INSTITUTE OF
IMMUNOLOGY AND GENETICS
HUMAN GENETICS I PATHOLOGY

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Requesting physician:	**Patient information:**

Cause of examination: ❑ diagnostic ❑ predictive for familial mutation _____

(Check all that apply)

❑ Patient clinically affected
❑ Family members affected – who?_____
❑ No previous molecular genetic examinations existent
❑ The following previous molecular genetic examinations have been done:_____

Request Form Familial Tumor Predispositions

(Check all that apply)

	Disorder		**Gene(s)**
❑	Familial Adenomatous Polyposis (FAP)	❑	*APC*
		❑	*MUTYH*
❑	Hereditary Non-Polyposis Colorectal Cancer (HNPCC)	❑	*EPCAM*
		❑	*MLH1*
		❑	*MSH2*
		❑	*MSH6*
		❑	*PMS2*
❑	Juvenile Polyposis Syndrome (JPS)	❑	*BMPR1A*
		❑	*SMAD4*
❑	Hereditary Breast and Ovarian Cancer Syndrome (HBOC)	❑	*BRCA1*
		❑	*BRCA2*
		❑	*CHEK2*
		❑	*PALB2*
		❑	*RAD51C*
❑	Noonan Syndrome	❑	*PTPN11*
❑	Von Hippel-Lindau Syndrome (VHL)	❑	*VHL*
❑	Wilms Tumor (Nephroblastoma)	❑	*WT1*

Date / Time of sampling:	**Signature:**

Specimen requirements and logistics:

- Patient Consent Form for Genetic Testing according to the German Law and Request Form
- Billing information (Insurance-, Institutional- or Selfpay-Billing)
- 5 ml EDTA blood collection tube labeled with patient name and date of birth