THE CYPRUS INSTITUTE OF NEUROLOGY & GENETICS

6 IROON AVENUE
P.O.BOX 23462, 1683 NICOSIA, CYPRUS
TEL.: +357-22392626 / +357-22392739, FAX: +357-22392641
e-mail: mihalisp@cing.ac.cy

Cancer Genetics, Therapeutics & Ultrastructural Pathology Department
Head: Michail Panagiotidis, PhD

Request Form

Department Code: 31

Patient Identification *(Please tick ☑ accordingly)*

Case type: ☐ Outpatient ☐ Inpatient

Name:_____ Surname: _____

Sex: ☐ Male ☐ Female ☐ Unknown D.O.B.: ____ / ____ / ____

I.D. No.: _____ Nationality: _____

CING No.: _____ Histology No: _____

Address: _____

City: _____ Code: _____ Country: _____

Phone: Home: _____ Work: _____

Patient Status

☐ GESY

☐ Government-Non GESY Hospital Card No: _____

☐ Private-Non GESY

Requesting Clinician Status

☐ CING ☐ Government (ΟΚΥπΥ)

☐ Private-GESY GESY No: _____ ☐ Private-Non GESY

Requesting Clinician / Scientist

Name: _____ Surname: _____

Hospital / Clinic: _____

Address: _____

City: _____ Code: _____ Country: _____

Phone: _____ Fax: _____

e-mail: _____

Reason for Referral: _____

Signature: _____ Date: ____ / ____ / ____

The referring physician undertakes and confirms understanding and compliance in respect of the mutual obligations as these are determined under the GDPR.

Indication for Testing *(Please tick ☑ accordingly)*

☐ Diagnostic (symptomatic) ☐ Predictive (asymptomatic) ☐ Carrier

☐ Prenatal ☐ Research ☐ Clinical Study

☐ Other (please specify) _____

Type of Specimen *(Please tick ☑ accordingly)*

☐ Whole Blood ☐ Extracted DNA ☐ Biopsy

☐ Archival material (please specify) _____

☐ Other (please specify) _____

Date specimen collected: ____ / ____ / ____

Sample Receipt *(For Laboratory Internal Use)*

Received by: _____ Signature: _____

Sample Receipt Date: ____ / ____ / ____

Amount: _____ Comments: _____

Test Required (Code No.) *(Please tick ☑ accordingly)*

Electron Microscopy: ***Specimen Number:*** _____

☐ Processing and examination of specimens in the TEM *(1)*
☐ Examination of specimens in the TEM *(2)*
☐ Use of TEM per session (with supervision *(3)* *
☐ Use of TEM per session (without supervision) *(4)* *

Case Number: _____

Consultation for Hereditary Cancer Syndromes:
☐ Pre-test Consultation for cancer susceptibility *(5.1)* *
☐ Post-test Consultation for cancer susceptibility *(5.2)* *

Breast / Ovarian Cancer Syndrome:
☐ BRCA1 mutation screen *(10)*
☐ BRCA1 analysis for known mutation *(11)*
☐ BRCA2 mutation screen *(12)*
☐ BRCA2 analysis for known mutation *(13)*
☐ PTEN mutation screen *(41)*
☐ PTEN analysis for known mutation *(42)*
☐ STK11 mutation screen *(43)*
☐ STK11 analysis for known mutation *(44)*
☐ CHEK 2 mutation screen *(45)*
☐ CHEK 2 analysis for known mutation *(46)*
☐ ATM mutation screen *(47)*
☐ ATM analysis for known mutation *(48)*
☐ PALB2 mutation screen *(49)*
☐ PALB2 analysis for known mutation *(50)*
☐ BRIP1 mutation screen *(51)*
☐ BRIP1 analysis for known mutation *(52)*
☐ BRAF mutation screen *(55)*
☐ BRAF analysis for known mutation *(56)*

Li-Fraumeni Syndrome:
☐ TP53 mutation screen *(14)*
☐ TP53 analysis for known mutation *(15)*

Colorectal Cancer Syndromes:
☐ APC mutation screen *(16)*
☐ APC analysis for known mutation *(17)*
☐ Microsatellite instability (MSI) *(18)*
☐ MLH1 mutation screen *(19)*
☐ MLH1 analysis for known mutation *(20)*
☐ MSH2 mutation screen *(21)*
☐ MSH2 analysis for known mutation *(22)*
☐ PMS1 mutation screen *(23)*
☐ PMS1 analysis for known mutation *(24)*
☐ PMS2 mutation screen *(25)*
☐ PMS2 analysis for known mutation *(26)*
☐ MSH6 mutation screen *(27)*
☐ MSH6 analysis for known mutation *(28)*

THE CYPRUS INSTITUTE OF NEUROLOGY & GENETICS

6 IROON AVENUE
P.O.BOX 23462, 1683 NICOSIA, CYPRUS
TEL.: +357-22392626 / +357-22392739, FAX: +357-22392641
e-mail: mihalisp@cing.ac.cy

Cancer Genetics, Therapeutics & Ultrastructural Pathology Department
Head: Michail Panagiotidis, PhD

Request Form

Department Code: 31

- ☐ *MUTYH* mutation screen (private only) *(72)*
- ☐ *MUTYH* analysis for known mutation (private only) *(73)*
- ☐ Immunohistochemistry of MLH1 *(30)* *
- ☐ Immunohistochemistry of MSH2 *(31)* *
- ☐ Immunohistochemistry of MLH6 *(32)* *
- ☐ Immunohistochemistry of PMS2 *(33)* *

Gastrointestinal

- ☐ KIT mutation screen (private only) (64)
- ☐ KIT analysis for exons 9,11,13,17 (private only) (65)
- ☐ KIT analysis for known mutation (private only) (66)
- ☐ PDGFRA mutation screen (private only) (67)
- ☐ PDGFRA analysis of exons 12,18 (private only) (68)
- ☐ PDGFRA analysis for known mutations (private only) (69)
- ☐ CDH1 mutation screen (private only) (70)
- ☐ CDH1 analysis for known mutations (private only) (71)
- ☐ VHL mutation screen (private only) (74)
- ☐ VHL analysis for known mutation (private only) (75)

Skin Malignancies:

- ☐ CDKN2A mutation screen *(53)*
- ☐ CDKN2A analysis for known mutation *(54)*

Mitochondria & Syndromes:

- ☐ Mitochondrial DNA sequencing for a single gene *(57)* *
- ☐ Mitochondrial DNA analysis for known mutation *(58)* *
- ☐ Mitochondrial DNA southern blot for detection of multiple deletion(s), duplication(s) and depletion *(59)* *
- ☐ Mitochondrial DNA mutation Screen *(60)* *

Other Types of Cancer:

- ☐ KRAS mutation detection *(29)*
- ☐ KRAS somatic mutation detection *(29.1)*
- ☐ KRAS/NRAS somatic mutation detection (private only) *(29.2)*
- ☐ EGFR mutation screen *(61)*
- ☐ EGFR analysis of exons 18-21 *(62)*
- ☐ EGFR T790 mutation detection in circulating cell-free tumour DNA (private only) *(62.1)* *

NGS services:

- ☐ BRCA1/2 somatic mutation detection by NGS (private only) (81)
- ☐ Hereditary neuroendocrine tumor disorders risk panel by NGS 13 genes (82)
- ☐ Mitochondrial nuclear gene panel by NGS >100 genes (83)
- ☐ Hereditary breast and ovarian cancer NGS panel 23 (84)
- ☐ Hereditary colon cancer NGS panel 21 genes (85)
- ☐ Comprehensive hereditary cancer NGS panel 37 genes (86)
- ☐ NGS panel for primary cilliary diskinisia 33 genes (87)
- ☐ Somatic hotspot cancer panel for selection of targeted therapies (88)
- ☐ RNA lung cancer panel (fusions, translocations) (89) *
- ☐ Whole Exome Sequencing-WES (90) *
- ☐ Whole Exome Sequencing-WES (Trio) (90.1) *
- ☐ Sanger sequencing for confirmation of NGS result (91)

Please check the box if diagnostic NGS tests will be requested and fill in the following fields:

☐ Current NGS request is for diagnostic purposes only.

Please state if any other diagnostic tests have been performed for this patient **Yes/ No**

If **Yes** state which tests: _____

If **No** state why patient is referred for NGS as a first-tier test:

_____

Proteomis services:

- ☐ 1D nanoLC-MS/MS 220 min gradient (private only) *(76)* *
- ☐ 2D (RP-RP) nanoLC-MS/MS, 6 fractions, 150min gradient/fraction (private only) *(77)* *
- ☐ Data analysis (Proteomics) (private only) *(78)* *
- ☐ Targeted analysis LC-MRM: Xevo TQD-Acquity UPLC: Method development (private only) *(79)* *
- ☐ Price per sample for pre-developed MRM assay (private only) *(80)* *
- ☐ Unsuitable specimen/service not done *(98)* *

Other:

- ☐ DNA extraction/storage from blood *(6)*
- ☐ DNA extraction/storage from tissue *(7)*
- ☐ mRNA extraction/storage from tissue *(8)* *
- ☐ mRNA extraction/storage from blood *(9)* *
- ☐ CFHR5 Nephropathy private only) *(63)*
- ☐ Research study

  (For Laboratory Internal Use)
  Project: _____ Funding body: _____

The Cyprus Institute of Neurology and Genetics (CING) complies with the General Data Protection Regulation EE 2016/679. For further information on how we protect personal data and on how data subjects can exercise their rights please refer to our privacy policy at https://www.cing.ac.cy/ or contact the CING Data Protection Officer at 22358600 or through the e-mail: dpo@cing.ac.cy.