

## STUDY REQUISITION FORM

### 1 Patient and sample information

Patient  
First and last name

Date of birth  
DD/MM/YY

Sex  Female  Male

Blood  
Peripheral blood from 3 to 5 ml in EDTA tubes

Saliva  
Using the indicated saliva kit

DNA\*  
Minimum 5 µg and concentration 50 ng/mL for DNA-derived from blood, saliva, tissue (fresh or frozen).  
Minimum 10 µg and concentration 50 ng/mL for DNA-derived from paraffin-embedded tissue.  
**\*DNA source:**  
Blood, frozen blood, saliva, fresh tissue, frozen tissue, paraffin-embedded tissue, etc.

Sample collection date

Sample reference: use the same reference on the collection tube

### 2 Information of the requesting physician

First and last name

Hospital/Institution

Address

City

Province / Region / State

Country

Zip code

Phone

Email

### 3 Authorized person(s) to receive the results

First and last name

E-mail  
to receive results

First and last name

E-mail  
to receive results

In compliance with the Spanish and European personal data protection laws, the results will only be delivered to the persons duly identified in this requisition form.

### 4 Invoicing details

Hospital / Institution	Self-pay patient
	Payment method: <input type="checkbox"/> Bank transfer <input type="checkbox"/> Credit card
Name of the hospital or patient name that should appear on the invoice	National ID / Tax number
Address	City
Province / Region / State	Country
	Zip code
Phone	E-mail to send the invoice
Contact person	

## 5 Genetic study requested

### Hereditary Cancer

S-202009121 Hereditary breast and ovarian cancer [23 genes]	S-202009123 Hereditary prostate cancer [17 genes]
S-202009124 Hereditary uterine cancer [6 genes]	S-202009675 Hereditary renal cancer [7 genes]
S-202009670 Hereditary colorectal cancer [19 genes]	S-202009676 Hereditary melanoma [5 genes]
S-202009671 Polyposis [5 genes]	S-201804750 Medullary thyroid carcinoma [3 genes]
S-202009672 Lynch syndrome [7 genes]	S-202008352 Multiple endocrine neoplasia [3 genes]
S-202009125 Hereditary gastric cancer [15 genes]	S-202009127 Hereditary paraganglioma-pheochromocytoma [12 genes]
S-202009673 Hereditary gastrointestinal stromal tumor (GIST) [2 genes]	S-202009677 Hereditary cancer comprehensive panel [50 genes]
S-202009674 Hereditary pancreatic cancer [12 genes]	S-202007914 Hereditary cancer comprehensive panel extended [128 genes]

### Other syndromes that may be associated with cancer

Anemia de Fanconi [22 genes]	Beckwith-Wiedemann syndrome [8 genes]	Bloom syndrome [1 gene]
Cardiofaciocutaneous syndrome [4 genes]	Tuberous sclerosis [2 genes]	Gorlin syndrome [3 genes]
Hemihyperplasia (isolated hemihyper-trophy) [2 genes]	Mutiple cutaneous and uterine leiomyomas [1 gene]	Familial leiomyomastosis with renal carcinoma [2 genes]
Li-Fraumeni syndrome [1 gene]	Medulloblastoma and other CNS tumors [19 genes]	Neurofibromatosis and schwannomatosis [8 genes]
Rasopathies and associated syndromes [25 genes]	Hereditary retinoblastoma [1 gene]	Rothmund-Thomson syndrome [1 gene]
Von Hippel Lindau syndrome [1 gene]	Wilms tumor [16 genes]	Xeroderma pigmentosum [9 genes]

### Other genetic tests

S-202109974 Individual sequencing of genes (Sanger)	<i>SNP array:</i>
S-202109975 NextGenDx® massive sequencing	S-201601485 Index case
S-202109976 Massive sequencing with CNVs	S-201702726 Family study or confirmation of CNVs
<i>Whole exome:</i>	<i>Array CGH:</i>
S-202110014 Whole-exome - sequencing only (fastq)	S-202008036 Prenatal array (37K)
S-202110013 Whole-exome - annotation of variants	S-202109987 Postnatal array (60K)
S-202110336 Whole-exome - with report tool	S-202109988 Postnatal array (180K)
S-202110015 Whole-exome - with clinical report	S-202109998 Variant segregation/Family studies
S-202109977 Targeted exome	Variant:
Gene/genes:	<i>Other services:</i>
S-202110133 Trio clinical exome	
S-202109983 MLPA and methylation-specific MLPA:	
Gene/genes:	

The personal data provided in this form are subject to the current data protection regulations, specifically to Organic Law 3/2018, of December 5, on the Protection of Personal Data and Guarantee of Digital Rights ("LOPDGDD") and to Law 14/2007, of 3 July, on Biomedical Research. The data you provide will be included in files whose responsible is Health in Code. The purpose is the analysis and diagnosis of genetic diseases. Likewise, the data categories are the ones reflected in this form, along with the results obtained. Your personal data will be processed exclusively for the aforementioned purposes. This data processing is made legitimate by the express consent provided by accepting these terms. Your data will not be retained for the whole duration of the relationship established with the entity and while the data fulfil their purposes for this service or until you decide to exercise your cancellation or suppression rights. Said data will not be transferred to third parties without a corresponding prior consent, or in cases other than those expressly defined in data protection legislation. You are hereby informed that you may exercise your rights to access, rectification, cancellation, and objection, as well as to restriction of data processing and to data portability by contacting Health in Code through written communication addressed to Edificio O Fortín, As Xubias, s/n., Campus de Oza, 15006 A Coruña, España, with the subject: "Data Protection", including a copy of your national ID card or passport. You also have the right to file your claim to the Spanish Data Protection Agency (Agencia Española de Protección de Datos).

## 6 Clinical data

We recommend attaching a clinical report to ensure the correct interpretation of the findings

## 7 Statement of the existence of informed consent

The patient identified in this requisition (or his/her legal representative) is aware of the information included in it and authorizes that his/her sample be submitted for genetic testing and that a report is issued with the corresponding results.

It is possible to obtain unexpected information during the sample analysis process, which the patient identified in this requisition (or his/her legal representative) has agreed to be informed about.

In addition, the patient identified in this requisition (or his/her legal representative) authorizes that his/her biological sample be stored for subsequent studies and/or confirmation tests.

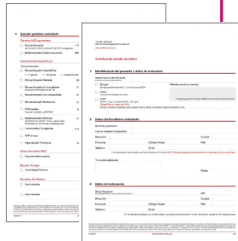
The patient identified in this requisition (or his/her legal representative) also authorizes that his/her biological sample be used for research purposes approved by the relevant ethical committee, always maintaining the patient's anonymity.

Physician's signature

Date

The personal data provided in this form are subject to the current data protection regulations, specifically to Organic Law 3/2018, of December 5, on the Protection of Personal Data and Guarantee of Digital Rights ("LOPDGDD") and to Law 14/2007, of 3 July, on Biomedical Research. The data you provide will be included in files whose responsible is Health in Code. The purpose is the analysis and diagnosis of genetic diseases. Likewise, the data categories are the ones reflected in this form, along with the results obtained. Your personal data will be processed exclusively for the aforementioned purposes. This data processing is made legitimate by the express consent provided by accepting these terms. Your data will not be retained for the whole duration of the relationship established with the entity and while the data fulfil their purposes for this service or until you decide to exercise your cancellation or suppression rights. Said data will not be transferred to third parties without a corresponding prior consent, or in cases other than those expressly defined in data protection legislation. You are hereby informed that you may exercise your rights to access, rectification, cancellation, and objection, as well as to restriction of data processing and to data portability by contacting Health in Code through written communication addressed to Edificio O Fortín, As Xubias, s/n., Campus de Oza, 15006 A Coruña, España, with the subject: "Data Protection", including a copy of your national ID card or passport. You also have the right to file your claim to the Spanish Data Protection Agency (Agencia Española de Protección de Datos).

## 8 Sample requirements and shipping



### STUDY REQUISITION

The sample for genetic testing must be sent together with a correctly filled requisition form.

Available at [healthincode.com](http://healthincode.com) or by request at [customercare@healthincode.com](mailto:customercare@healthincode.com)

### SAMPLE COLLECTION

#### Peripheral blood\*



3 to 5 ml in EDTA tubes

#### Genomic DNA\*



NGS > 5-10 µg (A260/280 = 1.8-1.9)  
Sanger > 1 µg (A260/280 = 1.8-1.9)

#### Saliva sample



Please use the indicated kit for sample collection.

You can request it at [customercare@healthincode.com](mailto:customercare@healthincode.com)

*\*For delivery in over 48 h, controlled-temperature shipment (4-8 °C) is recommended*

### SAMPLE PACKAGING

Each primary container (sample tube\*\*) must be placed inside a secondary container (sealed plastic bag or Falcon tube) with enough absorbent material. Secondary recipients must be secured inside a rigid package or box with appropriate cushioning material.

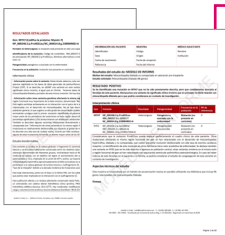
\*\* Please make sure that the sample tube is labeled with the patient's details or reference.

### SAMPLE SHIPMENT

Schedule your shipment so that sample reception takes place Monday to Thursday between 8:00 and 17:00.

HEALTH IN CODE S. L.  
Edificio O Fortín, As Xubias s/n. Campus de Oza. 15006 A Coruña, Spain  
Tel: +34 881 600 003

*If you wish, you can request our sample pick-up service at [customercare@healthincode.com](mailto:customercare@healthincode.com)*



### RESULTS

We will deliver our report via:

- Certified email
- Health in Code Client Portal

OUR STUDIES ALWAYS INCLUDE THE POSSIBILITY OF PRE-TEST AND POST-TEST COUNSELLING

[customercare@healthincode.com](mailto:customercare@healthincode.com) | [clinicalteam@healthincode.com](mailto:clinicalteam@healthincode.com) | +34 881 600 003 | [www.healthincode.com](http://www.healthincode.com)