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Patient label	*Stamp (Physician, Hospital)*

Order for Genetic analysis of: **Nasopharyngeal Carcinoma**

Urgent ☐

Analysis targets the following *DPYD* variants (LRG_722, NM_000110.3, OMIMP 274270, OMIMG 612779)

Variant (other names)	**Exon/Intron**	**dbSNP**
c.1905+1G>A **(**DPYD*2A, DPYD:IVS14 + 1G>A)	Intron 14	rs3918290
c.1679T>G (DPYD *13, p.(Ile560Ser))	Exon 13	rs55886062
c.2846A>T (p.(Asp949Val))	Exon 22	rs67376798
c.1129–5923C>G (HapB3)	Intron 10	rs75017182

Material: Sampling date: _____,

☐ EDTA blood ☐ DNA

At least 2 ml of EDTA blood

Patient information: ☐ female ☐ male

Genetic reports available: ☐ yes ☐ no

Responsible medical person: _____

Name, Hospital (printed letters) Phone Fax

Billing issues

☐ NPC-2016 Registry
☐ others, please explain. In case of questions contact person:

Consent to Genetic Testing according to the GenDG

Prior to any diagnostic genetic testing, the **German Genetic Diagnosis Act, GenDG, (*Gendiagnostikgesetz*)** requires detailed information of the proband and/or its legal custodian on the intended genetic analysis and the potential implications of its results for the tested individual and its relatives as well as a written consent. Furthermore, genetic counseling has to be offered to any individual requesting prenatal diagnosis or predictive testing. (Please read this form carefully and please cross out any phrases with which you disagree.)

I have understood the intended genetic analysis under the GenDG. I have had sufficient opportunity to discuss any of my questions in this regard and about these procedures with the medical person advising me. I allow the necessary blood or tissue samples for this genetic testing to be taken. With my signature I confirm consent with the intended genetic analysis for

☐ **myself** ☐ **my child** ☐ **the person for whom I am entitled to custody**

Name: _____, **First name:** _____, **DOB:**_____

The GenDG regulates that any material for genetic testing (DNA/blood or tissue sample) has to be destroyed after the analysis. Since it is useful to store material that has not been used for various reasons, I agree with the storage of the sample(s). I herewith donate surplus material to the laboratory which performed the analysis to be used for quality control and scientific purposes in a coded form (pseudonymized) and under strictly anonymized conditions.

The GenDG regulates that medical results/findings have to be destroyed 10 years after the analysis. This would mean that relevant information is not available thereafter. I agree that the results obtained in the analysis will be stored electronically and in paper copy beyond the legally defined period of 10 years, so that they will be available for any future questions potentially relevant for me and my family members. I also allow the compiled data/results to be used for scientific purposes in a coded form (pseudonymized) and under strictly anonymized conditions to be published in scientific journals.

I agree that my testing result might be discussed with clinical experts in the field to improve clinical management.

I´m aware of the national and European data protection rules and I agree that some of my data might be shared to improve clinical management.

I am aware that I can withdraw my consent with this intended genetic testing at any time in parts or entirely without having to state any reason and without incurring disadvantages to myself. I can order termination of the ongoing genetic analysis of my sample(s) at any time prior to the reporting date of the test results.

_____ X _____ X _____

Date **Signature of the patient/legal custodian** **Signature of the Physician** *(legible)*

DAkkS Deutsche Akkreditierungsstelle D-ML-13154-02-00