genomiQa

Request Form - Cancer/Oncology

Whole genome analysis - CapeQ4

Important: Please complete and email a copy of this form to: **service@genomiQa.com**
Please send the original copy of the form with the specimen or data
genomiQa Pty Ltd, 300 Herston Road Herston QLD 4007 - Australia
Enquiries please email above or call +61 426 181 538

Treating Doctor

*Name:*_____

Organisation:_____

Physician email:_____

Address:_____

_____

_____ Postcode: _____

Phone/Mobile:_____

Health Practitioner Registration Number:_____

Patient Details

*First Name:*_____ *Surname:*_____

DOB: (DD/MM/YYYY)_____ Gender:_____

Below information is only required if billing patient directly

Address:_____

_____

_____ Postcode: _____

Phone/Mobile:_____

email:_____

Pathology Information (if applicable)

*Pathologist:*_____

Hospital:_____

Address:_____

Postcode:_____

Phone:_____ Department:_____

Return specimen block to: (if applicable)

*Name:*_____

Address:_____

_____ Postcode: _____

email:_____

Clinical Information

Primary Tumour Site:_____

Specimen Site:_____

Tissue type: FFPE - Frozen - Fresh - or other: _____

Date & Time of Collection:_____

Relevant family history of disease:_____

_____

Relevant test results:_____

_____

genomiQa profile options

Oncology	*Please mark with a cross* (X)
Cape-XL- Whole genome analysis from tissue & blood sample to patient report - all cancers, germline & TMB	
Cape-VR - Whole genome analysis from Next Generation Sequencing (NGS) data to patient report - all cancers, includes germline and TMB	

In the event you require further detail on specific genes please contact us at service@genomiQa.com *Pricing subject to change

Authorisation

I confirm the patient has consented to the analysis listed above and that de-identified clinical and genomic data may be used by genomiQa for research purposes and for quality assurance. I am aware the patient may request a copy of their results and/or genomic data and will pass any requests onto genomiQa. I confirm that the patient has been informed about the process and the limitations of the service and that there will be a fee for the service not covered by PBS/Medicare etc

Physician Signature: please sign here

Date:

Copy of report to:

Name:_____

email:_____

Patient Consent

My signature confirms that I have read or have had read to me the patient information and patient consent on page 2 of this form and that I understand the information and what I am consenting to, and I confirm that:

- My de-identified samples, clinical and genomic data may be used by genomiQa or other companies for research purposes and for quality assurance
- My samples will be transferred to genomiQa's authorised partners for processing and storage, in Australia or overseas
- I understand the purposes, procedures and risks of the test
- I am aware that this test may be inconclusive and so not yield a diagnosis or may not provide an indication of which treatment will work
- Samples which remain may be destroyed up to 10 years after use or returned to pathology labs if requested
- I am aware it is possible that the analysis may find genomic events which are associated with other health conditions
- My data and related personal information will be transferred to computer resources managed by genomiQa or its partners for billing, analysis and/or storage
- I am aware that I can request a copy of my data and/or results from genomiQa
- I am the person providing the samples and am at least 18 years or age, or I am the legal guardian of the individual who is undergoing the test
- I should discuss the results with my healthcare provider before making any medical decisions based on these results

Patient signature:_____Date:_____

Patient name:_____

Please tick this box if you wish to **opt out** of supporting medical research: ☐

Patient Information

WHOLE GENEOME ANALYSIS: Based on available data, genomiQa's germline and somatic analysis has >99% and >95% accuracy of specific variants for germline and tumour testing respectively. Depending on the analysis selected, genomiQa will identify tumour specific mutations which may suggest treatment options or look for inherited genetic variants that may indicate an increased risk of hereditary cancer as well as other conditions. Your healthcare provider will arrange to have samples collected from you which will be sent to genomiQa or its authorised partners to perform the test. Whole genome analysis may uncover sensitive information about your health or disease risks, including risk for diseases other than the one for which you are currently seeking treatment, or for diseases that currently have no treatment. We do not currently have all of the scientific knowledge to know the best ways to treat every cancer, and all of the genetic causes of diseases are not know, which means currently no test can detect every mutation associated with treatment prognosis or an increased risk for cancer or other diseases. New information may replace or add to the information that was used to analyze your results. Based on this new information, you understand and agree that genomiQa may, at its sole discretion, amend or modify your test report, which may result in a change in your treatment prognosis, risk assessment or the reclassification of a variant. You hereby irrevocably waive any and all claims against genomiQa for any amendment or modification of the test report and result. genomiQa has measures in place to ensure quality of the test and to minimize technical error, however as with all medical tests, there is a chance of a false positive or a false negative result. In some instances the tissue sample we receive for cancer analysis may not have enough tumour or the DNA is of poor quality to be able to perform the test, in this instance we will ask the treating physcian to obtain more tissue.We do not know the impact of all variants in a person's genome. Therefore the test may identify the presence of Variants of Uncertain Significance (VUS), which are genetic variants that require further research to determine if they are associated with treatment prognosis or an increased risk for disease. Testing positive for a mutation means a genetic variant that increases your risk for a certain type of cancer or other condition was identified. A positive result does not nescessarilly mean that you have or will develop the disease in your lifetime. A test which is inclusive means that no mutations were identified which are associated with an increased risk for the disease that was entered on your order form. However, this does not eliminate your risk of developing a disease. Your results must be considered in the context of broader medical management by a healthcare provider, and that you should not make medical decisions without consulting a healthcare provider. genomiQa does not provide medical services, diagnosis, treatment, or advice. Please refer to genomiqa.com for more information.

Patient Consent - genomic research

PLEASE SUPPORT GENOMIC RESEARCH: Your health history and genetic information can help doctors and scientists understand how and make improvements in human health. Even though you may not personally benefit, sharing this information helps doctors to provide better care for their patients, laboratories to improve processes and researchers to make discoveries. We do not share any information like address, name, or contact information. All personal identifying information is de-identified and replaced with a unique code. This de-identified data may be used to help genomiQa's internal Quality Control, Laboratory Validation Studies, Research and Development and Education. In addition your data may be combined with similar de-identified information from other individuals to perform research that seeks to improve human health.Your de-identified data may be submitted by genomiQa to public databases to advance medical research. These databases include: i) open-access databases which are publicly available to interested paerties with internet access and where general information, such as the health information reported by your doctor (including age, disease or gender) may be shared, and ii) controlled -access databases where the information is only available to approved users. Because of the broad nature of this data sharing, it is unlikely that you will be notified if your information is used, and unlikely that you will receive any results. You will not be paid for your participation. You can opt out of third party research and the database by notifying the healthcare provider who ordered your test. However, if you have agreed to share your information, data and sample in the past and later change your mind about taking part in third party research then genomiQa is unable to exclude your data or sample from research already performed with your prior permission, but will cease to share your data in third party research going forward. Your privacy is very important to us, and we will take all appropriate measures to protect your privacy. Please see our privacy policy at genomiQa.com.

Billing Information

Billing Information	Payment is required by credit card or direct debit before analysis can begin if arrangements have not been made with the treating doctor/hospital. If a carer is to manage the payment please insert their details below so a customer service representative may contact them.

Name:_____ email:_____

Address:_____ Contact Number:_____

For further information on the billing process please contact service@genomiQa.com or +61 426 181 538 Privacy Note: The information provided will be used to faciltate payment and provision of services from third parties in Australia and Internationally as required. Please visit our privacy policy at genomiQa.com

Specimen Type	SPECIMEN REQUIREMENTS	
Fixed Tissue	One (1) tumour-containing FFPE block for investigation	Could result in poor quality sequencing
Unstained Slides	FFPE or frozen tissue sections	Could result in poor quality sequencing
Core Needle Bopsy	Tissue piece snap frozen plus or minus RNAlater	Preferred tumour sample
Blood Sample	5-10 ml blood collected in EDTA tubes	