

Order form MARK53 analysis

Client

Surname, First name

Date of Birth

Address

Email

Phone

Tumor data

Histological findings of the tumor: please scan and attach to the order!

o r (if not available)

WHERE ? _____

has a tumor biopsy or tumor surgery been performed (hospital/department)

WHEN? _____

Date

Therapies so far/planned

Chemotherapy/substance, radiotherapy, etc

MARK53 gene analysis RESULTS are sent to

- my address given above*
- the following physician:*

The findings are discussed directly with the patient and are also made in writing.

For data protection reasons, it is not possible to provide diagnostic information on the phone.

- I declare that I have to pay the **costs of the analysis amounting to € 3,960 incl. VAT** and that these costs are not reimbursed at the moment

The **invoice** for the costs of the analysis shall be sent to

- by address given above
- to the following address: (billing address)

Signature of the client/patient

Please fax the 3 pages of the order form to +43 1 2533 033 5540 or e-mail it to

office@mark53.at