation, susceptibility to** (MDM2)
	D	S	**ARF-related tumors** (ARF)
	D	S	**Ataxia-telangiectasia** (ATM)
	D	S	**Basal cell carcinoma, somatic** (SMO)
	D	S	**Basal cell nevus syndrome, Gorlin syndrome** (PTCH1)
	D		**Beckwith-Wiedemann syndrome** (chr. 11p15)
	D	S	**Beckwith-Wiedemann syndrome** (CDKN1C)
	D	S	**Beckwith-Wiedemann syndrome** (NSD1)
	D	S	**Beckwith-Wiedemann syndrome** (KCNQ1OT1)
	D	S	**Beckwith-Wiedemann syndrome** (H19)
	D	S	**Birt-Hogg-Dube syndrome** (FLCN)
	D	S	**Bloom syndrome** (BLM)
	D	S	**BRD4-related tumors** (BRD4)
H	D	S	**Breast cancer** (PALB2)
	D	S	**Breast cancer** (BARD1)
H	D	S	**Breast-ovarian cancer** (BRCA1)
H	D	S	**Breast-ovarian cancer** (BRCA2)
	D	S	**Breast-ovarian cancer** (RAD51C)
	D	S	**Breast-ovarian cancer** (RAD51D)
	D	S	**CCND1-related tumors** (CCND1)
	D	S	**CCNE1-related tumors** (CCNE1)
	D	S	**CDH2-related tumors** (CDH2)
	D	S	**CDK6-related tumors** (CDK6)
	D	S	**CD74-related tumors** (CD74)
	D	S	**Chemotherapeutic drug resistance, NFE2L2-related** (NFE2L2)
	D	S	**Chondrosarcoma** (EXT1)
	D	S	**Colorectal adenomatous polyposis** (APC)
	D	S	**Colorectal adenomatous polyposis** (MUTYH)
H	D	S	**Colorectal cancer, hereditary** (NRAS)
	D	S	**Colorectal cancer, hereditary nonpolyposis type 1** (MSH2)
	D	S	**Colorectal cancer, hereditary nonpolyposis type 2** (MLH1)
	D	S	**Colorectal cancer, hereditary nonpolyposis type 4** (PMS2)
	D	S	**Colorectal cancer, hereditary nonpolyposis type 5** (MSH6)
	D	S	**Colorectal cancer, hereditary nonpolyposis type 6** (TGFBR2)
	D	S	**Colorectal cancer, hereditary nonpolyposis type 7** (MLH3)
	D	S	**Colorectal cancer, hereditary nonpolyposis type 8** (EPCAM)
	D	S	**Colorectal cancer, somatic** (FLCN)
	D	S	**Colorectal cancer, somatic** (CTNNB1)
	D	S	**Cowden disease** (PTEN)
	D	S	**Cowden disease** (AKT1)
H	D	S	**Endometrial carcinoma** (MSH3)
	D	S	**Gastric cancer, hereditary diffuse** (CDH1)
H	D	S	**Gastric carcer** (MUC1)
	D	S	**Gastrointestinal stromal tumor** (KIT)
	D	S	**Gastrointestinal stromal tumor, somatic** (PDGFRA)
	D	S	**Glioma, BAI3 deficiency-related** (BAI3)
	D	S	**Glioma, MGMT related** (MGMT)
	D	S	**Glioma, susceptibility to, somatic** (IDH1)
	D	S	**Glioma, susceptibility to, somatic** (IDH2)
	D	S	**Glioma, VN1R4-related** (VN1R4)
	D	S	**Hemangioma capillary infantile, somatic** (KDR)
	D	S	**Juvenile polyposis syndrome** (BMPR1A)
	D	S	**Juvenile polyposis syndrome** (SMAD4)
	D	S	**Juvenile polyposis/hereditary hemorrhagic telangiectasia syndrome** (SMAD4)
	D	S	**KIAA1107-related tumors** (KIAA1107)
	D	S	**KEAP1-related tumors** (KEAP1)
	D	S	**Li-Fraumeni syndrome type 1** (TP53)
	D	S	**Li-Fraumeni syndrome type 2** (CHEK2)
H	D	S	**Lung cancer** (BRAF)
	D	S	**Lung cancer** (EEML4)
	D	S	**Lung cancer** (EGFR)
	D	S	**Lung cancer** (ERBB2)
	D	S	**Lung cancer** (MYCL)
	D	S	**Lung cancer, KIF5B-related** (KIF5B)
	D	S	**MAML3-related tumors** (MAML3)
	D	S	**Medulloblastoma, CIC related** (CIC)
	D	S	**Medulloblastoma** (CROCC)
	D	S	**Melanoma, cutaneous malignant** (CDKN2A)
	D	S	**Melanoma, cutaneous malignant** (CDKN2B)
	D	S	**Melanoma, cutaneous malignant** (CDK4)
	D	S	**Melanoma, cutaneous malignant** (MC1R)
	D	S	**Melanoma, cutaneous malignant** (MITF)
	D	S	**Melanoma and non-melanoma skin cancers, GNG2-related** (GNG2)
	D	S	**MTOR- related tumors** (MTOR)
	D	S	**Multiple endocrine neoplasia type 1** (MEN1)
H	D	S	**Multiple endocrine neoplasia type 2A** (RET)
H	D	S	**Multiple endocrine neoplasia type 2B** (RET)
	D	S	**MYC-related tumors** (MYC)
	D	S	**Neuroblastoma** (ALK)
	D	S	**Neurofibromatosis type 1** (NF1)
	D	S	**Neurofibromatosis type 1** (SPRED1)
	D	S	**Neurofibromatosis type 2** (NF2)
	D	S	**Nonpolyposis colon cancer** (PMS1)
	D	S	**NFE2L2-related tumors** (NFE2L2)
	D	S	**NR1I2-related tumors** (NR1I2)
H	D	S	**Pancreatic cancer** (PALB2)
	D	S	**Paragangliomas type 4** (SDHB)
	D	S	**Perlman Syndrome** (DIS3L2)
	D	S	**Peutz-Jeghers syndrome** (STK11)
	D	S	**Pheochromocytoma type 1** (SDHA)
	D	S	**Pheochromocytoma type 2** (SDHB)
	D	S	**Pheochromocytoma type 3** (SDHC)
	D	S	**Pheochromocytoma type 4** (SDHD)
	D	S	**Pheochromocytoma type 5** (SDHAF2)

Patient Name: | **Patient DOB** *(YYYY/MM/DD):*

Tumors & Solid Malignancies (continued)

	D	S	**Pheochromocytoma type 6** (VHL)
	D	S	**Pheochromocytoma type 8** (TMEM127)
	D	S	**Pheochromocytoma type 9** (MAX)
	D	S	**Pituitary adenoma, growth hormone secreting** (GNAS)
	D	S	**Pituitary adenoma, growth hormone-secreting** (AIP)
	D	S	**Pleuropulmonary blastoma** (DICER1)
	D	S	**Polyposis syndrome, hereditary mixed** (GREM1)
	D	S	**Polyposis syndrome, hereditary mixed type 2** (BMPR1A)
	D	S	**Prostate cancer** (PMEPA1)
	D	S	**Prostate cancer** (ELAC2)
	D	S	**Prostate cancer** (RNASEL)
	D	S	**Prostate cancer** (BRCA2)
	D	S	**Prostate cancer** (SRD5A2)
	D	S	**Prostate cancer** (ZNF783)

	D	S	**Prostate cancer** (STAG1)
	D	S	**Renal cell carcinoma, papillary type 1** (MET)
	D	S	**Renal chromophobe somatic carcinoma** (FLCN)
	D	S	**Retinoblastoma** (RB1)
	D	S	**RICTOR-related tumors** (RICTOR)
	D	S	**RPTOR-related tumors** (RPTOR)
	D	S	**Thyroid carcinoma Hurthle cell** (NDUFA13)
	D	S	**TJP1-related tumors** (TJP1)
	S	D	**Tuberous sclerosis** (TSC1)
	S	D	**Tuberous sclerosis** (TSC2)
	D	S	**Tumor related CDK11A-deficiency** (CDK11A)
	D	S	**Tylosis with esophageal cancer** (RHBDF2)
	D	S	**von Hippel-Lindau syndrome** (VHL)
	D	S	**Wilms tumor type 1** (WT1)

Hematological Disorders & Malignancies

NGS Panels:

D	S	**Diamond-Blackfan anemia**	(RPL11, RPL35A, RPL5, RPS10, RPS17, RPS19, RPS24, RPS26, RPS7)
D	S	**Fanconi anemia panel**	(BRCA2, BRIP1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, FANCM, PALB2, SLX4, XRCC2)
	S	**Megaloblastic anemia panel**	(AMN, CUBN, GIF)
	S	**Spherocytosis panel**	(ANK1, EPB42, SLC4A1, SPTA1, SPTB)
D	S	**Thrombocytopenia panel**	(ADAMTS13, GATA1, GP1BA, GP1BB, GP9, ITGA2B, ITGB3, MASTL, MYH9, MPL, RUNX1, WAS)

Single genes:

	D	S	**Afibrinogenemia, congenital** (FGG)
	D	S	**Afibrinogenemia, congenital** (FGB)
	D	S	**Afibrinogenemia, congenital** (FGA)
	D	S	**Agammaglobulinemia, X-linked** (BTK)
	D	S	**Alpha-2-macroglobulin deficiency** (A2M)
	D	S	**Alpha-Thalassemia Myelodysplasia Syndrome, somatic** (ATRX)
H	D	S	**Anemia dyserythropoietic type 2** (CDAN1)
	R	S	**Anemia dyserythropoietic type 2** (SEC23B)
	D	S	**Anemia, neonatal hemolytic, fatal and near-fatal** (SPTB)
	D	S	**Anemia X linked** (GATA1)
	D	S	**Aplastic anemia** (TERC)
	D	S	**Aplastic anemia** (TERT)
	D	S	**Aplastic anemia** (IFNG)
	D	S	**Aplastic anemia** (NBN)
	D	S	**Aplastic anemia** (PRF1)
	D	S	**Aplastic anemia** (SBDS)
	D	S	**Bone marrow failure** (SRP72)
	D	S	**Dehydrated hereditary stomatocytosis** (PIEZO1)
	D	S	**Diamond-Blackfan anemia type 1** (RPS19)
	D	S	**Diamond-blackfan anemia type 3** (RPS24)
	D	S	**Diamond-Blackfan anemia type 4** (RPS17)
	D	S	**Diamond-Blackfan anemia type 5** (RPL35A)
	D	S	**Diamond-Blackfan anemia type 6** (RPL5)
	D	S	**Diamond-Blackfan anemia type 7** (RPL11)
	D	S	**Diamond-Blackfan anemia type 8** (RPS7)
	D	S	**Diamond-Blackfan anemia type 9** (RPS10)
	D	S	**Diamond-Blackfan anemia type 10** (RPS26)
	D	S	**Dyserythropoietic anemia** (COX4I2)
	D	S	**Dyserythropoietic anemia, congenital type Ib** (C15orf41)
	D	S	**Dyserythropoietic anemia, congenital type 3** (KIF23)
	D	S	**Dyserythropoietic anemia, congenital type 4** (KLF1)
	D	S	**Epstein syndrome** (MYH9)
H	D	S	**Erythrocytosis, familial type 1** (SH2B3)
	D	S	**Erythrocytosis, familial type 3** (EGLN1)

	D	S	**Erythrocytosis, familial type 4** (EPAS1)
	D	S	**Factor II deficiency** (F2)
E			**Factor V deficiency** (F5)
	D	S	**Factor X deficiency** (F10)
	D	S	**Factor XI deficiency** (F11)
	D	S	**Factor XII deficiency** (F12)
H	D	S	**Fanconi anemia - XRCCR2 related** (XRCC2)
H	D	S	**Fanconi anemia type A** (FANCA)
	D	S	**Fanconi anemia type B** (FANCB)
H	D	S	**Fanconi anemia type C** (FANCC)
	D	S	**Fanconi anemia type D1** (BRCA2)
H	D	S	**Fanconi anemia type D2** (FANCD2)
	D	S	**Fanconi anemia type E** (FANCE)
	D	S	**Fanconi anemia type F** (FANCF)
	D	S	**Fanconi anemia type G** (FANCG)
H	D	S	**Fanconi anemia type I** (FANCI)
H	D	S	**Fanconi anemia type J** (BRIP1)
	D	S	**Fanconi anemia type L** (FANCL)
	D	S	**Fanconi anemia type M** (FANCM)
H	D	S	**Fanconi anemia type N** (PALB2)
	D	S	**Fanconi anemia type P** (SLX4)
	D	S	**Hemangioma capillary infantile** (ANTXR1)
	D	S	**Hemochromatosis classical** (HFE)
	D	S	**Hemochromatosis type 2A** (HFE2)
	D	S	**Hemochromatosis type 2B** (HAMP)
	D	S	**Hemochromatosis type 3** (TFR2)
	D	S	**Hemochromatosis type 4** (SLC40A1)
	D	S	**Hemophilia A** (F8)
	D	S	**Hypereosinophilic syndrome, idiopathic, resistant to imatinib** (PDGFRA)
	D	S	**Intrinsic factor deficiency** (GIF)
	D	S	**Leukemia** (PKHD1L1)
	D	S	**Leukemia** (M8D1)
	D	S	**Leukemia** (MCM3AP)
	D	S	**Leukemia** (ZNF233)

Patient Name:	**Patient DOB** *(YYYY/MM/DD):*

Hematological Disorders & Malignancies (continued)

	D	S	**Leukemia, acute lymphoblastic (**BRC)		D	S	**Myeloproliferative disorder, chronic, with eosinophilia** (PDGFRB)
	D	S	**Leukemia, acute lymphoblastic** (FLT3)		D	S	**Neutropenia, severe congenital type 1** (ELANE)
	D	S	**Leukemia megakaryoblastic of Down syndrome** (GATA1)		D	S	**Neutropenia, severe congenital type 3** (HAX1)
	D	S	**Leukemia, acute myeloid** (CEBPA)		D	S	**Neutrophilia, hereditary** (CSF3R)
	D	S	**Leukemia, acute myeloid** (FLT3)		D	S	**Ovalocytosis** (SLC4A1)
	D	S	**Leukemia, acute myeloid** (MLF1)		D	S	**Platelet aggregation disorder** (PEAR1)
	D	S	**Leukemia, acute myeloid** (NPM1)		D	S	**Platelet disorder with associated myeloid malignancy** (RUNX1)
	D	S	**Leukemia, acute myeloid** (NUP214)		D	S	**Shwachman-Diamond syndrome** (SBDS)
H	D	S	**Leukemia, acute myeloid** (PICALM)		D	S	**Sickle cell anemia** (HBB)
	D	S	**Leukemia, acute myeloid** (RUNX1)		D	S	**Spherocytosis type 1** (ANK1)
	D	S	**Leukemia, acute nonlymphocytic** (DEK)		D	S	**Spherocytosis type 2** (SPTB)
	D	S	**Leukemia, acute promyelocytic** (NUMA1)		D	S	**Spherocytosis type 3** (SPTA1)
	D	S	**Leukemia, acute promyelocytic** (PML)		D	S	**Spherocytosis type 5** (EPB42)
	D	S	**Leukemia, atypical chonic** (CSF3R)		D	S	**Thalassemia, alpha** (HBA1)
	D	S	**Leukemia, chronic myeloid** (BRC)		D	S	**Thalassemia, alpha** (HBA2)
	D	S	**Leukemia, lymphocytic** (GGT5)		D	S	**Thalassemia, delta** (HBD)
	D	S	**Leukemia, Philadelphia chromosome-positive, resistant to imatinib** (ABL1)		D	S	**Thalassemia, delta-beta** (HBB)
	D	S	**Leukemia, ZNF521-related** (ZNF521)		D	S	**Thrombocytopenia type 2** (MASTL)
	D	S	**Leukemia/Lymphoma, B-cell type** (t(14:18))		D	S	**Thrombocytopenia X linked** (GATA1)
	D	S	**Leukemia/Lymphoma, B-cell type** (t(11:14))		D	S	**Thrombocytopenia X linked intermittent** (WAS)
	D	S	**Lymphoma** (BCL6)		D	S	**Thromocytopenia-Absent-Radius-Syndrome** (RBM8A)
	D	S	**Lymphoma, Burkitt** (MYC)		D	S	**Thrombocytopenia congenital amegakaryocytic** (MPL)
	D	S	**Lymphoproliferative syndrome 1** (ITK)		D	S	**Thrombocytopenia, neonatal alloimmune** (ITGA2B)
	D	S	**Lymphoproliferative syndrome, X-linked type 1** (SH2D1A)		D	S	**Thrombocytopenia, neonatal alloimmune** (ITGB3)
	D	S	**Lymphoproliferative syndrome, X-linked type 2** (XIAP)		D	S	**Thrombocytopenia with beta thalassemia X-linked** (GATA1)
	D	S	**Lutheran inhibitor blood group** (KLF1)		D	S	**Thrombosis, inflammation, autoimmune diseases** (ENTPD1)
	D	S	**Megaloblastic anemia type 1** (AMN)		D	S	**Thrombotic thrombocytopenic purpura** (ADAMTS13)
	D	S	**Megaloblastic anemia type 1** (CUBN)		D	S	**von Willebrand disease** (VWF)
	D	S	**Megaloblastic anemia syndrome, thiamine-responsive** (SLC19A2)		D	S	**von Willebrand disease platelet type** (GP1BA)
H	D	S	**Myelodysplastic syndrome susceptibility** (TET2)		D	S	**Wiedemann-Steiner syndrome** (MLL)