BRCACancerDISCOVERY™
(Genetic testing for *BRCA1* and *BRCA2*)

Requisition Form

PATIENT INFORMATION

First name		Last name
Date of birth (DD/MM/YYYY)	Sex ○ M ○ F	Medical record number

Ethnic background
○ Korean ○ Chinese ○ Japanese ○ South East Asian ○ Arab
○ European Caucasian ○ African ○ Other ( )

ORDERING PROVIDER

Institution name	
Department	Phone
Address	Country

SPECIMEN INFORMATION

Ordering date (DD/MM/YYYY)

Sample collection date (DD/MM/YYYY)

Specimen type
○ Blood(EDTA)
○ DNA (minimum concentration: ng/uL, A260/A280: , A260/A230:)
○ Others

PRIMARY CLINICAL CONTACT

Name	Phone
Email address	

ORDERING PHYSICIAN

○ Same as primary clinical contact

Name	Email address

REASON FOR TESTING

Please choose one of the options shown.

○ Proactive testing
○ Diagnostic testing

Proactive testing is for healthy individuals without symptoms. Personalized test results offer health-related risks information.
Diagnostic testing is for symptomatic patients or individuals with strong family history. For the precise interpretation, a detailed personal and family medial information should be needed.

PATIENT's PERSONAL HISTORY

○ No ○ Unknown ○ Yes

• If yes, describe in detail below.

Cancer/ tumor	Age of onset	Characteristics[a]	Cancer/ tumor	Age of onset	Characteristics[a]
☐ Breast			☐ Prostate		
☐ Ovarian			☐ Pancreatic		
☐ Fallopian tube			☐ Melanoma		
☐ Primary peritoneal			☐ Other		
☐ ICD-10 codes					

[a]e.g. . triple negative breast cancer (ER-, PR-, HER2-), bilateral breast cancer, etc.

SPECIAL PERSONAL INFORMATION

○ Bone marrow transplant recipient
○ Current hematologic malignancy
○ Previous genetic testing for hereditary cancer

If the previous genetic testing results were positive, describe below.

FAMILY HISTORY OF CANCER

○ No ○ Unknown ○ Yes

• If yes, describe or attach pedigree below. In addition, if there is a known familial variant (pathogenic, likely pathogenic, or uncertain significance), describe below.

Relationship	Maternal or Paternal	Age of onset	Cancer site(s)
	○ ○		
	○ ○		
	○ ○		
	○ ○		
	○ ○		

ICD-10 codes :

Medical professional signature	Date

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