

TEST REQUISITION FORM

The Biologists in charge of this type of analyses are available to support during the prescription of the test :
(+352) 285 777-885

ORDERING PHYSICIAN

CNS Number : _____

Name : _____ Surname : _____

Address : _____

Postal code : _____ City : _____

Country : _____ Phone : _____

E-mail : _____



374586

EUROFINS BIOMNIS

PATIENT INFORMATION

Name : _____ Birth name : _____

Surname : _____ Date of birth : _____ Place of birth : _____

Address : _____ Postal code : _____ City : _____

Country : _____ Phone : _____ E-mail : _____

INDICATION FOR TESTING

- Patient at risk (no diagnosis of cancer)
- Patient with malignant neoplasm:
Type of neoplasm _____
- Other _____
- Enclosed medical documents _____

TYPE OF TEST ONCONEXT™ LIQUID

- | <input type="checkbox"/> MONITOR | | <input type="checkbox"/> SCAN |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Breast | <input type="checkbox"/> 15 genes | <input type="checkbox"/> 15 genes |
| <input type="checkbox"/> Lung | <input type="checkbox"/> 23 genes | <input type="checkbox"/> 23 genes |
| <input type="checkbox"/> Colon | <input type="checkbox"/> 50 genes | <input type="checkbox"/> 50 genes |

SPECIMEN INFORMATION

Date of the collection: _____ / _____ / _____ Blood (Streck cell-free DNA BCT)

PRICE

The costs of this test are not covered by CNS and must be paid by the patient

Performed testing : Scan / Monitor _____

Testing price : _____

I (name, vorname), _____

hereby declare to bear the costs of this analyses after reception of the invoice.

Date : ____/____/____

Signature :

SAMPLE COLLECTION INSTRUCTIONS

- Take the 10ml collection tube from the Onconext kit
- Fill the collection tube completely with whole blood
- Invert the collection tube 10 times

Store collected blood at room temperature 18°C-25°C until ready for shipment. Blood should never be frozen!

BEFORE SAMPLE SHIPMENT

- Write the blood collection date in the specimen information section of the test requisition form.
- Write the patient's full name and CNS number on the collection tube label.

SAMPLE PACKAGING

- Place the filled and properly labeled collection tube and a blotting paper in a shipment tube.
- Place the shipping tube and the completed documents in the forseen red shipping bag (room temperature 18°C-25°C).

IMPORTANT! Always store tubes at room temperature 18°C-25°C.