



(Required)

Report's language

EN

ES

PT

PT-BR

## REQUEST FOR A PHARMACOGENETICS MOLECULAR TEST

Identification label  
Barcode

### INDEX CASE IDENTIFICATION (Required)

Name		File No.
Date of birth	Ethnicity	Gender <input type="checkbox"/> M <input type="checkbox"/> F

### DETAILS OF THE REFERRING PHYSICIAN (Required)

Name		Institution
Address		Postcode
Telephone	E-mail	
Date of Request	Signature	

### MOLECULAR TEST REQUIRED (see overleaf for more details)

GENETIC VARIANTS

<input type="checkbox"/>	Genetic study of Warfarin pharmacogenetics	3
<input type="checkbox"/>	Genetic study of Simvastatin pharmacogenetics	3
<input type="checkbox"/>	Genetic study of Clopidogrel pharmacogenetics	3
<input type="checkbox"/>	<b>OncoAlvo®</b> - Genetic study of anti-EGFR antibody therapy response in metastatic colorectal carcinoma	171

### REASON (completion recommended)

<input type="text"/>	Urgent <input type="checkbox"/>
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### IDENTIFICATION OF SAMPLE (mark tubes with the information related to the index case)

<input type="checkbox"/>	<b>Whole blood</b> (preferred) - 2 or 3 mL in a spray-dried K <sub>2</sub> EDTA or K <sub>3</sub> EDTA blood collection tube
<input type="checkbox"/>	<b>DNA</b> - Volume ____ µL; Concentration ____ µg/mL; Minimum 300ng a [35] ng/µL
<input type="checkbox"/>	<b>Saliva</b> - Recommended kits: <b>1.</b> Isohelix Saliva Collectors Kit, <b>2.</b> GFX-01 Oragene DNA collection kit, Genotek
<input type="checkbox"/>	<b>FFPE Tissue Section</b>



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### FAMILY HISTORY INFORMATION

Clinical and therapeutic Information

File No.

Name

If indicated the family tree, please identify the index case with an arrow.

### PREVIOUS CONSULTATION OF MEDICAL GENETICS

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE OR DATE OF DIAGNOSIS: \_\_\_\_\_

### GENETIC TESTS

#### Pharmacogenetics study for Warfarin

Genetic study of genetic variants that contribute to warfarin pharmacokinetics and pharmacodynamics.  
Study of 3 genetic variants of *CYP2C9* and *VKORC1* genes.

#### Pharmacogenetics study for Simvastatin

Genetic study of genetic variants that contribute to simvastatin pharmacokinetics.  
Study of 3 genetic variants of *SLCO1B1* gene.

#### Pharmacogenetics study for Clopidogrel

Genetic study of genetic variants that contribute to clopidogrel pharmacokinetics and pharmacodynamics.  
Study of 3 genetic variants of *CYP2C19* gene.

#### OncoAlvo® - Genetic study of anti-EGFR antibody therapy response in metastatic colorectal carcinoma

Study of 171 genetic variants of *KRAS*, *NRAS*, *BRAF*, *EGFR*, *ERBB2* and *PIK3CA* genes.

## REQUEST FOR A PHARMACOGENETICS MOLECULAR TEST

### INFORMED CONSENT AND AUTHORISATION FORM FOR GENETIC TESTING (Required)

*In accordance with the provisions of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 – General Data Protection Regulation, in Law 12/2005 of 26 January, and the regulations set forth in Decree-Law 131/2014 of 29 August, as well as Rule 015/2013 from the General Health Directorate.*

*Please read all the contents of this document carefully. Feel free to request more information from your healthcare professional should you have any questions. Please check that all information is correct. If you believe that everything is in order, and you agree with the proposal being made to you, then please sign this document.*

*I understand and willingly authorise HeartGenetics S.A. to perform the genetic testing described. I hereby authorise the collection of biological material and its genetic testing for the genetic study to which I give my consent, the procedures, purposes and limitations of which having been explained to me.*

*I am aware and understand that measures will be implemented for the protection and confidentiality of my data and that at any time I have the right to access, update and/or delete my personal data.*

*I have understood all the information given to me, and the implications and limitations of the genetic study that I will undertake. I give authorisation for my personal data included in the genetic testing request form as well as my biological samples, to be sent and delivered to HeartGenetics, S.A. In this way, the specified genetic testing may be performed and the corresponding genetic report prepared.*

*I have had the opportunity to ask questions and discuss the capabilities, limitations, and possible risks of the genetic study with my healthcare professional. I am aware that, if I so wish, I may obtain professional genetic counselling before signing this informed consent.*

*I authorise the use of the biological material and ancillary data, anonymously, in scientific research studies related to cardiovascular genetics.*

Signature of the owner of the data and biological samples

Date

Collection site

*If not signing in person:*

Name

ID card / Document number

Date / expiration

Degree of kinship or type of representation

Two copies of document issued: one copy for inclusion in the genetic study procedure, and the other for the consenting individual.



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