

REQUEST FORM : HEREDITARY ONCOGENOMIC ANALYSIS



Centre hospitalier
universitaire vaudois



Service d'hématologie
Laboratoire d'oncogénomique

Réception des laboratoires BH18-100
1011 Lausanne

Tel. : 021 314 33 93

e-mail : log@chuv.ch

<http://www.chuv.ch/log>

Laboratory opening hours:
Monday-Friday 8am – 5pm

PATIENT

Surname :

Name :

Address :

Date of birth :

Sex : Male Female

Ref. :

Sample date:

BILLING

- Patient
 Requester

Insurance agreement

- Yes
 No

CONSENT FOR BIOLOGICAL ANALYSES

Following any biological analysis performed in our laboratory, any sample or analysis product:

- can be stored in the laboratory in order to be able to respond to a request to add analyses by the requesting doctor (by default)
- can be used for development and research (by default)
- must be destroyed

Every constitutional genetic test must be accompanied by genetic counseling (Federal Act on Human Genetic Testing – HGTA). By his signature, the requesting doctor certifies having informed the person concerned according to the legal obligations in force for constitutional genetics and having received his consent for genetic analyses and all other biological analyses.

Signature of the requesting doctor required:

MATERIAL (to stock at room temperature)

- Blood (lithium heparin or EDTA)
- Skin biopsy
- Other:

PROVENANCE

Clinician :

Tel./BIP :

Hospital :

Departement :

If requesting an analysis on a sample already stocked at the laboratory :

Sample date :

- Screening
 Family test

Analysis for a known variant :

Family pedigree :

DIAGNOSTIC contextuel à la demande d'analyse

GENETIC CONSENT

TO FILL IN AND SIGN :
→Please see next page

Next generation sequencing (NGS) :

IBFM Panel (Inherited Bone Marrow Failure) :

- | | | | | | |
|----------------------------------|----------------------------------|--------------------------------|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> ACD | <input type="checkbox"/> DNAJC21 | <input type="checkbox"/> JAK2 | <input type="checkbox"/> PARN | <input type="checkbox"/> SAMD9 | <input type="checkbox"/> TRNT1 |
| <input type="checkbox"/> ACTN1 | <input type="checkbox"/> ELANE | <input type="checkbox"/> LBR | <input type="checkbox"/> PRF1 | <input type="checkbox"/> SAMD9L | <input type="checkbox"/> WAS |
| <input type="checkbox"/> ALAS2 | <input type="checkbox"/> ERCC6L2 | <input type="checkbox"/> LIG4 | <input type="checkbox"/> RBBP6 | <input type="checkbox"/> SBDS | <input type="checkbox"/> WRAP53 |
| <input type="checkbox"/> ANKRD26 | <input type="checkbox"/> ETV6 | <input type="checkbox"/> MBD4 | <input type="checkbox"/> RPL11 | <input type="checkbox"/> SRP72 | |
| <input type="checkbox"/> ATG2B | <input type="checkbox"/> GATA1 | <input type="checkbox"/> MECOM | <input type="checkbox"/> RPL35A | <input type="checkbox"/> STIM1 | |
| <input type="checkbox"/> ATR | <input type="checkbox"/> GATA2 | <input type="checkbox"/> MPL | <input type="checkbox"/> RPL5 | <input type="checkbox"/> TERC | |
| <input type="checkbox"/> CEBPA | <input type="checkbox"/> GF11 | <input type="checkbox"/> MYH9 | <input type="checkbox"/> RPS19 | <input type="checkbox"/> TERT | <input type="checkbox"/> Full panel
(53 genes) |
| <input type="checkbox"/> CTC1 | <input type="checkbox"/> GSKIP | <input type="checkbox"/> MYSM1 | <input type="checkbox"/> RPS26 | <input type="checkbox"/> THPO | |
| <input type="checkbox"/> DDX41 | <input type="checkbox"/> GSN | <input type="checkbox"/> NHP2 | <input type="checkbox"/> RTEL1 | <input type="checkbox"/> TINF2 | |
| <input type="checkbox"/> DKC1 | <input type="checkbox"/> HAX1 | <input type="checkbox"/> NOP10 | <input type="checkbox"/> RUNX1 | <input type="checkbox"/> TP53 | |

RB1 Panel (including MLPA and SNP array)

RB1 Linkage analysis (fragment analysis)

Informed consent for genetic testing

December 2015

Surname: _____ First name: _____

Date of birth: _____

I confirm that in the context of a genetic counselling session I've been informed about the different aspects of genetic testing as explained in the information sheet „Information for patients“. I have understood the information and had sufficient time for decision making.

I give my consent for the following genetic analysis/es:

_____ prenatal postnatal predictive/presymptomatic

For the following **disorder**: _____

Based on the following **biological sample** (e.g. blood, amniotic fluid, tissue sample): _____

Incidental findings: Should the analysis/es reveal results not directly related to the testing requested (so called "incidental findings"), I wish to be informed as follow:

- Carrier of a disorder for which preventive and/or therapeutic measures are available YES NO
- Carrier of a disorder for which no preventive / therapeutic measures are yet available YES NO
- Healthy carrier of a recessive disorder which could concern the following generation or other family members YES NO
- Other decisions _____ YES NO

Should these questions remain unanswered it will be assumed that the patient does NOT want to be informed about incidental findings.

Storage and use of the remaining biological material and data for further analyses.

- I agree that the remaining biological material and data will be stored for possible further analyses. My informed consent will be necessary should further analyses be requested. YES NO
In case of a negative answer the remaining biological sample will be destroyed after the analysis!
- I agree that my biological sample and data are used anonymously for quality testing YES NO

The use of your sample and data for research purposes.

Should you agree in principle to participate in research studies you could indicate this below. Should this be the case you would be contacted at a later stage with details concerning the research projects. A positive answer below is **not yet consent** for the participation in any actual research projects.

- In principle, I agree that my biological sample and data could be used for research purposes YES NO

Signature: _____ Place and date: _____
(Patient or parent/legal guardian)

Medical counsellor:

I declare that I've informed the above mentioned person/s, according to the law on genetic testing on humans (GUMG), about the planned genetic tests and their limits as well as providing answers to the patient's questions.

Surname: _____ Name: _____

Signature: _____ Place and date: _____ Stamp :