

Genetic Testing for Hereditary Cancer Requisition Form

ZG - CZ - 2014 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

● **Female Hereditary Cancer Panel (16 Items)** ● **Male Hereditary Cancer Panel (15 Items)**

<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		

● 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	49 genes, 16 kinds of hereditary cancers
● Male Hereditary Cancer Panel	41 genes, 15 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

● For Man ● For Woman