

Order form MARK53 analysis

Client

(Surname) (First name)

(Date of birth) / /

(Address)

(E-mail)

(Phone)

Tumor data

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

Or if not available:

Diagnosis

last surgery or tumor biopsy (date)

(hospital/Dept/institute)

Therapies so far/planned:

Declaration of consent

to perform a genetic analysis (MARK53 analysis) for medical purposes:

I, Mr./Ms. _____

born on _____ agree that a MARK53 genetic analysis performed and my clinical data are used.

I declare that I was informed on kind, scope and significance of the planned genetic analysis pursuant to the Austrian Bioengineering Act.

I authorize my tumor tissue to be ordered and request the pathology department responsible to deliver the tumor tissue for performing the MARK53 analysis.

I agree that the remaining sample material can be used anonymously for quality control and for scientific analysis.

.....
Date *signature of the client/patient* *signature of the attending physician*

MARK53 gene analysis RESULTS are sent to

my address given above

the following physician

(physician / stamp)

(both options can be ticked)

Individual treatment recommendations based on the Mark53 test results are normally submitted in writing. Data protection impedes to provide information on the results on the phone.

The MARK53 advisory board as well as affiliated oncologists are prepared to discuss the results with you or your physician.

*I declare that I have to pay the **costs of the analysis amounting to €2,300 excl. 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!