

# Genetic Testing for Hereditary Cancer Requisition Form

ZG - CZ - 2018 V1.0

## Doctor information

\* Clinic : \_\_\_\_\_ \* Doctor : \_\_\_\_\_ \* Email : \_\_\_\_\_  
 \* Address : \_\_\_\_\_

## Personal information

\* Name (LAST, FIRST) : \_\_\_\_\_ \* Gender : \_\_\_\_\_ \* DOB(d/m/y) : \_\_\_\_\_  
 \* ID No. : \_\_\_\_\_ \* Ethnicity : \_\_\_\_\_ \* Ref No. : \_\_\_\_\_  
 \* Email : \_\_\_\_\_  
 \* Disease History :  YES  NO \* Age of Onset : \_\_\_\_\_ \* Disease Name : \_\_\_\_\_  
 \* Clinical Symptoms : \_\_\_\_\_  
 \* Family History :  YES  NO \* Relationship to Proband : \_\_\_\_\_ \* Disease Name : \_\_\_\_\_  
 If a family mutation is known, \* Gene Name : \_\_\_\_\_ \* Mutation Name : \_\_\_\_\_  
 Asymptomatic/Population Screening \_\_\_\_\_  
 Other (specify clinical findings below, or attach copies of clinical results) \_\_\_\_\_

## Test Items

<input type="checkbox"/> ● <b>Female Hereditary Cancer Panel (17 Items)</b>	<input type="checkbox"/> ● <b>Male Hereditary Cancer Panel (16 Items)</b>	
<input type="checkbox"/> Breast / ● Ovarian Cancer	<input type="checkbox"/> Gastric Cancer	<input type="checkbox"/> Renal Carcinoma
<input type="checkbox"/> ● Prostate Cancer	<input type="checkbox"/> Multiple Endocrine Neoplasia	<input type="checkbox"/> Thyroid Cancer
<input type="checkbox"/> Parathyroid Carcinoma	<input type="checkbox"/> Neurofibromatosis	<input type="checkbox"/> Pheochromocytoma
<input type="checkbox"/> Familial Paraganglioma	<input type="checkbox"/> Retinoblastoma	<input type="checkbox"/> Melanoma
<input type="checkbox"/> Chondrosarcoma(type I, type II)	<input type="checkbox"/> Colorectal Cancer	<input type="checkbox"/> Pancreatic Cancer
<input type="checkbox"/> ● Endometrial Cancer	<input type="checkbox"/> Gastrointestinal Stromal Tumor	

● For Man ● For Woman

## Physician's Signature of Consent

### I agree to undergo this test for the hereditary cancer.

I certify that the client specified above and/or his/her legal guardian has been informed of the benefits, risks, and limitations of the laboratory test(s) requested. I have answered this person's questions to the best of my ability. I have obtained informed consent from the patient or his/her legal guardian for this test.

\* Test applicant/legal guardian signature : \_\_\_\_\_ \* Date (dd/mm/yyyy) : \_\_\_\_\_  
 \* Physician's Printed Name : \_\_\_\_\_ \* Signature : \_\_\_\_\_ \* Date (dd/mm/yyyy) : \_\_\_\_\_

## Sampling information

## Sample receive information (For Zentrogene)

\* Sample type :  Blood  DNA  Others \_\_\_\_\_ \* Sample meets requirement :  YES  NO  
 \* Sampling date (dd/mm/yyyy) : \_\_\_\_\_ \* If no, reasons : \_\_\_\_\_  
 \* Storage :  room temp  4°C  -20°C  Others \_\_\_\_\_ \* Received by : \_\_\_\_\_ \* Date : \_\_\_\_\_

# Hereditary Cancer Gene List

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Diseases Tested	Gene List and Note
● Female Hereditary Cancer Panel	61 genes, 17 kinds of hereditary cancers
● Female Hereditary Cancer Panel	61 genes, 16 kinds of hereditary cancers
Breast / ● Ovarian Cancer	BRCA1, BRCA2, CHEK2, PALB2, BRIP1, TP53, PTEN, STK11, CDH1, ATM, BARD1, MLH1, MRE11A, MSH2, MSH6, MUTYH, NBN, PMS1, PMS2, RAD50, RAD51C
Gastric Cancer	CDH1, MLH1, MSH2, MSH6, PMS2, EPCAM
Renal Carcinoma	VHL, MET, FH, FLCN
● Prostate Cancer	BRCA1, BRCA2, CHEK2
Multiple Endocrine Neoplasia	MEN1, RET, CDKN1B
Thyroid Cancer	RET, NTRK1
Parathyroid Carcinoma	CDC73, MEN 1
Neurofibromatosis	NF1, NF2
Pheochromocytoma	SDHAF2, SDHB, SDHC, SDHD, MAX, NF1, RET, TMEM127, VHL
Familial Paraganglioma	SDHAF2, SDHB, SDHC, SDHD, VHL
Retinoblastoma	RB1
Melanoma	CDKN2A, CDK4
Chondrosarcoma (type I, type II)	EXT1, EXT2
Colorectal Cancer	APC, AXIN2, EPCAM, MLH1, MLH3, MSH2, MSH6, MUTYH, PMS1, PMS2, STK11, PTEN, SMAD4, BMPR1A
Pancreatic Cancer	BRCA2, PALB2
● Endometrial Cancer	EPCAM, MLH1, MSH2, MSH6, PMS2
Gastrointestinal Stromal Tumor	KIT, PDGFRA, SDHA, SDHB, SDHC, SDHD, NF1

● For Man    ● For Woman